Feigned Illness and Bodily Legibility in Eighteenth-Century British Culture

Submitted by Jessica Kate Monaghan, to the University of Exeter as a thesis for the degree of Doctor of Philosophy in History, January 2015.

This thesis is available for Library use on the understanding that it is copyright material and that no quotation from the thesis may be published without proper acknowledgement.

I certify that all material in this thesis which is not my own work has been identified and that no material has previously been submitted and approved for the award of a degree by this or any other University.

(Signature) ...........................................................................................................................................
Acknowledgements

Funding for my PhD studies was provided through the generous support of the Arts and Humanities Research Council (AHRC).

I would like to express my sincere thanks to my supervisors Prof. Jonathan Barry and Prof. Nick Groom for excellent advice and support throughout my PhD. I really appreciate all the time and effort that you have dedicated to helping me develop my research. Your knowledge, encouragement, and insight have made it a pleasure to be your student.

Thanks to my colleagues at the University of Exeter and elsewhere whose thought-provoking questions prompted me to consider my research in new lights. It has been wonderful to be part of such a lively research community.

My thanks also go to Prof. Peter Borsay and Prof. Angelique Richardson for a thoughtful and rigorous examination of my thesis. I very much enjoyed discussing my research with you, and am grateful for your time and feedback.

Finally, special thanks go to all my friends and family who have supported me throughout my PhD studies, and beyond. I couldn’t have done this without you.
Abstract

The simulation of sickness intrigued British writers from the very beginning of the eighteenth century, attracting attention within a wide range of social spheres. Drawing upon texts from the fields of literature, medicine, theology, welfare policy, the military, and the law courts, this interdisciplinary thesis combines close textual analysis with an examination of social and cultural contexts in order to explain why the issue of feigned illness became such a prevalent and enduring source of debate in eighteenth-century Britain.

Both the allure and the threat of simulated sickness lay in the ability of ill health to confer power upon the sufferer. On the one hand ill health might operate as a signifier of social or spiritual importance, yet sickness also functioned as a source of practical power, enabling emotional manipulation, exemption from social duties, and access to resources. The perceived benefits of ill health made the identification of simulated illness a matter of importance, yet the subject would not have attracted such attention were it not for prevailing doubts as to the legibility of the body.

As this thesis indicates, the varied attitudes towards and representations of simulated sickness provide fascinating insights into the preoccupations of writers of different spheres and periods. Nevertheless, broader trends in attitudes towards bodily legibility and feigned illness are visible. Early eighteenth-century writers were generally wary of trusting external appearances, while the middle decades of the century were marked by an expression of faith in the natural legibility of the body, as demonstrated by the fashion for the literature of sensibility, acting through feeling, and the medico-literary rhetoric of nerves. Renewed scepticism towards the close of the century resulted in growing debates about the duty of medical practitioners to detect feigned illness, and the methods by which this might be accomplished. While the treatment of the subject evolved, its continued relevance highlights a sustained cultural preoccupation with the legibility of the body and its potential to mislead or even deceive, a subject that continued to fascinate writers to the very end of the eighteenth century.
## Contents

Acknowledgements ........................................................................................................... 1  
Abstract .............................................................................................................................. 2  
Contents .............................................................................................................................. 3  
Introduction ......................................................................................................................... 4  
Chapter 1 – Theorising somatic simulation .............................................................. 23  
Chapter 2 – Fashionable illness ...................................................................................... 58  
Chapter 3 – Religious imposture ................................................................................... 132  
Chapter 4 – Domestic simulation .................................................................................... 171  
Chapter 5 – Institutional malingering ............................................................................. 221  
Chapter 6 – A duty of detection? .................................................................................... 249  
Chapter 7 – Detecting simulation ................................................................................... 283  
Conclusions ......................................................................................................................... 318  
Bibliography ...................................................................................................................... 328
Introduction

‘The advantages resulting from an affectation of ill health and infirmity are incalculable’, observed the writer Anthony Pasquin in a satirical footnote addressed to the young ladies of late eighteenth-century Brighton.1 Pasquin was not alone in this view, or in his interest in feigned illness. The simulation of sickness for material or social gain had intrigued British writers from the very beginning of the century. As early as 1700, Cloe, the servant in William Burnaby’s comedy *The Reform’d Wife*, remarked that ‘[t]hese Ladies make themselves Sick, to make themselves business, and are well or ill, only in Ceremony to each other’.2 Feigned illness was not the sole preserve of ladies of fashion however, and the subject attracted attention within a wide range of social spheres. In 1788 William Henry Hall wrote an encyclopaedia entry on ‘Diseases Feigned’, warning that ‘[t]he impositions practised by feigning diseases have lately been more prevalent than ever’, and citing examples of such deceit among beggars and medical charlatans, as well as ladies of high society.3 This thesis explores the eighteenth-century preoccupation with inauthentic illness, arguing that although fears of feigned illness were often shaped by very specific social and economic circumstances, such concerns were also the product of broader and enduring apprehensions about the legibility of the body.

As writers such as Pasquin observed, the allure and the threat of simulated sickness lay in the ability of ill health to confer power upon the sufferer, with concerns about inauthentic illness reflecting contemporary beliefs about the position of illness as both a source of leverage and a form of social signification.4 ‘[I]t opens a timely door for a retreat from company they may either envy or hate; and to lisp, limp, and seem half blind, have the glory of novelty with the million, who will regard them with astonishment’, Pasquin noted, highlighting the ability of infirmity to operate as a practical excuse and

3 William Henry Hall, *The New Royal Encyclopædia; or, Complete Modern Dictionary of Arts and Sciences, on an Improved Plan* (London, 1788), [42n, unpagedinated].
4 The terms ‘signifer’, ‘signify’, and ‘signification’ are used throughout this thesis in their broadest sense, rather than as terms of semiotic analysis.
also as a form of display or self-fashioning.\textsuperscript{5} The perceived benefits of ill health rendered the identification of simulated illness a matter of importance, yet the subject would not have attracted such attention were it not for prevailing doubts as to the legibility of the human body. Opinion on this issue varied over the course of the century, with the middle decades witnessing an increased tendency to portray the body as a natural and highly legible signifier of interior and intangible states, while early- and late eighteenth-century writers were more sceptical.\textsuperscript{6} Despite fluctuations in debates on the subject however, a certain proportion of writers always expressed ambivalence if not outright distrust in the legibility of the body.

**Historiography**

In arguing that eighteenth-century concerns about feigned illness stemmed from longstanding ambivalence about the power of the unhealthy body to signify information of social import, this thesis builds upon much crucial earlier and current scholarship in the fields of literature, medicine, and cultural history. Where *Feigned Illness and Bodily Legibility* breaks new ground is in the evaluation and comparison of attitudes towards bodily legibility across a range of very different social spheres. As a topic that prompted debate in many disparate settings and across the course of the century, the exploration of feigned illness facilitates the examination of eighteenth-century attitudes towards bodily legibility on dual levels, highlighting the specific social, economic and cultural contexts that created fears of opacity and imposture while also illuminating broader cultural trends.

Cultural historians such as Roy Porter and, more recently, Jack Lynch have noted the eighteenth-century preoccupation with deceit, and particularly

\textsuperscript{5} Pasquin, *New Brighton Guide*. [42n].

\textsuperscript{6} For discussion of the mid-century enthusiasm for bodily legibility see Chapters 1 and 2. For evidence of early- and later-eighteenth-century skepticism see Chapters 2, 4, and 5 in particular.
with the deceitfulness of bodily exteriors. Lynch views deception as a crucial theme through which scholars can further understand the period, arguing that fakery takes us to the heart of eighteenth-century notions of the value of evidence, of the mechanisms of perception and memory, of the relationship between art and life, of historicism, and of human motivation – deception, in other words, opens up eighteenth-century culture.

While Lynch does not focus solely on deceptions of the body, his work provides a useful context for studies of bodily legibility, highlighting the existence of wider social fears regarding the trustworthiness of appearances. As Lynch notes, contemporaries perceived the impostures publicised in print and in public discourses as a sign of social deterioration, suggesting that ‘eighteenth-century Britons were convinced that theirs was an exceptional age of deception’. This is certainly an attitude expressed by later eighteenth-century commentators upon feigned illness, as this thesis demonstrates.

The notion that the final decades of the eighteenth-century witnessed growing distrust in bodily signs has been suggested by existing literary and historical research. The work of literary critic Juliet McMaster has been particular significant in shaping our understandings of attitudes towards bodily legibility and deceit. McMaster has suggested that the legibility of the body became problematised in later eighteenth-century novels due to beliefs that the prescription and codification of particular bodily signs rendered them susceptible to simulation. The historian Mary Fissell’s work has also indicated a move away from faith in bodily signs over the course of the eighteenth century, yet her research has examined rather different sources and motivations. Focusing on attitudes towards the reliability of external bodily signifiers within medical diagnosis and treatment, Fissell has suggested that the later eighteenth century witnessed declining faith in the legibility of bodily

---

8 Lynch, *Deception and Detection*, 10.
9 Ibid., 1.
signs of sickness, prompted by religious and social reform campaigns that denigrated the behaviours and beliefs of the lower ranks.\textsuperscript{11} To an extent the findings of both McMaster and Fissell are supported by this thesis, yet an examination of attitudes towards feigned illness over the course of the eighteenth century demonstrates that doubts as to the reliability of bodily signifiers had been present within medical, literary and social discourses from the very beginning of the century. Eighteenth-century attitudes towards simulated sickness were not characterised by a straightforward increase in suspicion or a stark decline in reliance upon somatic signifiers, although shifts in the volume of support for bodily legibility are noticeable, particularly towards the close of the century.

The importance of the body as a social signifier was key to fears about bodily legibility, and this is an area that has received significant attention from both literary critics and cultural historians. According to Deidre Shauna Lynch, ‘the body was discursive, a telltale transcript of the identity it housed’.\textsuperscript{12} This discursive function was a product of belief in the link between mind and body. As Angelica Goodden has indicated, ‘[m]ental states were seen as somehow informing external bodily motions, either governing them or governed by them’, a position with which McMaster concurs, writing that ‘the way the body figures forth the mind and the mind impacts on the body, were subjects intensely interesting and endlessly debated in the eighteenth-century’.\textsuperscript{13} Consequently, the body was perceived to be a physical text to be read, ideally offering sincere and completely authentic insight into the mind housed within. However, as Gooden and McMaster have highlighted, the reliability and legibility of the body were matters for concern and mistrust.\textsuperscript{14}

This thesis deepens and broadens our understanding of the eighteenth-century preoccupation with bodily legibility, indicating its pertinence to medicine, theology, welfare policy, the military, and the law.

\textsuperscript{11} Mary Fissell, Patients, Power, and the Poor in Eighteenth-Century Bristol (Cambridge: Cambridge University Press, 1991), 198.
\textsuperscript{13} Angelica Goodden, “Introduction,” in The Eighteenth Century Body: Art, History, Literature, Medicine, ed. Angelica Goodden (Oxford: Peter Lang, 2002), 14; McMaster, Reading the Body, 1.
\textsuperscript{14} Goodden, “Introduction,” 13; McMaster, Reading the Body, 173.
Feigned Illness and Bodily Legibility

Introduction

Courts, while drawing out recurring themes within discourses of feigned illness. The topic of feigned illness has featured within the scholarship of these fields in varying degrees, but has never been considered as a wider cultural phenomenon. Interdisciplinary scholarship on the subject of eighteenth-century fashionable diseases has often alluded to contemporary concerns as to the authenticity of modish ailments and the legitimacy of reading the body as a signifier of interior or intangible states. Beginning with the work of the critic G. S. Rousseau and medical historian Roy Porter in the 1980s and 90s, and developed more recently through the research of literary critics Heather Meek and Clark Lawlor and the historian Heather Beatty, scholars have indicated that the positive social qualities associated with fashionable diseases prompted suspicions of simulation. However, the nature of these suspicions has yet to be fully explored. Moreover, attitudes towards the authenticity of fashionable diseases developed in dialogue with parallel discourses of feigned illness, as this thesis demonstrates, and a comparative approach allows us to place such discourses in their historical and cultural context.

Historians have often noted the prominence of malingering among beggars, both in practice and in stereotypes for instance. Tim Hitchcock, Tobias Hug and David Turner have all highlighted the literary and cultural trope of the deceitful beggar, with Hug writing of the belief that ‘fraudulent beggars made deliberate use of their bodies in pretending a handicap, displaying an allegedly defective body part of by feigned movements such as

---

limping, trembling, crawling or bawling'. The topics of feigned illness and bodily legibility have also received attention among legal scholars, with Joel Eigen describing eighteenth-century procedures for judging the legitimacy of insanity pleas, and arguing that '[b]y the end of the eighteenth century, some voices on the bench and in the nascent profession of advocacy law were questioning the growing reliance on conspicuous behavior as a sign of madness', a position that supports arguments for later eighteenth-century distrust of bodily signifiers. Scholars in other fields have touched upon these issues with varying degrees of detail, as individual chapters will show. Given the scope of this thesis, which draws upon numerous fields of literary and historical research, the relevant scholarship will be addressed where it is most pertinent to the argument rather than in an overly lengthy literature review at this point.

With debates over bodily legibility and feigned illness featuring in the sources and scholarship of various fields of eighteenth-century culture, it is important to consider the manner in which these discourses differed and converged. In doing so this thesis indicates the wide-ranging importance of the body as signifier within eighteenth-century society, and the weight placed upon the reading of these bodily signs. Contemporary opinion regarding bodily legibility was characterised by ambivalence, which could flare into outright scepticism when particular social or economic circumstances placed pressure upon the authentication of sickness. This scepticism was reflected in accusations of simulated illness, but also in concerns over the ability of individuals – lay or medical – to distinguish between authentic and assumed sickness.


17 Joel Peter Eigen, Witnessing Insanity: Madness and Mad-Doctors in the English Court (New Haven: Yale University Press, 1995), 86.
Introduction

Structure

*Feigned Illness and Bodily Legibility* is split into three parts. The first section, comprising of Chapter 1, explores eighteenth-century theories of performance through analysis of acting manuals and theatre criticism. As this chapter demonstrates, eighteenth-century writers and theorists upheld multiple and often conflicting conceptions of the relationship between mind and body and the correct manner in which to generate a convincing performance. The practice of acting through feeling and imagination was popular with many mid-century writers and actors, who drew upon beliefs about the mutual influence of mind and body to suggest that the body naturally conveyed mental or interior states to the observer. Nevertheless, performance through imitation, or through adherence to codified gestures continued to feature within acting manuals throughout the period, indicating that many observers viewed the bodily exterior as little more than a façade. Crucially, both schools of thought suggested that the signals conveyed by the body were open to manipulation, whether through imagination or imitation. Later-eighteenth-century complaints that actors and actresses were exploiting their skills to deceive, and particularly to feign illness for personal gain, reflected concerns about the implications of this disjuncture between bodily exterior and interior reality.

The second section examines concerns about feigned illness within different spheres of British society and culture. Beginning with the subject of fashionable diseases in Chapter 2, it is argued that sickness operated as a signifier of social status from the very beginning of the eighteenth-century, taking on increasing connotations of fashionability as the rhetoric of nervous sensibility grew in popularity. This was reflected in concerns about the affectation of fashionable diseases by the middling and upper ranks of society, yet during the mid-century commentators were less vocal in their identification of feigned illness due to the popularity of nervous sensibility. As the appeal of nervous sensibility waned during the 1780s and 1790s however, more writers reverted to the critical and satirical position of early eighteenth-century commentators. In response, certain novelists moved away from representing bodily fragility as a signifier of interior worth and social status, portraying actions as a more reliable signifier of character and position. This
shift reflected distrust in the legibility of the body, and consciousness of the increased incentives to assume fashionable sickness as a means of self-fashioning.

Concerns about the use of bodily performance to engineer social image also featured in discussions of religious imposture, as Chapter 3 demonstrates. Building on the arguments of certain sixteenth- and seventeenth-century theologians, a number of eighteenth-century religious writers argued that catholic impostors and enthusiastic sects were making use of false somatic symptoms to lay claim to divine inspiration, or to fake incidents of miraculous healing and exorcism. As a result, some commentators asserted that the human frame could not provide incontrovertible evidence of the workings of supernatural beings. In a move that pre-empted that of later-eighteenth-century sentimental novelists, these theologians argued that intangible qualities such as spirituality should be separated from unreliable bodily signifiers, preferring to trust in evidence that could not be explained or imitated by natural means.

Moving on from analysis of illness as a means of self-fashioning, Chapter 4 charts interest in feigned sickness as a form of power within domestic contexts, demonstrating that this ploy was widely recognised as a means of manipulating others. While such behaviour was generally regarded as reprehensible, the novels and drama of the eighteenth century highlight a notable exception through their depiction of feigned illness as a means of self-defence for endangered females. Nevertheless, as in other areas of culture, later eighteenth-century portrayals of domestic simulation demonstrated heightened concern about bodily opacity and deceit, with many authors choosing to abandon the trope of sickness as self-defence in favour of less morally ambiguous forms of resistance.

Chapter 5 sustains the exploration of sickness as a source of practical power, examining the debate surrounding feigned illness within the fields of welfare provision, the military, and medical jurisprudence. It is argued that the development of various institutional forms of medical provision and the augmented role of the medical expert within such settings increased
apprehensions about the utility of simulated sickness as a means of avoiding social obligations during the later eighteenth century.

The pattern and nature of debate varied within each of the cultural spheres considered in this section, as different contemporary social factors affected concerns about the significance of sickness and bodily legibility. Among theological writers for instance, the early years of the century saw contentious debates over the significance of bodily signifiers in response to the arrival of the French Prophets in London, while those interested in institutional medicine were troubled by the late eighteenth-century rise in the parish poor rates. Nevertheless, attitudes towards feigned illness and bodily legibility did not develop in isolation, and this thesis also highlights the mutual influence of medical, literary, and social discourses upon one-another. During the 1780s and 1790s in particular, anxieties about the simulation of illness became heightened across a range of literary and cultural domains, leading observers such as William Henry Hall, cited above, to regard somatic inauthenticity as an especially current social concern.

Finally, the third section of the thesis, comprising Chapters 6 and 7, explores contemporary attitudes towards the detection and punishment of feigned illness. As Chapter 6 demonstrates, during the final third of the century the growing role of physicians, surgeons and apothecaries within medical and legal institutions resulted in an increased focus on the duty of the medical practitioner to detect feigned illness. However, the investigation of bodily authenticity was regarded as far less central to the treatment of private patients, in which context the medical practitioner was economically dependent upon the patient, and thus less free to question patients’ sincerity. Moreover, lay people were also portrayed detecting feigned illness. Within the law courts in particular, lay juries were called upon to determine the authenticity of madness and other conditions, demonstrating that expertise in reading the body was not believed to reside solely within the medical ranks.

Chapter 7 examines eighteenth-century perceptions of how the distinction between genuine and assumed illness might be made. For medical

---

18 See Chapters 3 and 5.
practitioners and lay observers alike, the ability to investigate suspected simulation depended upon the relative socio-economic status of the observer and the would-be invalid. Moreover, even where investigation was possible success was not guaranteed. Practitioners’ frequent reliance upon patient narratives for diagnosis proved a significant barrier to the detection of feigned disease as medical writers often complained, acknowledging the stubborn opacity of the human body. Nevertheless, medical writers working within institutional contexts were especially keen to provide methods for circumventing this obstacle, encouraging the use of deterrence, painful tests, and the observation of character and behaviour to aid the interpretation of bodily symptoms. As the promotion of such techniques indicates, the legibility of the body remained the subject of significant concern at the close of the eighteenth century, with the result that feigned illness continued to perturb commentators. Across various spheres of eighteenth-century culture, observers sought to avoid the pitfalls of relying upon the body as a signifier of interior or intangible states by looking for alternative signifiers, yet this was not possible in all situations. Furthermore, despite reservations about somatic legibility, many writers continued to express a desire to read the signs of body as a key to social, spiritual, or physiological states, demonstrating the tenacious if contentious hold that such ideas retained within late eighteenth-century British culture.

In addition to the chronological trends visible in the level of concern expressed about bodily legibility, eighteenth-century discussions of feigned illness were also marked by recurring themes that coloured perceptions of the identity of counterfeit invalids. Opinions regarding the relationship between gender, socio-economic position, and the simulation of sickness varied across different literary and social spheres for instance, yet these factors almost inevitably contributed to representations of the phenomenon. Among those writing of fashionable diseases high- and middling-status women were regarded as more liable to simulate illness due to their affinity with delicacy, fashion, and duplicity, and also as a result of the opportunities that sickness afforded for augmenting their power within a patriarchal society. Conversely,

---

19 See Chapters 2 and 4.
within debates over simulation in institutional contexts it was the lowest strata of society and often the male proportion of this group, who were believed to feign illness in order to access resources or avoid the duty to contribute to the workforce.\textsuperscript{20} The subjects of suspicion thus varied depending on the interests of writers and their perceptions of which sectors of society could benefit most from the assumption of ill health.

Commentators also repeatedly highlighted the ambiguous boundaries between feigned and genuine sickness, an issue that complicated the identification of counterfeit invalids and the assignation of culpability. Due to prevailing beliefs in the ability of mind to influence body, and vice versa, many writers suggested that feigned illness might elide into genuine ill health, a process particularly feared with regard to the fashionable and imaginary invalids discussed in Chapter 2.

\textbf{Sources}

Focusing on textual debates and representation, this thesis makes use of a wide range of eighteenth-century British printed texts. The types of text studied have been determined by the degree to which different genres and forms engaged with issues of feigned illness and bodily legibility. Medical treatises, literary works, and periodicals comprise the majority of the sources cited as it is within these areas of print that writers proved most consistently and diversely engaged with the topics in question. Medical writers in particular had an evident motive for contemplation of bodily legibility, although this did not guarantee that they were always willing to address the subject of feigned illness, as the reticence of the mid-century treatises on fashionable diseases demonstrates.\textsuperscript{21} Novels, drama, poetry, and periodicals also prove rich sources for the analysis of attitudes towards simulated sickness and bodily legibility, as writers used these media to satirise the artifices of contemporary society. Such texts also featured fictional or purportedly biographical accounts of the motivations and practicalities of feigning illness and of reading the human body as a social, spiritual, or physiological signifier. There are a

\textsuperscript{20} See Chapter 5.
\textsuperscript{21} See Chapter 2.
number of texts that appear multiple times over the course of the thesis as they link different themes, with the anonymous novel *The History of Emily Willis, a Natural Daughter* (c. 1756) offering portrayals of illness feigned for practical reasons as well as simulation as self-fashioning and the interrogation of somatic authenticity for example.\(^{22}\)

Certain sections of the thesis also draw upon additional genres of text, as determined by the specific fields of culture under scrutiny. In Chapter 1 the insights of eighteenth-century acting manuals are central to explorations of contemporary understandings of the relationship between mind and body, and the practicalities of performance. Likewise, Chapter 3 makes use of a range of theological treatises and pamphlets to explore bodily legibility in a spiritual context, while Chapters 5 to 7 include analysis of legal and military works.

The decision to focus on printed sources facilitates an examination of the exchange of ideas and themes across a range of textual traditions, and highlights the permeability of eighteenth-century literary, medical and social discourses. For a number of years scholars have stressed the relationship between eighteenth-century literature and medicine, with Porter, Marie Mulvey Roberts, Rita Charon, Tristanne Connolly, and Steve Clark drawing attention to the sharing of theories and themes between writers in these fields, and the frequent overlap in medical and literary interests among such individuals.\(^{23}\) The study of textual debates surrounding simulated ill health indicates that legal and theological discourses were also affected by contemporary ambivalence towards the sick body as a signifier and a source of power, contributing to current debates about the legibility of the body.

Equally, while the development and exchange of ideas within literate and literary communities remains the principal focus of this thesis, we cannot ignore the consideration that such debates were created within a tangible social and cultural environment, and thus presumably reflected and contributed to current opinions on matters of health and the body. As

\(^{22}\) See Chapters 2, 4, and 7.

Gabrielle Spiegel has noted ‘texts both mirror and generate social realities’. Critics have highlighted this active role played by texts in studies of eighteenth-century fiction in particular, with J. Paul Hunter arguing that such texts ‘try to make things happen as well as reflect what has already happened; they embody rhetoric as well as representation’. Similarly, Paul Goring and Janet Todd have drawn attention to the manner in which sentimental novels sought a physical response from their readers, aiming to inculcate the tenets of sensibility, morality, and decorum in their readers. Novelists were not the only writers seeking to influence their readers, and scholars have also noted the didactic tone of forms such as the periodical. Moreover, even where texts were not obviously intended to provoke a behavioural or physical response they held the potential to influence the manner in which their readers and viewers perceived the performance of illness, raising concerns about the possibility for artifice within an individual’s representation of their body as well as reflecting such anxieties.

Estimations of the readership and audience of eighteenth-century literature, medical treatises and other texts consulted within this thesis have an evident impact upon any assumptions regarding how representative the views expressed may have been. The increase in volume, diversity, and readership of printed material over the course of the eighteenth-century in Britain is widely acknowledged, although appraisals of literacy rates and audience demographics are varied and speculative. Whatever the degree of

---

literacy among the lowest social strata, the majority of individuals from the middling and upper ranks of society were literate by the eighteenth century, and limitations upon the readership of sources studied within this thesis were determined more by issues of affordability, leisure time, or specialised knowledge and interests.

With regard to novels, scholars have remarked upon the significant expansion of readership over the course of the eighteenth century.\(^{29}\) As Hunter, Todd, and G. J. Barker-Benfield have highlighted, the popularity of the circulating library ensured that price was no longer such a prohibitive factor, with Hunter suggesting that ‘the characteristic feature of novel readership was its social range, not its confinement to a particular class or group’.\(^{30}\) The impact of the novel upon British culture during the eighteenth century could thus be considered significant, although concentrated most visibly among the elites and middling-ranks of London and other cities.

Similarly, Allardyce Nicoll has suggested that the theatrical public who witnessed the plays of this period probably consisted of “persons of quality”, reasonably prosperous tradesmen and those belonging to the professional classes’, a combination of middling and higher ranking individuals that would have overlapped with the novel reading public to a significant degree.\(^{31}\) Moreover, the impact of the theatre was propagated by text and image as well as by performances themselves, as Jim Davis and other critics have noted.\(^{32}\) Alan R. Young has suggested that the price of an ‘ordinary’ players quarto (around a shilling) ‘was not an inconsiderable sum for the average pocket’, yet

---


this would not have been outside the price-range of many middling and upper-ranking purchasers.  

Medical works were increasingly published in the vernacular, as Andrew Wear has noted in his research upon the popularisation of medicine, encouraging a broader readership than in previous centuries. Given the often-interdisciplinary interests of eighteenth-century scholars, writers, and readers, we should not assume that each textual or social sphere examined in this thesis had a distinct and expert readership, although certain works were evidently more specialised than others. Porter and Wear have observed that eighteenth-century medical terminology was far more accessible to lay readers than twentieth- or twenty-first-century medical theory might be, and fashionable medical texts in particular were often aimed at both lay and medical readership. Texts such as George Cheyne’s *The English Malady* (1733) sought to attract patients as well as practitioners, informing readers that ‘[t]hose who are desirous to read the ensuing Treatise only for their Relief and Cure, may pass over those Parts (which may be learned by the Index) that are merely *Philosophical*’. Nevertheless, as James Raven has remarked, scholars must also bear in mind that the intended readership of a text may have differed significantly from the actual or unintended readership, and it is thus difficult to make assumptions about audience based on the text itself.

Within all these spheres, the increase in ease and demand for printed works saw a rise in publications over the course of the eighteenth century, with the increase in volume of periodicals and magazines proving a prime example. Jeremy Black has argued that price was a prohibitive factor that significantly restricted readership of the press, but others disagree, and Kathryn Shevelow has suggested that ‘[t]hough elite readers were indeed part

---

of the popular periodical’s audience, for the most part the periodical either sought to appeal to, or directly solicited, readers perceived as marginal to this dominant group. Periodicals, like many of the other texts examined in this thesis, reflected and shaped the views of an aspirational middling-status audience, as well as representing the perspective of society’s elites. The publication of a significant proportion of these texts within London, or other metropolitan centres such as Edinburgh and Dublin reflects the nature of both literary and social trends, with the capital of England operating as a hub for aspirational writers and socialites alike. Nevertheless, where possible sources from a wider geographical range have been consulted, with the spa and seaside resorts of Britain providing particularly intriguing accounts of sickness within fashionable society for instance.

When examining and comparing attitudes towards bodily legibility within such a wide range of contexts there are no obvious start and end dates to be settled on. In some cases discussions of feigned illness drew upon longstanding textual debates, as in the instance of theological arguments over the authenticity of healing miracles, which dated back to the sixteenth and seventeenth centuries. In other areas debates began to gather momentum during the second half of the eighteenth century, as in the case of discussions of feigned illness within the military. The choice of a date range of roughly 1700-1800 has therefore been determined by fluctuations and overlap in debates over feigned illness across various social and textual spheres.

The performance and publication of Burnaby’s comedy *The Reform’d Wife* in 1700 marked the effective emergence of a discourse of fashionable diseases that went on to gather significant momentum from the 1710s and 1720s onwards. By selecting the starting point of 1700 this thesis therefore encompasses the rise of fashionable diseases while also capturing early eighteenth-century theological debates around ‘enthusiastic’ movements such as the French Prophets, and the rise of institutional health-care provision in the form of early eighteenth-century workhouses and hospitals. Where necessary, seventeenth-century works have been consulted for contextual purposes, but the majority of sources date from 1700 and beyond.

---

At the other end of the century, the 1780s and 90s marked the emergence of heightened concern over the simulation of sickness and bodily legibility within the areas of welfare provision, medical jurisprudence, institutional healthcare, and fashionable diseases. Writers such as the physician James Mackittrick Adair, author of *Essays on Fashionable Diseases* (1786), and John M'Farlan, author of *Inquiries Concerning the Poor* (1782), were outspoken in their criticism of simulated sickness, and such debates continued to affect literary, social, and medical portrayals of bodily authenticity during the final years of the eighteenth century. Examining texts printed up to 1800, this thesis incorporates works produced during a time of keen concern as to the legibility of the human body, including fascinating examples such as John Johnstone’s *Medical Jurisprudence. On Madness* (1800). As the conclusion of the thesis indicates, themes of bodily authenticity and feigned illness were also a feature of early nineteenth-century texts, indicating the enduring hold that such topics held over commentators. However, an extension of this thesis into the nineteenth century would give rise to new areas of enquiry such as the impact of literary Romanticism, the Napoleonic Wars, and the eventual revision of the Poor Laws in 1834; subjects beyond the time-limited scope of this thesis. The influence of these developments and of growing industrialisation will doubtless prove intriguing topics for future studies in bodily legibility.

**Methodology**

By employing a wide-ranging and interdisciplinary approach to the study of bodily authenticity and feigned illness, this thesis follows in the footsteps of scholars such as the historian Jenny Davidson and the literary critic Clark Lawlor, who have combined the analysis of textual discourses with a consideration of social and cultural contexts in order to elucidate changing attitudes towards different eighteenth-century phenomena. In her 2004 monograph on *Hypocrisy and the Politics of Politeness*, Davidson examined shifting attitudes towards manners and morality over the course of the eighteenth century, drawing together the works of novelists, philosophers, political theorists, and conduct-book authors in order to examine discourses of
politeness as a product of social hierarchies. Likewise, Lawlor’s 2006 monograph *Consumption and Literature: The Making of the Romantic Disease* combines literary and historical analysis, exploring medical and literary portrayals of consumption in order to explain the increasingly positive perception of the disease within eighteenth- and early-nineteenth-century Britain.

Within *Feigned Illness and Bodily Legibility*, the combination of close textual analysis with broader contextual evaluation of a historical nature allows attitudes towards bodily legibility to be explored on multiple levels. Exploration of the treatment of feigned illness within the work of individual writers yields insight into the variation in responses among eighteenth-century commentators, while the comparison of such texts also highlights broader trends in attitudes towards bodily legibility, allowing the topic to be considered from a wider cultural perspective. Certain works are necessarily surveyed more briefly, while those that provide particularly intriguing or rich portrayals of simulated sickness are considered in greater depth, functioning as case studies.

Well-recognised literary, medical, theological and social texts have been used in conjunction with less canonical works to provide a varied insight into the treatment of feigned illness within eighteenth-century culture. Prominent and much-studied works such as Samuel Richardson’s novel *Clarissa; or, The History of a Young Lady* and George Cheyne’s *The English Malady* offer numerous examples of the exploration of bodily authenticity within the established literary and historical canon, yet it has proved equally fruitful to consider the treatment of feigned illness in works that have received less critical attention, such as the many anonymous novels of the period. In doing so, this thesis highlights the wide-reaching interest attracted by the subject of counterfeit ill health and bodily legibility and restores to view a number of valuable literary and historical sources.

As one of the core objectives of this project has been to analyse the development of attitudes towards feigned illness across a range of literary and cultural spheres, it has been necessary to employ a variety of research techniques in order to highlight potential source sets. In addition to studying
works in areas featured within existing research, the use of word- and phrase-searches within online databases such as the *Eighteenth Century Collections Online* has proved invaluable. Initial surveys of literary and medical texts generally recognised as contributing to eighteenth-century debates concerning sickness and bodily legibility enabled the identification of the language most frequently used to refer to feigned illness, as well as highlighting a number of useful case studies for analysis. Subsequently common words and phrases were used as search terms within different digitised source sets. These searches yielded numerous cases for analysis and also provided further insight into new areas for inquiry. Once text searches had been used to highlight new source areas, such as the wealth of material on feigned illness within the printed articles of later eighteenth-century friendly societies for instance, contextual research and in-depth analysis of these sources were employed to gain a greater understanding of their significance.40

This project demonstrates the extremely valuable and powerful potential of digital search tools and resources when used to augment manual reading and sampling techniques. Given the scope of the project, which surveys the treatment of feigned illness and bodily authenticity across a broad range of sources and social domains over the course of the entire eighteenth-century, an exhaustive examination of every pertinent printed text would be highly impractical. Use of the wide-ranging database of *ECCO*, which currently features more than 180,000 printed titles, has enabled the execution of an ambitious interdisciplinary endeavour that traces shared and divergent understandings of performances of sickness across the spheres of theology, literature, medicine, law, and social life.

40 See Chapter 6 for the analysis of the articles of various friendly societies.
Chapter 1 – Theorising somatic simulation

As the evidence of eighteenth-century medical, literary, and social texts demonstrates, many writers shared the belief that it was possible to convincingly feign illness, yet medical practitioners rarely discussed the mechanics of feigned illness at any length. It was not until the later eighteenth and early nineteenth century that the subject received sustained attention among practitioners, featuring in works of military and legal medicine and eventually forming the subject of Thomas W. Blatchford’s *Inaugural Dissertation on Feigned Diseases* (New York, 1817).¹

Despite the disinclination of early eighteenth-century medical writers to expound upon the issue of feigned illness, somatic simulation formed the topic of lively debate within other areas of eighteenth-century discourse, with contemporary acting manuals exploring methods of generating a convincing performance. This chapter therefore seeks to situate eighteenth-century concerns regarding the simulation of sickness within the context of contemporary acting theory, examining the various theories of performance in circulation. Acting theorists predominantly drew upon two different conceptions of performance, one of which characterised somatic simulation as the emulation of codified symptoms, while the other was based upon belief in the power of the mind and imagination to act upon the body. The tension between these two approaches to performance exemplifies a broader pattern within contemporary attitudes towards the body as a signifier, as this chapter will indicate. Although many writers wished to represent the body as a natural and thus authentic signifier there was also widespread recognition that bodily signs could be falsified, whether through manipulation of emotional or physical states.

Understandings of theatrical performance also had specific implications for beliefs about the simulation of sickness within society, and later chapters will highlight the extent to which writers within the fields of literature, theology

---

¹ For discussion of the reluctance of medical practitioners to acknowledge the simulation of illness see Chapter 2; for discussion of legal and military medicine see Chapters 5 and 6.
and medicine subscribed to both mechanistic and mental understandings of feigned illness. Writers and readers of acting theory were thus participating in debates with immediate social as well as artistic relevance.

Contemporary theatre critics also noted the potential utility of acting theory for those wishing to practice somatic insincerity. The stage was viewed by many as an important source of guidance regarding social conduct, as Peter Thomson and Paul Goring have suggested, emphasising the role of actors as ‘exemplars of controlled behaviour’ or ‘civilising tools’. However, in addition to providing a potential model of manners and morals it was believed that the skills of the acting trade might also facilitate self-fashioning and deception, including the performance of sickness. During the mid- to later eighteenth century a number of critics alleged that performers were making use of feigned illness to escape their obligations and to manipulate others, contributing to broader cultural concerns about the exploitation of ill health as a source of power.

Sources and audiences

It is important to note that the acting treatises and theatre criticism analysed in this chapter were often aimed at polite lay audiences as well as performers. As Liza Zunshine has noted, two modes of theatrical discourse arose during the eighteenth century, one of which focused on theory and one upon the ‘social lives and specific performances of famous entertainers’. While the latter was more obviously aimed at theatrical audiences as well as professionals, both forms of theatrical text held the potential to interest lay readers.


Contemporary writers remarked upon the growing interest in the discussion of acting technique and prowess among audiences, and some viewed audience appreciation as an important means of shaping acting quality. John Hill, author of the popular treatise *The Actor* (1750) expressed a desire to reform the ‘taste’ of the public in order to allow them to better assess the quality of acting, writing that '[e]ven now that there are more judges of acting, than perhaps any period of time has shewn together, there are many times the number, who do not judge at all'.

Discussion was not limited to the theoretical treatise, and some forty years later, Charles Dibdin, editor of *The By-Stander*, remarked upon the infiltration of theatrical gossip and debates into the public press. Didbin commented that ‘[t]wenty years ago, the opening of the theatres would have passed like any other common occurrence’ but ‘[g]radually since that time have the theatres gained over the newspapers’. This growing interest in performance, in conjunction with the links between theatre criticism and contemporary medical and literary discourses, suggests that acting theory played a role in shaping as well as reflecting contemporary beliefs about somatic artifice and the relationship between appearance and reality.

**Developments in acting theory**

Theatre complicated the idealised notion that there was a straightforward relationship between appearance and reality. As Lisa Freeman has suggested, the ability of actors to assume false characters and passions raised the question of whether ‘an individual [could] assume such a fictional pose in everyday life’. Not all eighteenth-century individuals were disturbed by the notion that social appearances may be artificial however, and during the earlier eighteenth century certain writers were keen to demonstrate the utility of socially constructing desirable norms of behaviour and appearance.

---

John Weaver’s *Essay towards an History of Dancing* (1712), which also contained comments on acting, was very direct in its acceptance of social artifice, declaring ‘IMITATION, as *Aristotle* has observ’d in his *Poetics*, is a native Quality of Mankind, it is implanted in his very Nature’.\(^7\) Weaver, a dancing master and choreographer by profession, cited the positive example of children learning to speak by imitation, and claimed ‘[n]or do Children imitate Languages only, but every Motion, Action, and Temper they are us’d to, commonly gives them the Idea which they follow’, presenting this education by imitation as an example of the utility of constructed behaviour, of which dancing and acting were further instances.\(^8\) Weaver was not unaware of the aesthetic appeal of the natural, yet perceived the appearance of nature as yet another trait to be acquired through imitation. When learning performance skills Weaver recommended that dancers aimed for a balance between appearing ‘meanly bred’ due to poor technique, and seeming overly artificial, writing that ‘[t]he best [approach] therefore is a kind of Artful Carelessness, as if it were a natural Motion, without a too curious and painful practising’.\(^9\)

However, as the century progressed new cultural and aesthetic ideals developed that placed greater insistence upon the importance of somatic sincerity, both within everyday social interaction and on the stage. These tendencies can be seen in the rising popularity of the literature of nervous sensibility, which suggested that authentic emotion and sensitivity made itself visible through its effects on the body in the form of swoons, tears and blushes.\(^10\) Phillip Carter has suggested that sensibility was initially viewed as a replacement for ‘snobbish’ and ‘duplicitous’ politeness.\(^11\) However, as Chris Jones has remarked, sensibility was in itself ‘Janus-faced’ – appealing to unconditional natural feelings despite being a social construction developed within the fashionable discourses of literature and medicine.\(^12\) Evidently,

---

\(^8\) Ibid., 138.
\(^9\) Ibid., 65.
\(^10\) See Chapter 2.
awareness of the possible gap between behaviour and feeling or character persisted throughout the century, as we will see in relation to acting theory, yet it was opposed more vehemently during the 1740s-1770s when many writers sought to represent the body as a natural signifier of feeling.

While the mid-century enthusiasm for natural expression prevailed, some writers tackled the problem of the artifice of theatre by blurring the lines between skilful imitation and reality, with the theorist Aaron Hill stating that ‘[r]ightly to seem, is transiently, to BE’, while his contemporary John Hill argued that ‘[i]t is the business of the player to bring these fictions as near to realities as he can; and when he does this perfectly, he gives us what is properly the truth of theatrical representation.’ In claiming that theatre achieved a transient or aesthetic ‘truth’ these writers attempted to distance theatre from any perception that it merely dealt in artifice and facades. Increasingly, however, theorists also sought to circumvent the problematic status of theatre as a form of sanctioned artifice by placing emphasis on the ‘natural’ quality of new styles of acting.

The issue of the extent to which theorists and actors of the period subscribed to the ‘revolutionary’ notion that acting should be grounded in nature has been the subject of contentious debate, with scholars analysing the varied eighteenth-century interpretations of the term and the degree of correlation between theory and practice. Certain critics, particularly those of the earlier twentieth century, have taken the stance that there was a dramatic paradigm shift from formal to natural, i.e. realistic, acting during the first half of the century, stemming from the influence of David Garrick and Charles Macklin’s newly ‘natural’ interpretations of their roles in 1741.

Critics are now more inclined to accept the view that more realistic styles of acting developed by a relatively gradual process, as suggested by Denise Sechelski and Allardyce Nicoll, although as late as 1984 Leigh Woods argued that ‘the revolution in acting, when it did finally arrive with the

emergence of Charles Macklin and later and more convulsively of Garrick, happened within the space of several months’.\textsuperscript{15} The persistence of more formal acting styles alongside ‘natural’ ones is a further objection sometimes raised to the idea that the development of a natural (realistic) acting style marked a distinct era in eighteenth-century theatre, with Freeman suggesting that ‘it remains the case that the declamatory style, or old school of acting, persisted throughout the eighteenth century and dominated the practice of many actors and actresses’.\textsuperscript{16} Whether or not modern critics would deem ‘natural’ acting realistic, many contemporaries perceived Garrick and Macklin to be making a radical change however, with John Hill crediting Macklin for beginning ‘this great improvement’.\textsuperscript{17} This interest expressed in attaining ‘natural’ acting demonstrates the importance of the concept to many of those involved in producing and consuming theatre, notwithstanding the potential distance between theory and practice.

As historians have noted, the word ‘natural’ can mean many things in different contexts, particularly when applied to an artistic medium. With regard to acting, a ‘natural’ style could variously mean an approach which achieved the appearance of everyday behaviour; an approach less formal than previous styles yet still aestheticised; or an approach based on the actor putting themselves into the position of the character and acting through feeling. Michael Shortland has suggested that “Nature” ... bore a heavy load of different meanings’, arguing that it might be helpful to view nature as ‘a rhetorical device against which other antithetical notions were contrasted – art, custom, the supernatural, for example’.\textsuperscript{18} In the case of acting theory ‘nature’ existed in a troubled relationship with ‘art’, with writers questioning whether theatre could exist as both art and nature, or whether art must always carry undertones of ‘artifice’.


\textsuperscript{16} Freeman, \textit{Character’s Theater}, 36.

\textsuperscript{17} John Hill, \textit{Actor}, 239.

Wasserman and West have characterised this question over the authenticity of theatrical illusion as ‘central’ to eighteenth century acting theory, and, as Shortland notes, the very creation of acting manuals that purported to teach ‘natural’ acting highlighted the ambiguity at the core of the ‘revolution’ in acting styles. Contemporary theorists were certainly divided in their views on the relationship between nature, art and authenticity. Aaron Hill insisted that art and nature could be reconciled, arguing that ‘Art Itself IS Nature; when it teaches natural Principles’, while John Hill was more frank in admitting that ‘the consummate artifice of the performer is to conceal the art by which she is assisted.’ The latter wrote that ‘[t]hat playing which appears natural, because it is divested of all pomp and ceremony, is the greatest that is possible; but natural as this appears, it is the result of perfect art’, highlighting the difference between those such as himself who judged great acting on the basis of whether it successfully simulated the appearance of nature, and those who maintained the claim that acting managed to achieve the essence of nature in some way.

Paul Langford has suggested that contemporaries recognised the flimsiness of claims of ‘so-called naturalism’, writing that the majority of observers ‘must have been well aware how much depended on the sheer professionalism of the contemporary stage’. Langford argues that in society at large, ‘it was obvious that naturalism was a cover for ever more contrived artifice’, and to an extent this view appears plausible. Throughout the century critics were willing to highlight the artifice of cultural trends such as nervous sensibility, fashionable illness and natural acting, as this thesis indicates. Nevertheless, although the desire for the body to operate as a ‘natural’ and thus authentic signifier and the requirement that bodies signified according to established conventions existed in tension with one another, many sought to reconcile the two.

20 Aaron Hill, Art of Acting, vii; John Hill, Actor, 5.
21 John Hill, Actor, 258.
22 Langford, Polite and Commercial People, 477.
23 Ibid., 477.
The desire for nature to be refined by art, visible in much of eighteenth-century culture, has been highlighted by a number of scholars, and was linked to the notion that the stage represented idealised and elevated forms of nature that might inspire and educate the audience.\textsuperscript{24} Praise of renowned figures during this period often focused on their ability to combine both nature and art, while theorists recommended similar synthesis in their treatises.\textsuperscript{25} The author of \textit{An Essay on the Stage} (1754) advised that ‘THO’ nature only can inspire the mind, / This inspiration is by art refin’d’, while the educationist James Burgh claimed that ‘Art only adds \textit{gracefulness} to what nature leads to’.\textsuperscript{26} These writers evidently felt pressure to place emphasis on the centrality of nature to artistic endeavour, without denying that nature might be aestheticized to suit the requirements of taste.

Nevertheless, the question still remained as to whether the image of ‘nature’ projected upon the stage was anything more than a pleasing illusion. One crucial way in which the version of nature projected on stage might be judged to be real rather than illusory was if it could be deemed to be based on authentic feeling, a key point of contention in the acting manuals and theatre criticism of the period.

Acting with feeling was conceived of as both a technique for creating a greater appearance of verisimilitude and a means of vindicating the authenticity of theatrical performance. By suggesting that actors drew upon ‘nature’ as their inspiration, it was possible to reinforce the argument that the theatre achieved artistic truth, while the claim that actors truly felt what they acted gave a level of literal authenticity to their performance.

The theory of acting with feeling was grounded in eighteenth-century beliefs about the connection between mind and body, as Joseph Roach has noted, and worked on the premise that the mind and body mutually affected


\textsuperscript{25} For examples of praise for actors and actresses combining nature and art see Colley Cibber, \textit{An Apology for the Life of Mr. Colley Cibber} (London, 1740), 30, 44; Charles Churchill, \textit{The Rosciad} (London, 1761), 16-17.

\textsuperscript{26} \textit{An Essay on the Stage; or, The Art of Acting} (Edinburgh, 1754), 3; James Burgh, \textit{The Art of Speaking} (London, 1761), 13.
The relationship between mind and body was of particularly acute interest to philosophers and medical practitioners of the later seventeenth and early eighteenth century, and G. S. Rousseau has argued that thinkers such as Descartes, Hobbes, Malebranche, and Locke were crucial in introducing the ‘possibility of a real imagination: substantive, existential, working physiologically through the mechanical motions of the blood, nerves, and animal spirits’. The belief that the mind or imagination acted directly upon the fabric of the body to affect the muscles of the body, and thus expression, was of some importance to theories of performance, as it suggested that entering into genuine feeling was a means of naturally generating the visual signs required for acting.

The writing of Aaron Hill provides a good example of this reasoning, explaining the process by which facial expression is governed by feeling: ‘The SOUL, inhabiting the Brain, or acting, where it doubtless does, immediately behind the Optic Nerves, stamps, instantaneously upon the Eye, and Eyebrow, a struck Image of conceiv’d Idea’. Other theorists were less clear about the physiological explanation of the relationship between mind and body, with Samuel Foote declaring that ‘how or by what means this mutual Action, or Communication between Soul and Body is effected, remains a Secret to us’, yet this did not prevent them from advocating that actors feel the emotions they would portray in order to depict them naturally. It was frequently claimed that it was vital to experience the passions one portrayed in order to stimulate the emotions of the audience by sympathy. The actor and playwright Colley Cibber argued for instance that ‘[h]e that feels not himself the Passion he would raise, will talk to a sleeping Audience’, a warning given by various other theorists of the time.

27 Roach, Player’s Passion, 59.
29 Aaron Hill, Art of Acting, iv.
30 Samuel Foote, A Treatise on the Passions, so Far as they Regard the Stage (London, 1747), 10.
Not all actors or theorists subscribed to this belief in the necessity of acting with feeling. Wasserman and Roach have noted that members of the eighteenth-century theatre world were split according their positions on the importance of genuine passion in performance, with Roach characterising this as the ‘opposition of external and internal methods’. The writers of *The History of the English Stage*, for example, advised that an actor should ‘adjust all the Lines and Motions of the Face to the Subject of your Discourse, the Passion you feel within you, or should according to your Part feel, or would raise in those who hear and see you’, tacitly acknowledging that performers did not always feel the emotions that their bodies portrayed.

Among many writers at least, insistence upon the authenticity of the actor’s passions was deemed crucial however. In line with the contemporary fashion for becoming moved through sympathy for the emotions of fictional sentimental characters, acting theory also sought authentic feeling through absorption in fictional worlds. Some went as far as to suggest that the best method was for an actor to lose all sense of himself in his assumption of the character and emotions of his role, as scholars such as Wasserman and Downer have noted. John Hill and Thomas Wilkes both subscribed to the notion that the best actors became fully absorbed in their work, Wilkes writing that an actor ‘must not only strongly impress [his role] on his own mind, but make a temporary renunciation of himself and all his connections in common life, and for a few hours consign all his private joys and griefs to oblivion; forget, it possible, his own identity’.

Within acting theory of the period the practice of losing oneself in the emotion of acting was sometimes countered by the notion that judgment was an important element of the actor’s skills, enabling actors to ‘maintain control of their feelings even when they were feeling them’ as West notes. Various writers of acting theory during this period highlighted the significance of performers being able to exercise judgment and control as well as feeling,

---

33 Thomas Betterton, [William Oldys, and Edmund Curll], *The History of the English Stage, from the Restauration to the Present Time* (London, 1741), 88, italics added for emphasis.
qualities which do not seem to have been viewed as antithetical but rather complementary.\(^{37}\) As John Hill remarked, ‘we would have him [the actor], while he feels all this, yet command his passions, so that they do not disturb his utterance’, reflecting an awareness that the most natural expression of passions might not always be the clearest or most aesthetically pleasing.\(^{38}\)

Alongside growing interest in the importance of acting through feeling, writers continued to suggest that the young actor needed to learn the correct gestures and bodily signs of the passions, whether through observing more experienced professionals or through the perusal of acting manuals themselves. Many such texts included generalised descriptions of the appearance of each passion, with works such as *The Sentimental Spouter; or, Young Actor’s Companion* explaining that ‘Gravity is, in general, best expressed by a steadiness of features, the eyebrows in case of deep contemplation verging towards a frown’.\(^{39}\) Such expressions and gestures might represent a method of achieving aesthetically pleasing performance, yet they were also an important means of communicating successfully through the body as scholars have remarked.

The benefits of generalising and codifying the passions in such a manner, whether on stage, in novels or in everyday life, have been highlighted by Juliet McMaster, who notes that these ‘newly codified practices’ became a ‘shorthand for communicating emotion’.\(^{40}\) Focussing on the theatre, Shortland has argued that theorists such as Aaron Hill were interested in developing ‘a language of verbal and expressive communication which could serve as a


\(^{38}\) John Hill, *Actor*, 54, and see also 7, 12, 17.


\(^{40}\) McMaster, *Reading the Body*, 80-83.
clear bond between actor and spectator’, central to which were ‘corporeal
signs, representations of passions and emotions, which would be
unambiguous, concise and accurate’. 41

However, the demands of legibility operated in tension with the desire
for natural and authentic performance, as critics have noted. 42 Nevertheless,
the research of Roach indicates that set gestures and genuine feelings were
not mutually exclusive in the eyes of eighteenth-century audiences. Roach
has claimed that scientific theories contributed to reconciling natural with
formal movement, arguing that perceptions originating in seventeenth-century
thought ‘assured the theorist with ever-increasing confidence that formality
and regularity of motion, far from being artificial in the negative sense of
unnatural, corresponded to the most beautiful and fundamental of natural
phenomena’. 43

Examination of acting manuals of the period supports this theory,
suggesting that for those attempting to reconcile formality and nature such
gestures could be presented as a natural code. Charles Gildon made the
claim that ‘[e]very Passion or Emotion of the Mind has from Nature its proper
and peculiar Countenance, Sound and Gesture’, a statement echoed later in
the century by Thomas Wilkes, who wrote that ‘every passion has its proper
air and appearance, both of countenance and action, stamped on it by Nature,
whereby it is easily known and distinguished’. 44 Similar arguments that the
appearance of passions is determined by nature were made by the writers of
The History of the English Stage (1741) and Burgh in his text The Art of
Speaking (1761), indicating the prevalence with which this claim was used to
justify the seemingly paradoxical representation of ‘nature’ through a set of
conventional gestures and expressions. 45 At times such statements contained
unacknowledged internal contradictions, with Burgh, for example, touching
upon the fact that codified gestures change over the course of time. He noted
that ‘[t]he antients used some gestures which are unknown to us, as, to

42 Goring, Rhetoric of Sensibility, 4; also see Roach, Player’s Passion, 114; Freeman,
43 Roach, Player’s Passion, 56.
44 Gildon, Thomas Betterton, 43; Wilkes, General View, 109.
45 Betterton, [Oldys, and Curll], English Stage, 48; Burgh, Art of Speaking, 12.
express *grief*, and other violent emotions of the mind’, but avoided following this observation through to the conclusion that certain gestures are culturally conditioned rather than natural in origin.\(^{46}\)

In order to justify their claim that codified gestures were the result of natural rather than social norms some theorists cited examples of the way in which gestures and expressions could cross language barriers and communicate meaning to any individual. Charles Gildon and the writers of *The History of the English Stage*, which drew heavily on Gildon’s *Life of Mr. Thomas Betterton*, both told the tale of a ‘Barbarian Prince’ who used a dancer as an interpreter because of his ability to convey meaning through gesture, claiming that this ‘is a Proof, that there are certain Natural Significations of the Motions of the Hands, and other Members of the Body, which are obvious to the Understanding of all sensible Men of all Nations.’\(^{47}\) Cooke, Hifferman, Weaver, and Riccoboni all made equivalent claims in their works, demonstrating the wish to characterise codified gestures as natural and bodies as legible.\(^{48}\)

The aim of fostering natural acting through the use of universal, legible signs of the body was inextricably linked to desires to read bodies in the broader sphere of human action. One means by which contemporaries attempted to decipher the meanings encoded within the body was through the use of physiognomy, the deduction of character through the physical appearance of the body, and particularly the face. As Graeme Tytler has demonstrated, physiognomy was a topical subject throughout the eighteenth century, particularly within novels, in which the personalities of characters might be indicated by their descriptions, or in which characters used physiognomy to determine the traits of those whom they encountered.\(^{49}\)

\(^{46}\) Burgh, *Art of Speaking*, 14.

\(^{47}\) Gildon, *Thomas Betterton*, 50; Betterton, [Oldys, and Curl], *English Stage*, 71-72.


Attitudes towards such practices were never unambiguous however, and scepticism reigned in many quarters.\textsuperscript{50} James Parsons, author of *Human Physiognomy Explain'd* (1747) rejected the notion that facial shapes and features could indicate temperament, yet was in favour of interpreting the ‘Alteration of the Muscles’ of the face in order to read ‘the reigning Passion of the Mind’, an approach closely allied to the theory of pathognomy, or the reading of facial expressions.\textsuperscript{51} From early in the century the ability of expressions to mirror feelings had been explained through the physical operation of nerves and muscles in response to passions, with Charles Le Brun explaining that ‘most of the Passions of the Soul produce some Corporeal Actions’, and that ‘motion is made only by the elasticity of the muscles, which receive their motion from the nervous juice, which passes through them; the nerves act only by the spirits contained in the cavities of the brain’.\textsuperscript{52} Nevertheless, while the exterior signs of the body were believed by many to offer a key to the mind and the passions, they were not beyond imitation. Parsons explained that ‘[t]he Player, acting his Part with Judgment, is capable of producing these Effects; he can artfully put on the Grimace which best expresses or accompanies the Character he is to represent; as the Man, whose natural Temper also leads him to wear the Aspect suited to his State of Mind’.\textsuperscript{53}

Even as physiognomy rose to prominence and fashionability between the 1770s-90s as a result of the international success of Johann Caspar Lavater’s *Essays on Physiognomy*, the fallibility of the system was asserted and mocked by certain commentators.\textsuperscript{54} Lavater suggested that many were hostile to physiognomy ‘from the dread of its light’, yet he conceded that ‘one may be able to imitate or counterfeit the mien of a knave, without becoming one’, because ‘[a]n honest man is organized in such a manner, that he possibly may be tempted to commit a dishonest action. The possibility of the

\textsuperscript{50} See McMaster, *Reading the Body*, 42.
\textsuperscript{51} Parsons, *Human Physiognomy*, 36
\textsuperscript{53} Parsons, *Human Physiognomy*, 46.
look therefore exists equally with the possibility of the thing’. According to this logic an individual was capable of simulating any state that they might ‘possibly’ enter, including sickness.

Nevertheless, while many eighteenth-century observers were wary of accepting the specific criteria put forward by physiognomic theorists, they were also reluctant to reject physiognomy outright, as John Graham has remarked. The fashionable status of physiognomy during the later years of the century is demonstrated by its appearance in a number of novels, from Robert Bage’s *Man as He Is* (1792), which gives a satirical account of the ineffectiveness of physiognomy, to Elizabeth Blower’s *Maria* (1785), in which characters put forward a range of perspectives on the reliability of the practice. Evidently the desire to read the mind and character through the body was an enduring feature of eighteenth-century society, even when the ability to do so was called into question.

Both defenders of physiognomy and acting critics displayed interest in the idea that the very presence of artifice itself might be visible in the appearance and actions of the body. Lavater suggested that the discerning observer could note the false assumption of virtue, arguing that ‘[i]n vain does the hypocrite counterfeit that noble assurance, that peaceful serenity, which virtue inspires; his face will be only the more shocking in the eyes of the Physiognomist’. His theory implied that the expression would be at odds with the underlying physiognomic structures of the face. By comparison, Frederick Burwick has argued that later eighteenth- and early nineteenth-century theatre displays an interest in conveying *feigned* passions and states

---

58 Lavater, *Physiognomy* (1797), 4:76.
such as simulated madness on stage, with drama of the period featuring characters that drew attention to the mechanisms of dissembling.\textsuperscript{59}

Burwick’s observations are borne out by contemporary reactions to Benjamin West’s painting of the scene from Shakespeare’s \textit{King Lear} in which the mad Lear talks to the supposedly mad Tom/Edgar on the heath (c. 1788). As Judy Sund has noted, the well-known dramatist Richard Cumberland remarked that ‘West had successfully drawn Edgar’s “phrensy” as “not real, but assumed,” and believed that Edgar’s madness had been “touched . . . with so nice and delicate a discrimination from that of Lear that an attentive observer might have discovered it to be counterfeit without a clue to the story”’.\textsuperscript{60} Clearly this analysis by Cumberland is highly subjective, and examination of the painting reveals a scene that could be interpreted any number of ways. However, Cumberland’s desire to read Edgar’s feigned madness as easily distinguishable from the genuine article reflects contemporary concerns over the legibility of the human body and the potential for its signification to be falsified. Moreover, his comment that an ‘attentive observer’ might easily discern such artifice also has the effect of distinguishing himself as one of those perceptive individuals capable of accurately reading the human countenance and body.

\textit{Acting theory and feigned illness}

Discussion of acting theory in the manuals, pamphlets, and journals of eighteenth-century Britain yields important insights into broader cultural attitudes towards artifice, the body, and the stage, yet these debates also held more specific implications for contemporary understandings of the simulation of ill health. It might appear that the emphasis placed upon the necessity of genuine feeling as a component of successful acting promised a level of emotional authenticity behind the exterior being presented by any convincing


performer. However, the practicalities of implementing this acting method called the nature of such authenticity into question. In the case of the actor, the feelings being displayed might be genuine yet the context generating them remained fictional, which raised the possibility that an impostor might also generate convincing symptoms by use of the imagination.

The work of Wasserman and Shortland draws attention to the role that the sympathetic imagination played within theories of acting through feeling. Both note that acting theorists advocated the use of the imagination to place oneself in the position of the character portrayed, thus summoning the appropriate passions, and consequently the appropriate physical gestures and appearance.\(^{\text{61}}\) Such advice is visible in the works of Aaron Hill, Thomas Wilkes, and Charles Gildon, who suggested that by ‘fixing the Mind on real Objects; or by working your self up by a strong Imagination, that you are the very Persona and in the very same Circumstances’ as the figure being played, ‘you will not want Fire in Anger, nor Tear in Grief’.\(^{\text{62}}\) However, as Wasserman notes, the version of the sympathetic imagination promoted by such writers ‘made acting little more than an act of the will in enforcing the idealized concept of the emotion upon the plastic imagination’.\(^{\text{63}}\) For those who accepted this theory, therefore, it appeared that any individual might manipulate their emotions in order to present their desired front to the audience or society.

Those concerned by the implications of this theory for social artifice might take some solace in the view expressed by John Hill that most individuals have distinguishing characteristics of temperament, such as a melancholic inclination, that are difficult to conceal, thus suggesting that the mind and body are usually not wholly pliant to the will.\(^{\text{64}}\) Nevertheless, such personal characteristics could be minimised and Hill actually described techniques for learning how to forget oneself by reading moving passages

---


\(^{\text{62}}\) Aaron Hill, Art of Acting, iv; Wilkes, General View, 92; Gildon, Thomas Betterton, 71.


\(^{\text{64}}\) John Hill, Actor, 60.
and then acting spontaneously in response to them, writing that ‘by a practice like this, he will fall into a way of giving a loose to himself upon the stage’.  

Acting theorists generally restricted their discussion to the portrayal of the passions, yet prevailing beliefs about the mutual effects of the mind and body upon one-another implied that the imagination might also be employed to provoke the symptoms of disease. Medical writers of the period were particularly interested by the phenomenon of imaginary ailments, and often warned that imagined or assumed illness could give way to real disease due to the operation of the mind upon the body. This process was particularly suited to explanation using contemporary theories of the nerves, as can be seen in the medical writings of John Hill, whose interest in both theatre and medicine rendered him particularly aware of the shared role of the imagination in disease and performance. In his treatise on nervous disorders published in 1758 he noted that ‘[t]he body is a mere machine; and is acted upon mechanically in all real as well as feigned excesses of the mind; and the passion which is well represented upon a stage, will affect the nerves of the actor, as much as if he were really influenced by it in his private character’. Thus acting could present a threat to the health of the performer, stimulating his nerves to create disorder and even illness, with Hill claiming that ‘players are, more than all other ranks of men, afflicted with nervous disorders’. Conversely, if taken together, medical and performance theories might be viewed as providing guidance on means for deliberately inducing the appearance, and perhaps the reality, of illness.

If feeling is taken out of the equation as a means of stimulating performance, the other obvious route for the actor or social simulator was that of imitation, whether of nature (in the form of normal human interactions and states), or of art, including the performances of other actors. Various writers on the theatre advocated or described the study of everyday human behaviour as a means of learning to imitate ‘nature’. The writers of The History of the English Stage, for example, declared that ‘to express Nature

---

65 Ibid., 97.
66 For examples see John Maubray, The Female Physician (London, 1724), 58.
68 Ibid., 47
justly, one must be Master of Nature in all its Appearances, which can only be
drawn from Observation’, while the author of An Essay on the Art of Acting
remarked that ‘in the scenes of common life we see / What nature is, not what
she ought to be’, highlighting the benefits of social observation for promoting
realism over idealism.69

Placing emphasis as much on the physical appearance of nature as on
the internal workings of it, advice to imitate nature by observation implied that
illness might be easily imitated through close study. Roach cites an
eighteenth-century anecdote describing how Garrick studied the behaviour of
a mad man who had accidentally killed his infant daughter by dropping her
from a window in order to learn the mannerisms and appearance of insanity in
preparation for his role as King Lear.70 Whether or not the tale was true, the
fact that it was in circulation during the eighteenth century indicates faith in the
notion that ailments could be successfully imitated by observation.

To a degree, observing art or nature provided a code for acting
particular emotions or states of being, although one implicit rather than
explicit. For those seeking less ambiguous guidance on how to arrange and
move their bodies however, the codified descriptions of the passions provided
by many acting manuals could form a starting point for simulation. Evidently
the debate over the extent to which such codes resulted in a ‘natural’
performance has an impact on whether one might consider such codified
gestures an efficacious approach to deceit in everyday life. Modern critics
may be loath to believe that such generalised descriptions of the passions
might be perceived as a guide to simulation off-stage, yet it is possible that
members of eighteenth-century society who subscribed to theories such as
pathognomy and the notion that nature determined the appearance of
universal passions might perceive such descriptions in this fashion.

Unlike many of the passions, physical disease and mental disorder
were not frequently included in theatre theorists’ prescriptive descriptions, but

69 Betterton, [Oldys and Curll,] English Stage, 62; Essay on the Stage, 18; also see Theatrical
Examiner, (London, 1757), in Acting Theory and the English Stage, 1700-1830, 2:63 [6 in
original text]; Cooke, Dramatic Criticism, 115; [David Garrick,] An Essay on Acting (London,
1744), 9; John Hill, Actor, 98, 227; Wilkes, General View, 92-93.
70 Roach, Player’s Passion, 141.
medical treatises and other texts of the time could easily supply this gap for the eager simulator. Charles Le Brun’s treatise on portraying the passions within art included a detailed account of the visual effects of acute pain on the countenance for example, explaining that

the Eye-brows will be still more elevated than in the preceding Passion, and come nearer to each other; the Pupil will be hid under the Brow; the Nostrils rising up and forming wrinkles in the Cheeks; the mouth more open than in the preceding Action, and more drawn back, making a kind of square figure.\(^{71}\)

Directions for the portrayal of illness did occasionally occur within acting manuals however. The most explicit codification of the appearance of illness for the purposes of acting or simulation appears in James Burgh’s *Art of Speaking* (1761), which actually includes descriptions of the gestures and expressions of melancholy, fainting, sickness and death.\(^{72}\) Many of these symptoms mingle the physiological and physical, as in his description of sickness in which ‘[t]he eyes dim, and almost closed; cheeks pale and hollow; the jaw fallen; the head hung down; as if too heavy to be supported by the neck’.\(^{73}\) Although this combination of behavioural and visual symptoms rendered Burgh’s version of ‘sickness’ a demanding state to perform, he evidently believed it possible, and the qualities listed are no harder to feign than those of various passions also described by Burgh. For those concerned about the possibility that individuals might feign illness, the belief that actors might legitimately make use of descriptions of ailing bodies to simulate illness may have given rise to real unease about the possible subversion of such techniques by individuals seeking to deceive society rather than theatrical audiences.

It is interesting that Burgh chooses to describe a general state of sickness, and this perhaps reflects his intended audience of actors and performers whose roles were less likely to require the imitation of specific kinds of illness. However, he does describe fainting in detail, obviously a

\(^{71}\) Le Brun, *Method*, 41.
\(^{72}\) Burgh, *Art of Speaking*, 16
\(^{73}\) Ibid., 16.
theatrical favourite, noting that ‘[t]he colour flies from the vermilion cheek; the sparkling eye grows dim. Down the body drops, as helpless, and as senseless, as a mass of clay, to which, by its colour and appearance it seems hastening to resolve itself’.\(^7^4\) Real and feigned swoons were a common feature of contemporary literary works, and Burgh’s provision of detailed instructions for the simulation of this state reflects the ubiquity of this action as a sign of sensitivity or femininity. However, it also provides a troubling reminder to the reader that performers frequently simulated this supposedly natural reaction, raising the question of whether this and other forms of feminine weakness could be trusted. As Chapter 4 will demonstrate, a number of writers felt distinct scepticism on this point.

While a willing (and skilled) performer could potentially imitate the expressions and gestures described in acting manuals, certain features of the codified passions were less easily assumed. In some instances the passions and bodily states described by acting theorists involve physiological symptoms much harder to feign than simple gesture or expression. James Burgh noted that ‘[t]he change of colour (in white people) shews, by turns, anger by redness, and sometimes by paleness, fear likewise by paleness, and shame by blushing’, and Thomas Wilkes made similar observations on facial colour, noting that in melancholy ‘as the spirits retire to support the inward burthen, they leave [the countenance] wan’.\(^7^5\) Nevertheless, it was not deemed impossible for the skilled actor to achieve these signs of passion, as can be seen in John Hill’s description of James Barry in the part of Othello: ‘we see Mr. Barry redden thro’ the very bla [sic]ck of his face; his whole visage becomes inflamed, his eyes sparkle with successful vengeance’.\(^7^6\) Employing genuine emotions to create such physiological changes appears to be one possible route towards fulfilling the demands of codified descriptions of the passions and indicates the way in which eighteenth-century theories of acting based on convention and acting with passion might complement rather than contradict one-another.

\(^{7^4}\) Ibid., 16.
\(^{7^5}\) Burgh, Art of Speaking, 13; Wilkes, General View, 122; also see Gildon, Thomas Betterton, 42.
\(^{7^6}\) John Hill, Actor, 9.
Interestingly, a number of scholars have drawn attention to the belief that instead of using emotion to stimulate action one might reverse the process, using conventional gestures to inspire feeling through the mutual interaction of mind and body. Cassidy and Brunstrom argue that Aaron Hill’s *Art of Acting* suggests that emulating the expression of a passion ‘can effectively produce the emotion’, an observation also made by Nicoll, who remarks that muscular movement is depicted as stimulating the imagination.\(^{77}\) Such a view is supported by an examination of Hill’s text, in which he states that ‘without previously assuming the peculiar LOOK, adapted to each Passion, ‘tis impossible to give the VOICE its proper Modulation, or the right expressive GESTURE to the Body’.\(^{78}\) Roach draws similar inferences from the work of Gotthold Ephraim Lessing, noting that ‘the actor, in Lessing’s view, may still enact rage and anger even if he cannot “imagine them vividly enough to arouse anger in his soul.” He can generate internal passions by first engaging in external activity’.\(^{79}\)

This notion of using the connection between mind and body to mechanically inspire feelings and sensations raises the question of whether one might generate illnesses that featured a mental component by performing the behaviour and physical expressions of a disorder such as madness. Certain contemporary beliefs about mind-body reciprocity supported such a notion, yet this method would potentially be a threat to the deceiver, and we return to the idea raised by John Hill that performance might merge into reality. Contemporary commentators certainly feared as much; John Maubray had argued that ‘this IMAGINATION hath not only such Power over the Body, but also over the very Soul of Man; which Power of the Soul, hath its respective Influence upon the Body’, reminding his readers that ‘IT is wonderfully related of Gallus Vibius, that he became Mad, not casually, but on purpose; for while he imitated Mad-Men, he so assimilated their Madness to himself by the Counterfeit, that he fell at last into real MADNESS’.\(^{80}\)


\(^{78}\) Aaron Hill, *Art of Acting*, iv.

\(^{79}\) Roach, *Player’s Passion*, 84.

\(^{80}\) Maubray, *Female Physician*, 58.
Intimate relationship of mind and body could thus present a threat to would-be malingers, as well as an aid.

Views on actors and the acting profession

The theoretical workings of the acting profession were of significant interest both to those involved and to the polite and literary society of eighteenth-century Britain. Curiosity was not limited to theory however, and the discussion of the performances and behaviour of actors and actresses was also a significant element of the discourse surrounding the theatre, as scholars have noted.81

Praise for the manner in which actors and actresses appeared to enter into the emotions of their roles and achieved a naturalistic acting style is a noticeable feature of acting criticism, particularly when the actor in question was as celebrated as David Garrick. ‘His soul kindles ---- he is in that moment animated at the thought, and speaks those words, with such generous pride, in short, in that inexpressible manner, which makes a way at once to the souls of the audience’, enthused an article in The Universal Museum in 1762.82 However, celebrity also attracted criticism and, as Woods has noted in his research on Garrick, many doubted the authenticity of his emotional performances.83 Garrick was not alone in receiving criticism on this front, and Churchill was damning in his description of Barry’s acting as Lear on the same grounds, claiming ‘He rais’d his trophies on the base of ART, / And conn’d his passions as he conn’d his part’.84 Evidently, despite the desire of many to believe that the passions they saw portrayed on the stage were genuine there remained a significant number of observers who doubted the authenticity of theatrical emotion. Moreover, scholars have noted that certain

81 For discussion of the interest in critiquing actors’ performances see West, Image, 3, 7; Campbell, “Stage Presentation,” 200; Downer, “Nature to Advantage,” 1027. For interest in the private lives of actors see West, Image, 8, 11; Freeman, Character’s Theater, 36, 38-39.
84 Churchill, Rosciad, 22; for similar criticism of other actors and actresses see Theatrical Review, 31, 38-39 [71, 78-79 in original text]; Theatrical Monitor; or, Green Room Laid Open, 2 (1767): 2.
critics of the period were of the opinion that the most convincing performances of emotion on the British stage were in fact those based on illusion. Cassidy and Brunstrom write that ‘Diderot’s reaction to Garrick’s party-piece [in which he performed various passions in quick succession] was … to admire Garrick for having “professionalised feigned emotion into the realm of fine art”, having cut himself free of any “authentic” passion’. 85

Critical appraisals of the ability of actors and actresses to perform illness also featured among more general reviews. Most frequently discussed among the conditions depicted on stage was that of madness, particularly in Shakespeare’s King Lear, which was often performed by Garrick and other leading actors during the eighteenth century. Theophilus Cibber, Thomas Wilkes, and the writers of the journal The Universal Museum were all profuse in their praise for Garrick’s rendition of Lear’s insanity, writing about it in 1753, 1759, and 1762 respectively. 86 The review in The Universal Museum described ‘[h]ow amazingly great he is in the mad scene, when, he enters with a coronet of straw: he affects the audience by the natural manner in which he performs it’. 87 Such praise of an actor in his representation of mental illness, and particularly the praise for the natural manner of the performance indicates a belief that sickness, at least of a mental kind, could be faithfully replicated on the stage.

Samuel Foote opposed the view that Garrick should be praised for the naturalism of his portrayal of Lear’s madness however, arguing that Garrick was ‘erroneous’ in his interpretation of the nature of Lear’s insanity. 88 He suggested that it should be ‘a Direction to the Actor to employ his first Enquiry into the Cause of the Madness he is to represent, that his Deportment may be conducted suitably therewith’, a statement which implies his support for an individualised rather than generic representation of madness on the stage. 89 Foote’s advice also focused on study and interpretation rather than feeling,

85 Cassidy and Brunstrom, “Playing is a Science,” 28.
87 Ibid., 225.
88 Foote, Treatise on the Passions, 18-19.
89 Ibid., 20.
hinting at a quasi-medical analysis of the causes and nature of the malady of a character, which should then lead to an understanding of the physical manifestations of the illness. This approach indicates that medical knowledge might prove a useful resource for those seeking to impersonate insanity and perhaps other ailments, aiding both theoretical understandings of the nature of the malady and also knowledge of the appearance of the condition that might be used for emulation. Despite his criticism, Foote did praise Garrick’s enactment of Lear’s swoon, writing that ‘the Execution of the Thing itself [was] inimitable, such a Death-like Paleness in his Countenance, such an Inactivity in his Limbs, that only Shakespeare’s [sic.] Words can do him Justice, He is indeed Death’s Counterfeit’.  

Aside from aesthetically dramatic forms of illness such as madness, another type of ill health discussed by theatrical critics was that which accompanied old age. In contrast to impassioned madness or elegant swoons however, the infirmities of old age were seen as less desirable subjects for theatrical imitation, with John Hill deploring both the use of older actors and of realistic depictions of old age. His preference for avoiding ‘distasteful’ elements such as ‘loss of teeth’ and painful disorders was not shared by all, and the anonymous author of The Theatrical Examiner sought greater realism in portrayals of aging bodies. This debate over depictions of aging bodies demonstrates the manner in which aesthetic ideals could interfere with claims of realism. While the stage might provide a model for the simulation of certain kinds of illness others were not commonly or realistically represented. Nevertheless, the censorship imposed by aesthetic considerations did not imply that convincing portrayals of these ailments were impossible, merely that they were less desirable. 

Indeed, given the preference that critics such as Hill demonstrated for older roles to be played by more youthful performers, the necessity of simulating the physical appearance of old age was marked, and here commentary on the stage provides some insight into practices such as the application of aging cosmetics. Discussing a play he saw in London at

90 Ibid., 23.
91 John Hill, Actor, 167.
92 Ibid., 166-68; Theatrical Examiner, 2:82 [25 in original text].
Lincoln’s Inn-Fields playhouse, Riccoboni described his astonishment at the convincing portrayal of an old man by an actor of twenty-six, a success which he revealed to have been achieved by the aid of cosmetics as well as theatrical skill. Riccoboni writes that ‘the Wrinkles of his Face, his sunk Eyes, and his loose and yellow Cheeks, the most certain Marks of a great old Age, were incontestable Proofs against what they said to me [of the age of the actor]’. However, he soon discovered that

the Actor to fit himself for the Part of the old Man, spent an Hour in dressing himself, and that with the Assistance of several Pencils he disguised his Face so nicely, and painted so artificially a Part of his Eye-brows and Eye-lids, that at the Distance of six Paces it was impossible not to be deceived.

Riccoboni’s qualification of his admiration with the observation that the deception was undetectable ‘at the Distance of six Paces’ preserves a distinction between successful simulation on stage and artifice that might deceive in real life. Nevertheless, the potential for cosmetics to obscure the truths of the body was a concern in society more widely, and formed part of a broader concern about the deceitfulness of appearances.

Significantly, the success of actors’ implementation of acting theories and techniques was not only a concern on the stage but also off it, and commentators also drew attention to the problematic notion that performers might transfer these skills to real life, using their ability to deceive for their own ends. Leigh Woods has suggested that certain contemporary commentary on actors evinces a marked ‘distrust of actorly qualities when exercised in polite society’. Focussing on the example of Garrick, Woods notes the unease of figures such as Walpole and Johnson, the latter of whom he suggests ‘seems to have nourished some of the older prejudice against acting, in the form of

---


Ibid., 179.

Ibid., 179.


the assumption that there was something intrinsically degrading about the practical demands of assuming multiple foreign identities.98

West also notes the unease and suspicion of Johnson towards the acting profession, and has suggested that ‘[a]s with many other members of the increasingly powerful middle class, Garrick’s assumption of gentility was perceived by many as emulation, rather than a reflection of his actual status’.99 During the middle decades of the century Colley Cibber and Thomas Pickering were still complaining that the public ‘agree in the Opinion, that the Profession of an Actor is low and contemptible’, perhaps an exaggeration in the case of the more celebrated actors and actresses, yet also an indication of persistent concerns regarding the status of the profession.100

The skills and social mobility embodied by members of the acting profession evidently gave rise to concerns regarding the social signification of status through exterior behaviour. In her work on female actors Rosenthal has noted that certain critics ‘tried to insist on genteel manners as ultimately inimitable’, by arguing that ‘only women of proper virtue and proper extraction could possess them’, as opposed to actresses of lower birth.101 The writings of John Hill indicate that critics sought to apply such rules to male actors too, Hill explaining that ‘[c]haracters of politeness are as difficultly represented as those of gaiety, because, unless the actor be himself polite, he can no more come up to the intent of the author, or the expectations of the audience in them’ than he could succeed in representing gaiety unless naturally gay himself.102

Moreover, as Hill’s comparison of politeness with gaiety indicates, critics also desired to present virtues as inimitable unless natural to the actor, seeking to quash concerns that socially desirable qualities might be simulated by unentitled individuals.103 Aaron Hill and Thomas Pickering made similar arguments, the former declaring that ‘no man can act a hero perfectly who

---

98 Ibid., 20-21.
100 Cibber, Apology for the Life, 49; [Pickering], Reflections, 1.
102 John Hill, Actor, 175.
103 Interestingly, Lavater made the same assertion in his essays on physiognomy, indicating a widespread concern about the imitability of virtue, see Lavater, Physiognomy (1797), 4:67.
has not in himself the seeds of an heroic disposition’, while Pickering explained that ‘Tis much easier for a Man of Sense to play the Fool, upon Occasion, than for a Fool, at any Time, to go through with the Character of a Man of Sense‘, suggesting that while one might successfully assume traits lower than oneself, elevation could not be achieved through deception alone.\(^{104}\)

However, as Rosenthal notes, the fact that ‘actresses from humbler origins sometimes succeeded, pointed to class identity itself as conditional and performative‘, and undermined attempts to present social rank as inborn.\(^{105}\) Equally, there were those involved in the theatre who desired to elevate the social position of the acting profession by \textit{praising} the success with which such professionals achieved the gestures and conversation of politeness. Colley Cibber wrote of Mrs Oldfield that ‘[h]ad her Birth plac’d her in a higher Rank of Life, she had certainly appear’d in reality, what in this Play she only, excellently, acted, an agreeably gay Woman of Quality‘, supporting his views with the statement that ‘this very Morning, where I am now writing at Bath, November 11, 1738, the same Words were said of her, by a Lady of Condition, whose better Judgment of her Personal Merit, in that Light, has embolden’d me to repeat them’.\(^{106}\)

Similarly Colley’s son Theophilus claimed that Barton Booth ‘had the Deportment of a Nobleman, - and so well became a Star and Garter, he seemed born to it‘, and Hifferman went as far as to suggest that the profession of acting required ‘but little less on many occasions, than to be a living and moving epitome of those arts that rank foremost among the polite‘.\(^{107}\) West has suggested that insistence on the actor or actress’s ‘refinement and social elevation‘ was a trend within literature of the eighteenth century, arguing that the elevation of the social status of the actor was necessitated by depictions of the actor as a ‘conveyor of elevated ideas and arbiter of public morality‘.\(^{108}\) However, despite the potentially positive repercussions of depicting members of the acting profession as capable of

\(^{104}\) Aaron Hill, \textit{Art of Acting}, 94; [Pickering], \textit{Reflections}, 3, 6.  
\(^{106}\) Cibber, \textit{Apology for the Life}, 177.  
polite behaviour, such representations may also have contributed to concerns over the propensity of actors to use their skills for personal gain.

In addition to concerns over the mutability of social traits writers also responded to the notion that false emotions might be used to manipulate individuals within social situations. Parsons and Riccoboni played down the dangers of feigned behaviour, suggesting that false smiles, tears, and grief were easily discerned as the lack of genuine emotion affected the physical appearance of the body. Riccoboni explained that 'the Cheat is easily discovered, and the Effect they have is either none at all, or very bad.'\(^{109}\) Parsons looked beyond the stage and considered a situation of deception in real life, explaining that 'when a Person, dress’d with all the Marks of Adulation, feigns a Laugh, to favour that of a Superior […] [h]ere, too, the other Muscles of the Face give the Lips the Lie, and prove the Hypocrisy'.\(^{110}\) However, their reassurances were undermined somewhat by the implications of the theory of acting with feeling, which indicated that the passions might be mechanically or imaginatively induced, thus lending the body an appearance indistinguishable from that of natural emotion.

John Hill argued that a desire to be convinced might allow deception to succeed even where the performer lacks genuine feeling. Discussing instances of female artifice, Hill posed the question of why an actress could successfully 'feign a passion for the man who supports her, of which she feels nothing', if, as he claimed, feeling was a necessary component of theatrical performance.\(^{111}\) He suggested that such a man is deceived because he is 'desirous to believe the lady is fond of him; and therefore he is easily made to receive the pretence of such a fondness', whereas the 'disinterested' theatrical audience requires true passion to be convinced.\(^{112}\) Hill used this point to argue for the 'necessity of feeling upon the stage', yet it held further implications for the perpetuation of artifice within society more broadly.

---

\(^{109}\) Riccoboni, *Theatres in Europe*, 15-16, 22; see also Parsons, *Human Physiognomy*, 73.

\(^{110}\) Parsons, *Human Physiognomy*, 74.

\(^{111}\) John Hill, *Actor*, 76.

\(^{112}\) Ibid., 76. A similar argument was put forward in the novel *Maria* by Elizabeth Blower, in which Lady Melmoth suggests that individuals ignore the authentic first impressions received by physiognomic readings of the face because they are flattered by the attentions they receive from nefarious individuals; Blower, *Maria*, 1:84.
suggesting that although feeling was not absolutely necessary to convince in everyday life, it could be used to trick even those on the look-out for deception.

While Hill could not offer reassurance that fictional performance based upon true feeling can be distinguished from emotions inspired by actual events, he did however present the ability to detect unfeeling performance as an indicator of discernment in the observer, writing that:

nothing is more common than the exerting of a feigned sensibility where the actor feels nothing; and this never fails to be treated, by those who are capable of discerning the fraud, with the greatest contempt.\(^\text{113}\)

Acute observers are separated from the common crowd, with Hill continuing:

there are always a part of an audience as ready to take the appearance for the reality, as he [the actor] is to give it: but with the better sort it is otherwise: they see that it is semblance of worth, not substance, and despise him.\(^\text{114}\)

Although Hill could not argue that all deception was detectable, as this would undermine his insistence upon the effects of acting with feeling, he could and did establish a hierarchy of perception, allowing his readers to congratulate themselves on discerning between good and bad acting within the theatre at least.

Commentators were not solely concerned about the ability of actors to simulate the passions or perform the behaviours of a higher social class however. The issue of performers’ ability to feign illness is a noticeable feature of the gossip-filled journal articles that commented on the lives and behaviour of leading theatrical figures during the second half of the eighteenth century. On some occasions simulated illness could be presented as light-hearted fun, with Leigh Woods describing ‘[o]ne story [which] has him [Garrick] pretending to be ill in bed to Dr. Messenger Monsey, who had planned to see him play King Lear that night’, and convincing the doctor that

\(^{113}\) Ibid., 90.  
\(^{114}\) Ibid., 90-91.
he has seen a brilliant understudy play his part rather than Garrick himself.\textsuperscript{115} Woods notes that the veracity of this tale is debatable, yet the existence of such a story indicates belief that actors were capable of simulating sickness when they so desired. Likewise, in his memoirs, Tate Wilkinson described how as a boy he avoided returning to school through the use of simulated illness, presenting the tale as school-boy trickery and evidence of his nascent acting abilities. ‘When the drum beat for marching orders to the camp at Harrow, I feigned sickness very well; and by continuing at home I was at the height of bliss’, he wrote, showing no fear that such behaviour would be regarded as overly duplicitous.\textsuperscript{116}

Other tales of feigned illness among performers were less favourable in tone, presenting actors and actresses as manipulating others through their simulation of ill health. Garrick figured most commonly in these accounts, with a writer in the July 1798 issue of \textit{The Lady’s Magazine} describing how he ‘sent word that he was ill of a fever’ to avoid acting on one occasion.\textsuperscript{117} The article, moreover, suggests that this ‘sham indisposition’ was a regular occurrence, sniping that ‘Garrick, indeed, was the first who introduced occasional sickness, and was himself sick every four days in the week—he seldom played more than twice’.\textsuperscript{118} The author of \textit{The Theatrical Monitor} had made similar claims some thirty years earlier, suggesting that Garrick feigned illness to avoid performing a role being simultaneously performed elsewhere due to a fear of being outshone.\textsuperscript{119}

As Chapter 4 will indicate, writers of fiction, medical tracts and social commentary often presented simulated illness as a useful means of avoiding social obligations, and such accounts of the practice among actors indicates that their skills were believed to render them particularly liable to this form of indolence. Garrick was not the only actor targeted for manipulative use of feigned illness, and the author of \textit{The Theatrical Monitor} explained that ‘[i]ndispositions among theatrical people, are known to be often practised as

\textsuperscript{115} Woods, \textit{Garrick Claims}, 136.
\textsuperscript{116} Tate Wilkinson, \textit{Memoirs of his Own Life} (York, 1790), 1:54.
\textsuperscript{117} “Anecdotes of Garrick,” \textit{The Lady’s Magazine; or Entertaining Companion for the Fair Sex, Appropriated Solely to their Use and Amusement} 29 (July 1798): 304.
\textsuperscript{118} Ibid., 304.
\textsuperscript{119} \textit{Theatrical Monitor} 7 (1767): 4-6.
stage tricks; I mean they are generally indisposed when they are not disposed to do what they don't like'. The article on Garrick also prompted a corresponding complaint from a reader in the next issue, describing how 'the farce of Love-a-la-mode was deferred on account of the indisposition of Mr. Woodward', the reader noting that 'I went that very night to Drury Lane House, and had the pleasure of sitting next to Mr. Woodward, in the first gallery, who I assure you and the public, was in perfect health.' Such manipulation provoked indignation, with the correspondent adding that '[s]urely such truths must rouze the public'. Whether truths or not, such tales certainly provoked satirical comment.

Although the instances of simulated illness discussed thus far have featured male actors, a number of later eighteenth-century writers such as Charles Dibdin, editor of The By-Stander, suggested that female performers were particularly liable to feign illness. Beginning with a brief comment that the entire world knew that ‘Miss FARREN can be ill when the boxes are empty’, Dibdin expanded on ‘the prescriptive right of actresses to feign sickness in order to keep up their consequence’. In a footnote he described how Mrs Yates’s successful suit against the manager of Covent Garden Mr Harris for payment of her full salary, ‘though she did not perform one fourth of the entire season, the usual excuse being sickness’, had set a precedent and ‘thereby established that actresses may be sick when and in what manner it may best suit their convenience’. While accounts of malingering among theatrical performers encompassed members of both sexes, it is noticeable that Dibdin held cases of actresses who simulated sickness as representative of female somatic duplicity within the profession. In this manner he mirrored a trend that occurred within various other texts of the eighteenth-century, in which feigned illness was not held to be gender specific yet was often gendered in its portrayal.

Other writers of the 1790s similarly suggested that female performers were inclined towards simulating illness to avoid their obligations, with the

120 Ibid., 4.
122 Ibid., 5.
124 Ibid., 93.
actor Tate Wilkinson remarking in his memoirs that ‘Mrs. Cibber, when called upon by the manager, was often feignedly or really ill’, while John Williams, writing under his pseudonym Anthony Pasquin, claimed that the actor John Edwin had valued his sweetheart Sally Hawk because, among other things, she ‘never feigned illness or made the stage stand’. Pasquin prefaces his list of Edwin’s praise for Hawk with the explanation that he will ‘speak in the language of an actor’, and uses italics to highlight stage terms such as ‘quick study’, suggesting that feigning illness was a practice often discussed in relation to performers as it also features in italics.

The concentration of these accounts of feigned illness within the period after the late 1760s corresponds to a rise in attacks upon the simulation of illness within other literary, medical and social texts of the later eighteenth-century, suggesting an increased sense of the utility of simulated illness as a form of deception. However, we must also take into the consideration the fact that periodicals and biographies of theatrical performers grew in number as the century progressed, resulting in increased outlets for such gossip. Nevertheless, while these texts may simply have recorded longstanding beliefs that theatrical performers employed somatic artifice to their own benefit, in the very act of recording such allegations they prompted further discussion, as the follow-up ‘letter to the editor’ within the Theatrical Monitor of 1767 demonstrates.

If one examines the descriptions of the simulation of illness by actors and actresses, it is noticeable that on many occasions it appears that the performer merely asserted his or her indisposition, without attempting to enact it. Although Garrick’s joke against his doctor required the successful impersonation of an invalid, the presence of Mr. Woodward at the theatre suggests that on some occasions the plea of sickness was simply a socially accepted excuse, like that of having servants proclaim their masters to be ‘not at home’ to undesired visitors, discussed in Chapter 4. This highlights one aspect of the mechanics of simulated illness that has not yet been discussed, namely that of narrative. The verbal manner in which illness was reported

could form a central element of the deception as later discussion of the
detection of simulation will demonstrate. Unlike performers in the theatre, the
social impostor did not have a written script to which they could refer; yet they
could be regarded as operating according to an unwritten script of social and
medical expectations of the behaviour of the sick. Scholars such as Ludmilla
Jordanova have discussed the manner in which understandings of sickness
are socially constructed, and in this respect would-be impostors could draw
upon their own experiences, and the language of medical and literary texts, to
supply the appropriate script for their performance.\textsuperscript{126} In the next chapter this
process will be explored in relation to the literature and culture of fashionable
illness.

\textit{Conclusions}

While the techniques of acting through feeling and acting by imitation
presupposed different relationships between interior and exterior or mind and
body, both approaches claimed to offer a means to manipulate bodily signs,
raising troubling questions about the reliability of the body as a signifier.
During the middle decades of the century in particular the idea of acting
through feeling proved popular, yet models of performance through imitation
still appeared within acting manuals, indicating that many commentators were
supportive of the notion that bodily exteriors need not reflect the thoughts,
passions, and physiology within.

The ability to generate a ‘natural’ or convincing performance on the
stage drew admiration and applause, yet these skills provoked concern in the
context of everyday social interactions. Actors themselves were certainly
suspected of employing their talents for simulation in order to manipulate
individuals in real life, with the tales of Garrick and his colleagues exploiting

feigned sickness as a form of leverage highlighting contemporary concerns about the power that was seen to reside in the role of the invalid.

Moreover, the tension that existed between the professedly 'natural' approach to acting being advocated by many theorists during this period and the conflicting desire for performing bodies to be aesthetically pleasing and easily legible reflects a corresponding tension present in eighteenth-century attitudes towards bodies in general. While the most desirable body was deemed to be the natural body, this body might not always conform to social expectations, becoming aesthetically unappealing or failing to convey information in a format understood by the spectator. Thus the body of the actor was required to appear natural while signifying according to conventional codes. However, the professionalism of the actor highlighted the fashion in which supposedly 'natural' codes could be adopted at will, thus falsifying the somatic signals being transmitted. This concern was mirrored in other areas of culture, and the dangers presented by the codification of the passions for the purposes of acting emphasised the perils of codifying other bodily and mental states, including the fashionable illnesses of this period, as highlighted in the following chapter. Once described and regularised in acting manuals or modish medical treatises, bodily signs were all the easier to replicate, with writers undermining the reliability of the very symptoms they exalted as signifiers of authentic feeling or refinement.
Chapter 2 – Fashionable illness

‘I tell thee no Woman of Quality is, or should be in perfect health; hah! hah!’ declared Lady Dainty in William Burnaby’s comedy *The Reformed Wife* (1700).¹ First appearing on stage at the beginning of the eighteenth century, the character of Lady Dainty highlights themes that were to permeate debates over the authenticity of fashionable illness for many decades.² Her obsession with sickness as a signifier of both her social status and her femininity indicates the important role that ill health could play as a form of self-fashioning during the eighteenth century, with portrayals of the fashionable diseases of elite society reflecting broader contemporary beliefs about the ability of the body to convey information of social import.³ However, as Chapter 1 has demonstrated, many commentators remained uncertain or even sceptical about the correspondence between the bodily exterior and intangible interior states. As elite sicknesses came to be imbued with social significance the legibility of the body fell under further scrutiny, with a number of writers suggesting that individuals were feigning fashionable illnesses in order to deliberately shape their personal image, as the comical nature of Lady Dainty’s character suggests.

By highlighting the significance of sickness as a social signifier Burnaby’s play corroborates the implications of much existing research into eighteenth-century fashionable diseases, yet the early date of *The Reformed Wife* is significant.⁴ Among those scholars who have explored the issues of authenticity raised by eighteenth-century fashionable diseases the principal focus has remained upon the period from the 1730s onwards, when discourses of nervous sensibility became increasingly popular within literary

---

² The phrase ‘fashionable illness’ is used in a historical sense within this chapter to indicate diseases that contemporaries regarded as fashionable.
³ See Chapter 3 for discussion of the body as a spiritual signifier.
and medical spheres. However, when considered in conjunction with other early eighteenth-century texts, Burnaby’s portrayal of Lady Dainty indicates that themes of somatic inauthenticity and self-fashioning through sickness predated the height of the fashion for nervous sensibility, featuring within works from the very beginning of the period, as this chapter will argue.

The first section of the chapter will highlight certain continuities in attitudes through an exploration of contemporary understandings of the motives and identity of fashionable invalids. Drawing upon discussions of simulated sickness within published essays, literature, periodicals, and medical treatises it will be demonstrated that the association of elite conditions with desirable personal traits and social status proved a long-standing cause for suspicion among those sceptical of modish disorders. The desirable connotations of fashionable diseases also shaped contemporary beliefs as to which members of society might be most liable to feign fashionable illness, as writers indicated that individuals might feign sickness in order to meet expectations of their rank and gender, or seek to establish their membership of a particular social group. The belief that sickliness was emblematic of good birth or a luxurious lifestyle rendered members of the elites and the aspiring middling sort susceptible to suspicion, while portrayals of delicacy as a feminine characteristic raised questions as to the sincerity of sickly ladies of fashion.

Alongside continuities in portrayals of the nature of fashionable invalids, the century also saw shifts in the level of debate devoted to issues of authenticity. As explanations and depictions of the imprecisely defined phenomenon of ‘imaginary illness’ indicate, pre-existing tropes could be adapted to reflect new concerns. In the case of discussions of imaginary invalids, the ability of delusions to prompt inauthentic claims of illness had a long history within medical and literary works, yet representations were adapted in diverse fashions as a response to contemporary concerns about the impact of medical commercialisation upon those with an excess of imagination.

Attitudes towards feigned fashionable illness thus responded to changing social, medical, and literary contexts, with developments such as the rise of a culture of nervous sensibility within the literary and medical texts of the mid-eighteenth-century also affecting debates around bodily authenticity. During earlier decades the issue of inauthentic fashionable sickness received significant attention, featuring in medical works, drama and periodicals. One might expect such themes to intensify with the development of the rhetoric of nervous sensibility from the 1730s, which promoted the association of elite disorders with desirable characteristics. Rather than prompting an immediate upsurge in criticism of fashionable affectation and feigned illness however, the popularity of the concept among polite and literary society initially had a dampening effect upon discussions of feigned illness. Although still questioned by some commentators, the fashion for delicate health as a signifier of refinement prevailed within forms such as the modish medical treatise and the sentimental novel, reflecting audience preferences and protecting the interests of the writers.

From the late 1760s and particularly the 1770s, British literature, periodicals and medical works saw a resurgence in criticism of the inauthenticity of fashionable illnesses and fashionable invalids, matching early eighteenth-century texts in the openness with which the incentives to feign disease were discussed. In part this mounting criticism can be seen to derive from increasing concerns over the commercialisation and fashionability of elite medicine, as epitomised by the popularity of modish health resorts, yet it was also the product of a shift in attitudes towards nervous sensibility as a signifier of interior and intangible qualities like morality or refinement. With sensibility

increasingly regarded as excessive and artificial, criticism of the authenticity of fashionable fragility grew more acceptable, as the later sections of this chapter will demonstrate.

Nevertheless, interest in the potential for illness to operate as a symbol of elite status continued, as did the use of motifs of nervous sensibility within the novels and medical texts of the period. While the authenticity of the body as a signifier of non-physiological qualities was coming under increasing scrutiny, writers and readers did not wholly abandon a desire to view the body as a window into status or soul, nor did they cease to be intrigued by fashionable medical theories and texts.

Desirable diseases

One of the key themes of research into fashionable illnesses has been the perceived power of such conditions to convey signals regarding the personal and social qualities of an individual, and even of an entire group or nation.\(^7\) Notably, the features associated with these ailments were often positive and highly flattering to the sufferer, rendering fashionable conditions desirable due to their ability to suggest the elevated social position or personal qualities of those laying claim to them. As Rousseau has argued in his work upon the rise of nervous conditions, disease could thus take its place alongside other modes of fashion such as dress as a means of asserting social worth, a notion with which Roy Porter concurred, arguing that ‘being ill could be symptomatic of well-being.’\(^8\)

As texts discussing the group of disorders known as the spleen, vapours, and hypochondria demonstrate, the association of elite health disorders with desirable traits and the suspicion that such associations might prompt simulation pre-dated the eighteenth century. Spleen, hypochondria, and melancholy had long been associated with wit and even genius, as

\(^7\) For an example see Goring, *Rhetoric of Sensibility*, iv.

\(^8\) G. S. Rousseau, “Towards a Semiotics,” 255; Porter, *Mind-Forg’d Manacles*, 83; also see Clark Lawlor’s discussion of the attachment of positive qualities to illnesses that also encompassed highly unattractive qualities, in which he argues for the importance of consumption’s chronic and relatively painless early stages, and the association with genius, poetic talent and sexuality, Lawlor, *Consumption*, 4, 7-8;
literary critics Allan Ingram and Stuart Sim have noted, drawing attention to seventeenth-century texts representing such ailments as both the product and the signifier of intelligence and the scholarly lifestyle.\(^9\) Such beliefs persisted into the eighteenth century even as these conditions began to be articulated through the new language of nerves, with the anonymous author of *A Treatise of Diseases of the Head, Brain & Nerves* (1711) writing of the ‘hypochondriack’ disease that it is ‘seldom seen that Fools or Blockheads are troubled with that Distemper’.\(^10\) This connection between wit and the spleen or hypochondria was particularly common during the late 1720s and 1730s, featuring in the work of the physician Sir Richard Blackmore in 1726, Nicholas Robinson in 1729, and George Cheyne in 1733.\(^11\) This flurry of works publicising the desirable attributes of such disorders attracted considerable contemporary attention, as demonstrated by the reviews that appeared in periodical publications. *The Present State of the Republick of Letters* (April, 1733) contained a review of Cheyne’s recently published *English Malady*, for example, noting that he ‘compliments his Countrymen with the liveliest and quickest natural Parts, the brightest and most spiritual Faculties, a most keen and penetrating Genius, and the most delicate Sensation and Taste’.\(^12\) The attention paid to these desirable qualities of ‘the English Malady’ indicate the interest that readers took in the social implications of disorders such as the spleen.

While such associations reinforced the enabling potential of illness within eighteenth-century Britain, diseases such as hypochondria and melancholy also had their less desirable aspects, being characterised by

---


\(^10\) *A Treatise of Diseases of the Head, Brain & Nerves* (London, 1711), 100. Similar beliefs were a feature of medical treatises throughout the century, with James Rymer drawing the same links between hypochondria and mental superiority in 1785, arguing that such disorders ‘appear more generally among men of learning, genius, and property, whose minds are constantly upon the rack of thought, than among the illiterate, the stupid, and the indigent’, see James Rymer, *A Tract upon Indigestion and the Hypochondriac Disease* (London, 1785), 11.


mental confusion and distress as well as intelligence. Blackmore remarked of hypochondriacs that ‘a considerable Inequality is observed in the Operation of their intellectual Faculties; for at some Seasons they discover great Impertinence and Incoherence in their Thoughts, and much Obscurity and Confusion in their Ideas,’ while the physician Bernard Mandeville excused the views expressed by the fictional invalid of his treatise by suggesting that it would be foolish for readers to be offended by a hypochondriac, implying a lack of rationality in such sufferers.\footnote{Blackmore, \textit{Treatise of the Spleen}, 25; Bernard Mandeville, \textit{A Treatise of the Hypochondriack and Hysterick Diseases}, 2nd ed. (London, 1730), vii, first published in 1711. It was the belief of some medical writers that the mental acuity associated with conditions such as hypochondria could descend into mania, with Robinson writing that ‘Persons, of the greatest natural Parts, of the finest Genius’s, and most elevated Imaginations, are often observ’d, in their Flights, to start into Madness’, see Robinson, \textit{New System}, 244.}

In general, however, the spleen, vapours, and hypochondria were portrayed as causing the sufferer distress rather than extreme mental debility, confirming their appeal as instruments of self-fashioning. Mark Micale has suggested that during the later seventeenth century hypochondria was ‘[f]reed from its association with the more severe psychopathologies encompassed by melancholy’, and while this separation does not appear to have been absolute, the complaints were often regarded as occupying different levels of severity.\footnote{Micale, \textit{Hysterical Men}, 17.} Some years before the publication of his \textit{Treatise of the Spleen} Blackmore wrote on the subject of the spleen in his periodical \textit{The Lay Monk} (1713). He noted that ‘[t]he Spleen, a Quality almost peculiar to this Nation, is of a quite different Nature from Melancholy and Distraction’, explaining that ‘while predominant Judgment holds the Reins … this lucky Complication cannot but produce an excellent Genius’.\footnote{Richard Blackmore and John Hughes, eds., \textit{The Lay-Monastery Consisting of Essays, Discourse, &tc. Published Singly under the Title of the Lay-Monk}, 2nd ed. (London, 1714), 131, 132; originally featured in \textit{The Lay Monk} 22 (January 1713).} A second article the following year echoed such sentiments, claiming that ‘while its Government is limited to a moderate Superiority, is not a Distemper, but in reality a generous Principle, which gives that Acuteness of Thought, Vivacity of Imagination and Abundance of Spirit, that exalts the Possessor above the Level of Mankind’.\footnote{Richard Blackmore and John Hughes, eds., \textit{The Lay Monk} 35 (February 1714): 1.}
While it was advantageous and flattering to highlight the positive effects of a moderate degree of spleen, it was also problematic for many medical practitioners to present such ailments in too desirable a light as this threatened to undermine the authenticity of their claims that these were genuine disorders rather than mere posturing. As a result, physicians such as Blackmore were careful to highlight the reality of patients’ suffering, noting that ‘the Possessors often pay dear for their Superiority; those especially of the beautiful Sex, whose tender and delicate Fibres, by the lively Motions of their Spirits, make them obnoxious to violent Achings of the Head, and painful Hysterick Passions’.\(^\text{17}\) By stressing the suffering as well as the superiority of victims of the spleen, Blackmore sought to present these conditions as more serious than mere posturing.

Accusations of imposture occurred nonetheless, with a number of medical, literary and lay writers suggesting that the desirable association of spleen and melancholy with genius led individuals to simulate the condition in order to enhance their social image. The subject had already received some attention by the late seventeenth century, with Jeremy Collier’s *Miscellanies* (1694-5) featuring a whole essay dedicated to the topic. Collier remarked that “’Tis commonly said the Spleen is a wise Disease, which, I believe, makes some fond of catching it. ’Tis possible it may be the only symptom of Sense they have about them”.\(^\text{18}\) Likewise, despite his favourable account of the disease, Blackmore also suggested that the reputation of the spleen tempted individuals to simulate the disorder, explaining that:

\begin{quote}
many, to be thought Men of Parts and Ingenuity, lay claim, out of meer Ostentation, to the Power of the Spleen in their Complexion, to which they have no manner of Title: Nor are there Instances wanting in the fair Sex, who pretend to this reputable Distemper of the Spirits, with the same Vanity that others assert the Beauty of an unsanguine and sickly Countenance.\(^\text{19}\)
\end{quote}

\(^{17}\) Blackmore and Hughes eds., *The Lay-Monastery*, 132.
\(^{19}\) Blackmore and Hughes, eds., *The Lay-Monastery*, 132; This was a claim that he reiterated in his medical treatise on the topic in 1726, see Blackmore, *Treatise of Spleen*, 259.
For Blackmore the spleen offered males the chance to demonstrate their intellectual credentials, while proving attractive to females due to its ‘reputable’ image, a distinction that hints at the differing qualities believed to appeal to the two sexes, discussed below.

Nevertheless, females were not barred from using the spleen in order to augment their claims to genius, and Lady Anne Kingsmill Finch Countess of Winchelsea made use of just such a strategy in her popular work *The Spleen, a Pindarique Ode* (1701).\(^{20}\) Finch complained that ‘The Fool, to imitate the Wits, / Complains of thy [spleen’s] pretended Fits’.\(^{21}\) However, she was far from wholly dismissing the authenticity of the condition, writing that ‘In me alas! thou dost too much prevail, / I feel thy force, while I against thee rail’, simultaneously challenging the authenticity of the certain fashionable splenetics while vindicating her own sincerity and poetic genius, as emblematised in her suffering.\(^{22}\) Rather than wholly rejecting the authenticity of the spleen, writers such as Blackmore and Finch thus sought to separate the genuine sufferers from those simply laying claim to modish melancholy or spleen in order to shape their social image.

The enduring fascination and consternation provoked by the association of the spleen and hypochondria with intellect is indicated by later eighteenth-century texts that featured similar themes. The writer James Boswell published a series of essays in the *London Magazine* between 1777 and 1783, which he titled ‘The Hypochondriack’, claiming to be a sufferer from this condition. Boswell disputed prevailing beliefs about the disorder however,

\(^{20}\) As Heather Meek and Clark Lawlor have noted, Finch used this suffering as a ‘marker of her identity as a poet, see Heather Meek, cited in Lawlor, “Fashionable Melancholy,” 44.

Finch’s poem was highly popular, and was even quoted in medical works, featuring in William Stukeley’s *Of the Spleen, Its Description and History, Uses and Diseases* (London, 1724), [8, unpaginated].

The close relationship between literary and medical spheres has been noted by scholars such as Roy Porter, and the inclusion of Finch’s poem in this text highlights the fact that medical and literary discourse were not separated in the manner that we might consider them to be today, see Mulvey-Roberts and Porter, “Introduction,” 1; Ildiko Csendes, *Sympathy, Sensibility and the Literature of Feeling in the Eighteenth Century* (Basingstoke: Palgrave Macmillan, 2011), 6-7; Beatty, *Nervous Disease*, 5.


\(^{22}\) Ibid., 5.
writing that ‘I must … beg leave to doubt that proposition, that it is peculiarly to
be found in men of remarkable excellence’. 23 He remarked,

I am certain that many who might have prevented the disease from
coming to any height had they checked its first appearances, have not
only not resisted it, but have truly cherished it, from the erroneous
flattering notion that they were making sure of the undoubted though
painful characteristic of excellence, as young ladies submit without
complaint to have their ears pierced that they may be decorated with
brilliant ornaments. 24

Nevertheless, despite his refutation of the association of hypochondria and
melancholy with intelligence, Boswell’s decision to make use of the disorder
as the title of his essay column suggests that he was still willing to exploit the
positive and fashionable connotations of the disease to attract readers,
highlighting the powerful appeal of sickness as a social signifier.

In response to charges of fashionable posturing medical writers of this
period often highlighted the stigma that could be attached to these diseases
due to imputations of inauthenticity and imagination, suggesting that
individuals resisted such diagnoses. Blackmore wrote that ‘[t]his Disease,
called Vapours in Women, and the Spleen in Men, is what neither Sex are
pleased to own. A Man cannot ordinarily make his Court worse, than by
suggesting to such Patients the true Nature and Name of their Distemper’, a
view with which Cheyne concurred, admitting that ‘I have been in the utmost
Difficulty, when desir’d to define or name the Distemper, for fear of affronting
them, or fixing a Reproach on a Family or Person’. 25 Medical writers of the
mid-eighteenth century made no such assertions about patients’ reluctance to
receive a diagnosis of nervous disease, with the increasingly fashionable
status of the disorder rendering this defence untenable.

23 James Boswell, The Hypochondriack: Being the Seventy Essays by the Celebrated
Biographer, James Boswell, Appearing in the London Magazine, from November, 1777, to
August, 1783, ed. Margery Bailey (Stanford: Stanford University Press, 1928), 1:36; originally
featured in no. 1, ‘On Hypochondria’ (1778).
24 Ibid., 1:136.
25 Blackmore, Treatise of Spleen, 97; Cheyne, English Malady, 261.
Fashionability

In addition to the specific attributes that could be associated with a disorder such as the spleen or hypochondria, eighteenth-century commentators increasingly expressed the concern that individuals might simulate an illness simply because it was in fashion. The positive connotations of particular ailments often played a key role in propelling them to the height of fashion, yet we ought not to conflate desirability and fashionability when exploring eighteenth-century understandings of fashionable illness. Yasmin Haskell, for instance, has noted that while sixteenth- and seventeenth-century sufferers of ailments such as hypochondria demonstrated awareness of the “secondary gain” of being afflicted with a learned illness the diagnosis does not yet seem to have been fashionable.26

By contrast, from early in the eighteenth century the related and sometimes interchangeable disorders of spleen and hypochondria were increasingly alluded to by this term. Richard Steele’s Tatler noted the phenomenon of ‘fashionable’ indolence and spleen in 1710 while the essayist Thomas Gordon commented on it in 1720, followed in the same year by an advocate of women’s work, Sally Fisher, who remarked of the spleen that ‘[w]hatever it is, it’s now a most fashionable Disease’.27 It is likely that the role of hypochondria as a marker of intelligence helped propel the disorder into fashion among elite society, particularly as this connection was promoted in various contemporary medical tracts, as we have seen. Nevertheless, the comments of contemporaries indicate that there was more to fashionable disease than association with positive personal qualities.

Throughout the century, writers suggested that diseases might be regarded as fashionable due to their prevalence among the people of fashion, and as a result of the cachet that they acquired when known to afflict high-status individuals such as members of royalty. Jean Astruc analysed this phenomena within a French context, focusing on a formerly distasteful

disorder in his *Treatise on the Fistula of the Anus* (1738). He noted that ‘once Louis XIV laboured under this Complaint, the Disease became fashionable, a vast Multitude of these Cases suddenly appeared, and after the King’s Example, every one made a voluntary and open Confession of this, once secret Disorder’.  

Some years later the Scottish physician James Makittrick Adair made a similar observation about the power of celebrity to prompt medical trends in his *Essays on Fashionable Diseases* (1786), describing how ‘The Princess, afterwards Queen Anne, often chargrined and insulted in her former station, and perplexed and harassed in the latter, was frequently subject to depression of spirits’, for which she took ‘Rawleigh’s confection’.  

Adair explained that ‘[t]his circumstance was sufficient to transfer both the disease and the remedy to all who had the least pretensions to rank with persons of fashion’, hinting that individuals might assume a disease simply in order to conform to the present trend and emphasise their fashionable credentials, rather than (or in addition to) seeking to affiliate themselves with particularly desirable features of the disorder.

The notion that diseases were subject to the vagaries of fashion raised troubling questions about the nature of contemporary interpretations of sickness and the body. In the eyes of some observers, the very phrase ‘fashionable disease’ came to have connotations of inauthenticity. Hugh Smith’s *Letters to Married Women* (1768), for instance, referred to ‘the present frequently imagined but oftentimes only a fashionable disease – called the scurvy’. It is unclear whether the writer seeks to suggest that such artifice is wholly intentional, but in either case the phrase ‘only a fashionable disease’ clearly implies inauthenticity.

It was during the early eighteenth century that writers began to note the effects of fashion as an incentive to deliberately simulate illness. The subject

---

30 Ibid., 5; the continued relevance of this association of fashionable disorders with high profile sufferers is demonstrated by similar anecdotes in late eighteenth-century journals, see “Reasons for going to Margate”, *Ladies Monthly Museum*, cited in *The Spirit of the Public Journals Being an Impartial Selection of the Most Exquisite Essays and Jeux d’Esprit etc.* (London, 1799), 334-35.
particularly intrigued the writers of periodicals such as *The Tatler*. Writing under the persona of Isaac Bickerstaff, Richard Steele dedicated a 1709 issue of *The Tatler* to dissecting the fashion for men to ‘affect even Faults and Imperfections of which they are innocent’, among which he numbered disabilities and diseases.\(^{32}\) He complained that ‘the fantastical Humour to be so general, that there is hardly a Man who is not more or less tainted with it’, noting that ‘[t]he First of this Order of Men are the Valetudinarians, who are never in Health, but complain of Want of Stomach or Rest every Day till Noon, and then devour all which comes before ’em.’\(^{33}\) According to *The Tatler*, the fashion for sickness was not limited to disorders with positive connotations, and Steele remarks upon the simulation of disabilities as a further aspect of such folly. He explains that ‘[a]bout five Years ago, I remember it was the Fashion to be short-sighted … But the Blind seem to be succeeded by the Lame, and a janty Limp is the present Beauty’.\(^{34}\) He continued, ‘[b]efore the Limpers came in, I remember a Race of Lispers, … Others have had their fashionable Defect in their Ears, and would make you repeat all you said twice over’.\(^{35}\)

**Gender, status, and somatic sincerity**

While Steele remarked upon the fashion for sickness in males, it was far more common for writers to represent such fashionable posturing as a female behaviour. Thomas Gordon included an essay ‘Of the Spleen’ in his work *The Humourist* (1720), in which he explained that ‘[a]s the Ladies rival us Men in most Things, and outshine us in all Things, they have run away with an elder Brother’s Part, even of the Spleen’, and ‘bear this Distermper, not only with Contentment, but Triumph; for *it is the Mode*; and a hoop’d Petticoat, a *Monkey*, and a pretty *Fellow*, are not more fashionable’.\(^{36}\) Gordon suggested that such artifice was far from pleasing to other members of society, remarking that

---


\(^{33}\) Ibid., 1.

\(^{34}\) Ibid., 1.

\(^{35}\) Ibid., 1.

So easy it is to put these puny Creatures into the Spleen, that is, into the Fashion: I am apt to think, their Husbands, and their Servants, would pass their Time of Vassalage with much more Peace and Resignation, if these thorough-bred Ladies were not quite so modish.\(^ {37} \)

As this example and Blackmore’s reference to women’s attraction to the ‘reputable Distemper’ (cited above) indicate, there was a distinction in the way that motivations for somatic artifice were explained, with males being characterised as liable to lay claim to the spleen as a result of its connotations of intelligence, while women were depicted as being drawn to the modish standing of the condition.\(^ {38} \)

This gendering of motives for feigned illness was not absolute, yet it was a marked feature of eighteenth-century discourse, and highlights contemporary expectations of masculinity, femininity, and fashion. Both men and women participated in the world of fashion, following trends in behaviour, consumption of goods, and matters of taste. Despite this, contemporaries still regarded the pursuit of fashion as a particularly feminine trait, building upon beliefs about women’s unstable imaginations and their place in relation to the public sphere.\(^ {39} \) Such views of the female sex were pervasive, and even individuals such as William Alexander, who initially sought to refute the idea that women were any more foolish than men in their pursuit of fashion, could slip into this assumption at points. In *The History of Women* he wrote that ‘women in all ages have been supposed to be more the slaves of fashion, ceremony, and custom, than men’, but that ‘we challenge any man of sense and impartiality to look around him into the fashions and customs of Europe, and to say whether those of our sex are not as whimsical and ridiculous as those of the other’.\(^ {40} \) However, this was later followed with the remark that ‘a

\(^{37}\) Ibid., 16.

\(^{38}\) Blackmore, *Treatise of Spleen*, 259.


love of change’ may ‘justly ... characterize the sex in their pursuit of the fashions and follies of the times.’

In line with this association of fickle fashion with fickle females, writers continued to decry the tendency of elite ladies to assume sickliness simply from deference to the mode. A writer in *The Lady’s Magazine* of December 1795 expressed exasperation at the influence of beliefs about the refinement of sickness among ladies of fashion, noting that ‘[e]ver since it has been the established fashion to have a weak stomach, a delicate constitution, and to live only upon drugs, it is indecent to enjoy a perfect state of health; and a lady who is not indisposed at least three days in a week, is looked upon as a Hottentot.’

As this use of the contemporary term for the South African Khoikhoi people indicates, non-conformity to current trends could lead to an individual being regarded as a social outsider or uncivilised figure, particularly in the case of women, who might be regarded as lacking both feminine delicacy and elite refinement. The reverse was also true; assuming fashionable delicacy could offer a means to assert membership of a particular gender or social sphere.

From the beginning of the eighteenth-century physicians commented upon the notion that ill health might be regarded as a product and signifier of a leisurely lifestyle, building on related convictions that hypochondria or spleen were the product of sedentary, although scholarly, individuals. Sickness could thus operate as a symbol of social rank and status, providing further incentives to employ disease as a form of self-fashioning. This view became increasingly central to notions of nervous sensibility as the century progressed, with some medical writers suggesting that a predisposition to nervous disease was inherited from refined predecessors and exacerbated by high living.

As the audience for vernacular medical works expanded during the eighteenth century medical authors were quick to build upon existing

---

41 Ibid., 2:72.
42 “Of Employment for the Ladies,” *The Lady’s Magazine; or Entertaining Companion for the Fair Sex, Appropriated Solely to their Use and Amusement* 26, Supplement for 1795 (December 1795): 594.
43 John Purcell suggested that a ‘still and inactive Life’ might increase susceptibility to nervous diseases, a theory that could link such conditions to the elite lifestyle of leisure, and also to women, John Purcell, *A Treatise of Vapours, or, Hysterick Fits* (1702), 32.
beliefs about the positive qualities associated with elite ailments, representing nervous conditions in particular as signifiers of good breeding. Such themes were to form a particularly crucial element of fashionable eighteenth-century nervous illness from the 1730s onwards.

As Barker-Benfield has noted, eighteenth-century medical treatises often claimed that nervous sensitivity was the product of luxury and excess, with the result that nervous ailments were portrayed as the preserve of the social elites.\textsuperscript{45} Idleness too was believed to render one susceptible to nervous illness, and thus the condition was considered to affect those of higher social status while leaving the labouring and less wealthy members of British society to enjoy their rude health, as Gorman and Lawlor have remarked.\textsuperscript{46} The persistence of such representations of nervous weakness as a signifier of an elite lifestyle is evident from a perusal of the medical works of the eighteenth century. In 1729 Nicholas Robinson asked of his readers ‘[f]rom whence, I pray, can it [nervous disease] arise, but from our too great Indulgence in Eating and Drinking, and a too lazy indolent Disposition of Life consequent thereupon,’ while Thomas Arnold made similar arguments in the 1780s, claiming that hypochondria resulted from ‘habitual excesses in eating, drinking, or venery; or whatever else may occasion a disordered state of the nerves.’\textsuperscript{47} This presentation of luxury as a cause of ill health had dual implications, indicating that the sufferer of an elite disorder potentially lacked in restraint, yet also advertising his or her wealth and status.\textsuperscript{48}

Literary evidence suggests that this connection between sickliness and status was sufficiently well established by the early eighteenth-century to attract satirical comment, even though the terminology of nerves was yet to saturate fashionable lay vocabulary. The character of Lady Dainty, cited in the introduction, was originally created as the female valetudinarian of William

\textsuperscript{45} Barker-Benfield, \textit{Culture of Sensibility}, 25.
\textsuperscript{48} The perceived prevalence of nervous diseases also cast a flattering light upon the social and economic success of the nation as Roy Porter has noted, see Porter, \textit{Mind-Forg’d Manacles}, 83.
Burnaby’s *The Reform’d Wife* (1700), and was later plagiarised in Colley Cibber’s comedy *The Double Gallant, or, the Sick Lady’s Cure* (1707). In both plays she features as part of a subplot in which a suitor seeks to dissuade her from her invalidism in order to marry her for her fortune. Through Lady Dainty, Burnaby ridiculed the affectation of ladies of fashion who feigned sickness as a signifier of their refinement and high status, presenting such behaviour as perfectly transparent to all beholders. Her female acquaintances view her as an oddity, remarking ‘she that thinks it the truest Mark of Quality to be Nice and Sickly; and as is much afraid of looking well, as other Folks are fond of it’.

Despite taking numerous medicines, Dainty shows no sign of truly wishing to be healthy; in her view illness is a desirable marker of her social status, and something to be cultivated rather than cured. She is represented as being strongly motivated in her performance by the positive connotations of feeble health, exclaiming to her servant that ‘[t]o be always in health is as insipid as to be always in humour; one is the effect of too little Breeding, as the other of too little Wit, and fit only for the Clumsy State of a Citizen — I am ready to faint under the very Idea of such a vulgar Life. Hah! hah! hah!’

Lady Dainty thus propounds the view that the different social ranks are distinguished by the state of their bodies as well as their behaviours, with those of high rank suffering sickness as a result of their ‘breeding’. Rousseau has argued that fashionable nervous illnesses of the mid-eighteenth century provided a new, visible means of asserting one’s station in response to the ‘social and geographical mobility’ of this period, yet the character of Lady

---

49 As F. W. Bateson and John Bruton have noted, Cibber’s *Double Gallant* was by far the more popular play, being reprinted and performed throughout the eighteenth century, despite the controversy over Cibber’s initially unacknowledged appropriation of the works of various authors; F. W. Bateson, “The Double Gallant of Colley Cibber,” *The Review of English Studies* 1, No. 3, (1925): 345-46; John W. Bruton, “The Text of Colley Cibber’s *The Double Gallant: Or, the Sick Lady’s Cure*,” *Studies in Bibliography* 30 (1977): 186-187.

For the figure of Lady Dainty, Cibber copied the dialogue of Burnaby’s original almost word-for-word, with additions relating to Dainty’s love of exotic goods deriving from another of Burnaby’s plays, *The Ladies Visiting Day*. Given the greater and far more long-standing success of *The Double Gallant* it seems probable that allusions to the character within the press and later eighteenth-century literature referred to the character of Cibber’s comedy, although distinguishing the source of the allusion is less vital given the close correspondence between the two versions.


Dainty suggests that by some sickness was already perceived to fulfil this role by the beginning of the century.\textsuperscript{52}

In addition to suggesting that general sickliness is a marker of refinement, Lady Dainty also asserts rights of proprietorship over certain distinguished illnesses on behalf of the fashionable and well-born elites. She argues that ‘most of their very Diseases, are not Prophaned by the Crowd, the Apoplexy and Gout, are peculiar to the Nobility, and I cou'd wish that Colds also were only ours, for there is something in 'em, so genteel and becoming!’\textsuperscript{53} The notion that general sickliness was evidence of high status could thus be combined with belief in the refinement accorded by particular conditions, as Burnaby indicates. Lady Dainty becomes particularly animated when her maid mentions a tradesman’s wife in the city who is troubled with the spleen, characterising such behaviour as emulation:

\begin{quote}
those little Creatures, like the Monkey among Beasts, do follow us in ev'ry thing---They Dress! They Game! ... Hah! hah! Never think it Cloe, a Meer Commoner cou'd not be so honoured, as a Lyon they say will Fawn upon nothing but a King; so this Elegant distemper submits its self to none, but the well descended.\textsuperscript{54}
\end{quote}

With her emphasis on good descent Burnaby’s Lady Dainty implies that it is physically impossible for a vulgar body to contract the same ailment that troubles an elite sufferer, demarcating the spleen as uniquely elite disorder.

Her performance of invalidism is not limited to the sphere of her household, and Lady Dainty is also represented as taking part in a community of highborn invalids, exchanging news and inquiries about health with her acquaintances via her footmen:

\begin{quote}
Run to my Lady Lovevisit, and tell her Ladyship, that I am so imbarrass with the Spleen this Morning, I can't tell whether I shall be able to stir abroad; and know how she rested after the fatiegue of yesterday---hah! hah! hah! hah! hah!.\textsuperscript{55}
\end{quote}

\begin{itemize}
\item \textsuperscript{52} Rousseau, “Towards a Semiotics,” 255.
\item \textsuperscript{53} Burnaby, \textit{Reformed Wife}, 11; see also Cibber, \textit{Double Gallant}, 31-32.
\item \textsuperscript{54} Burnaby, \textit{Reformed Wife}, 11; see also Cibber, \textit{Double Gallant}, 33
\item \textsuperscript{55} Burnaby, \textit{Reformed Wife}, 10; see also Cibber, \textit{Double Gallant}, 31.
\end{itemize}
While advertising her own refinement, Lady Dainty thus also indicates the manner in which fashionable illness could be used as a form of sociability, cementing ties between individuals of high rank and status.

From the perspective of Lady Dainty, the allure of sickliness lay within the dual notions that elite bodies were more delicate and thus inclined to disease in general, and that certain distinguished disorders only affected those of high rank. Burnaby and Cibber were not the only commentators to remark upon the tendency of such beliefs to prompt posturing, and it is evident that a number of observers felt the portrayal of Lady Dainty admirably reflected the affectation of the fashionable elites, albeit in an exaggerated form. In addition to a reference to Lady Dainty in Issue 79 of The Tatler (1709), Richard Steele also discussed Cibber’s play in Issue 248 of November 1710.56 ‘The Comedy called, The Lady’s Cure, represents the Affectation of wan Looks and languid Glances to a very entertaining Extravagance’, he noted, before addressing the prevalence of such behaviour in London society.57 As the approbation of Steele indicates, Burnaby and Cibber’s comedies, which have not previously been studied in the context of fashionable diseases, provide a valuable and engaging insight into early-eighteenth-century attitudes towards modish ill health.

Periodical essayists such as Steele were often outspoken in their criticism of the use of fashionable illness as a signifier of status, although they varied in the degree to which they held the elites or the middling sort guilty of such behaviour. It was possible to simultaneously criticise elite affectation and the fashion-following middling ranks, as Erin Mackie has noted in her study of fashion in early periodicals, remarking that ‘antifashion’ discourse ‘among other things, is antidisplay talk and usually directed against the overt performance of status and power’, which took place at both of these social levels.58 Thus many writers were critical of the entire practice of feigned and fashionable illness, castigating such behaviour as a folly of both elite and aspirational individuals.

58 Mackie, Market, 14.
Steele and Joseph Addison also commented upon the emulation of elite disease by those of lower status in their periodical *The Spectator*, including affected sickness among the range of fashionable behaviours mocked by the publication. One contribution published in May 1711 took the form of a humorous letter to the editors in which a ‘Gentleman’ complained of the ‘Dishonours … done to the Distemper of the Great and the Polite’ by working men who laid claim to the spleen. The correspondent explains that ‘I have ever looked upon this as a wise Distemper; but by late Observations find that every heavy Wretch, who has nothing to say, excuses his Dulness by complaining of the Spleen’, citing a case he witnessed of ‘two Fellows in a Tavern Kitchen’ who asserted they were throwing off the spleen. The letter pokes fun at both elite and vulgar manifestations of affected spleen, with the correspondent threatening to ‘wholly quit the Disease’ if commoners continued to degrade its value, exposing his own claims to the disorder as equally tenuous.

Like earlier writers, essayists of the mid-eighteenth century echoed the view that the association of disorders such as the spleen with high status was liable to prompt the performance of sickness among those aspiring rather than belonging to the highest echelons of society. The anonymous writer of an essay ‘Of the HYPP: In a Letter from a Country Physician’, published in *The Lady’s Curiosity: or, Weekly Apollo* suggested that

At first the *spleen* was said to be the entire property of the court ladies; here and there indeed a fine gentleman was pleas’d to catch it, purely in compliance to them. Soon after, Dr. *Ratliff*, out of his well-known pique to the court physicians, persuaded an ironmonger’s wife of the city into it, and prescrib’d to her the crying of brick-dust; the city physicians took the hint; and the country doctors removed it into the

---

60 Ibid., 297.
61 Ibid., 297.
hundreds of Essex, Cambridge, Lincolnshire, Humber, Northumberland.62

Such opportunistiс assumption of fashionable disorders reflected poorly upon both medical practitioners and their aspirational patients. The writer remarked upon the limits of such imitation, noting that ‘[t]he industrious farmer, shepherd, plowman, and day-labourer, are indeed safe from this evil; respect for their betters not suffering them to pretend to it’, portraying hypochondria as the cultural rather than inherently physiological preserve of the upper and middling ranks.63

Nevertheless, certain eighteenth-century writers sought to exculpate those of good birth, portraying upwardly mobile individuals as the greatest source of somatic artifice. The Female Spectator published an article in 1709 ridiculing the manner in which aspiring social climbers adopted fashionable illness to signify their newly elevated rank. The writer observed that

THERE are some Ladies in the World, whose Constitutions vary with their Circumstances, and as their Husbands by Ingenuity and Application, gradually raise 'em to Riches and Honour, they as sensibly feel a decay of Nature, and grow tender, nice and delicate; for to be perfectly refin'd, is to be always out of order.64

The writer supports this claim with an anecdote of a certain lady who ‘found Health no burthen to her, … But since Sir Politick has been prefer'd at Court, she grows Hoarse at a Lady's wagging her Fan, is as apprehensive of her Footman's course Voise, as some Women are of a Peal of Thunder, and frequently Swoons away in a high Colour.65 This form of somatic self-fashioning is characterised as the behaviour of ‘vain Upstarts, who have a wrong Notion of Grandeur, and wou'd fain act something to distinguish themselves from their former Equals’, with the writer explaining that ‘true

62 ‘Of the HYPP: In a Letter from a Country Physician”, in The Lady’s Curiosity: or, Weekly Apollo (London, 1752), 11; ‘the crying of brick dust’ is potentially a reference to selling brick dust on the streets as a knife-cleaning material, possibly suggesting that the ironmonger’s wife requires more employment to reduce her tendencies towards indolence and thus the spleen.
63 Lady’s Curiosity, 12.
64 Mrs Crackenthorpe, ed. [pseud.], The Female Tatler 25 (1709): 1.
65 Ibid., 1.
Quality have no Notion of Spleen and Vapours, they think Titles and great Estates ought to cure ill Tempers’. The Female Spectator thus opposed the notion that sickliness should be regarded as a sign of high birth and status, attempting to present this view as the work of aspiring social climbers rather than the genuine nobility.

Some writers contrasted the emulative or misguided behaviour practised by those seeking entrance to the fashionable clique with the more natural behaviour of hardworking individuals of the middle rank. One correspondent who wrote to the editor of the Edinburgh magazine *The Lounger* complained of the irritation that she felt at being constantly interrupted by ‘the intrusion of a set of female Loungers’. She explained that she was the wife of a businessman, and thus led an active life, but felt irked by the behaviour of her spouse’s employers, promoting employment as an antidote to fashionable sickliness as others had done before her. The correspondent wrote that ‘I have perhaps got matters adjusted, and little Anne has read half a page, when in totters Mrs. Lualm. This Lady, though always sick, is still able to come abroad every day, and wearies her acquaintance with the detail of her numberless complaints.’ As the differing viewpoints within periodicals demonstrate, claims of feigned illness could be used to attack members of different social groups, with the target of criticism depending on the perspective of the writer.

While enduring beliefs about the ability of disease to confer status upon an individual ensured that social rank often featured in discussions of fraudulent fashionable illnesses, contemporary perceptions of the relationship between sickness and gender also affected portrayals of inauthentic invalids. As the high proportion of references to female simulation indicates, the association of feigned fashionable illness with women was an enduring feature of contemporary debates on the subject. The belief that feminine love

---

66 Ibid., 1.
67 For a further example see Arthur Young and John Seally, eds., *The Universal Museum; or, Gentleman's and Ladies Polite Magazine of History, Politicks and Literature* 2, no. 6 (1763): 312.
70 Ibid., 60.
of fashion rendered ladies more likely to assume modish illness has already been highlighted, yet this was not the only motive assigned to female simulation. Commentators also suggested that women might perform sickness in order to conform to contemporary perceptions of femininity.

If we return to the works of the early eighteenth century it can be seen that this association between sickness and femininity was well established from the very beginning of the period. In the plays of Burnaby and Cibber it is made clear that Lady Dainty’s affected illness is motivated by issues of gender as well as class, with Dainty declaring ‘I tell thee no Woman of Quality is, or should be in perfect health; hah! hah!’.

Lady Dainty views fragility as essential to her image of elite femininity, yet she also extends such expectations to the female sex at large. Criticising her maid for her rough behaviour she exclaims, ‘Pr’y’thee! thou wert made of the rough Masculine kind; -’tis betraying our Sex not to be sickly, and tender’. While Dainty may wish to deny lower-class individuals access to particularly fashionable disorders such as the spleen, this does not prevent her from subscribing to a more general perception of femininity based upon sickness.

As Anthony Fletcher has indicated, the view that women were morally and mentally inferior to men was prevalent in early modern Britain, with women regarded as the ‘weaker vessel’. However, by the late seventeenth and eighteenth-centuries medical theory also placed emphasis on the physical delicacy of women, with theories of nerves playing a key role in justifying the biological inferiority of females. Writing in 1681 Thomas Willis

---

71 Burnaby, Reformed Wife, 10; see also Cibber, Double Gallant, 31.
72 Burnaby, Reformed Wife, 10; see also Cibber, Double Gallant, 32.
74 Scholars have debated the chronology and nature of shifts in perceptions of sex and gender during the eighteenth century. Laqueur has asserted that the mid- to late eighteenth-century witnessed a shift from a one-sex model in which women were inverted males, to a two-sex model in which men and women were biologically distinct, see Thomas W. Laqueur, Making Sex: Body and Gender from the Greeks to Freud (Cambridge, Mass.: Harvard University Press, 1990), 10-11. However, Londa Schiebinger argued in an earlier piece that anatomical differences between the sexes were displayed in medical texts of the seventeenth-century, with the female skeleton being differentiated from the male for the first time in such discourse; see for example, Londa Schiebinger, “Skeletons in the closet: The first illustrations of the female skeleton in eighteenth-century anatomy,” Representations, no. 14 (1986): 42, and more recently Barker-Benfield has also argued for an earlier dating of this physiological distinction between males and females, noting that prior to the eighteenth century women were already being characterised as constitutionally weaker than men, and
identified women’s ‘weaker constitution’ as responsible for their increased susceptibility to nervous diseases, while in 1726 Sir Richard Blackmore explained that women possessed ‘a more volatile, dissipable, and weak Constitution of the Spirits, and a more soft, tender, and delicate Texture of the Nerves’. Although the terminology of nerves may not yet have infiltrated lay vocabulary by the early eighteenth century, it appears that medical theories of gendered bodies had affected broader perceptions of female physiology, with Lady Dainty’s assumption of sickness reflecting her views on social expectations of polite femininity as well as elite status.

The writer of the mid-century text A Treatise on the Dismal Effects of Low-Spiritedness highlighted the power of combined incentives of fashion, status and gender in his criticism the prevailing fashion for indulging in sickly behaviour. First the author presented the case of the fictional ‘Leonora’, who, upon being thrown into ‘Vapours and Spleen, which she thought so fashionable, and added so many new Charms to her Beauty,’ indulges in this sickness until she becomes ‘a Burthen to herself, and the Jest of all about her’. This didactic account is followed by a second tale of ‘Charlotte’, who

in a Visit she made to a Court-bred Lady, lately settled within a few Miles of her Brother’s Seat, saw so many Charms in the affected Dishabille, in the vapourish Languor of her Eye, and such commanding Respect in the indolent Grandeur of this Lady’s feigned Illness, that poor Charlotte became ashamed of being in Health.

By imitating her highborn neighbour Charlotte not only loses the happiness of good humour and good health but also quarrels with a friend, deliberately causes a duel, and brings about the death of three individuals including her close friend Euphemia. The consequences of contemporary ideals of fashionable femininity are shown to be dire, and the tale also participates in contemporary debates about social status and affectation, warning that the

highlighting the importance of nerve theory to such conceptions, Barker-Benfield, Culture of Sensibility, 25-27.
75 Blackmore, Treatise of Spleen, 96; also see Robinson, New System, 212.
77 Ibid., 25.  
78 Ibid., 25.
artificial behaviour of the social elites could exert a negative influence on those lower down the social scale.

The author does not present affected low spirits as an entirely female behaviour, yet suggests that it exerts less of a hold over men due to different social expectations of the two sexes. He characterises affected low spirits as cowardice, remarking that '[i]t is to be hoped, that however modish it may be esteemed to be low-spirited, that when the true Import of that Phrase, and the real Effect of the Habit is thus explained, to be meer Cowardice, it will be needless to use more Arguments with the fine Gentlemen of the present Age, to lay aside this modern Malady'.

With regard to women however, the author is less hopeful of being able to eradicate such fashionable behaviour, suggesting that while cowardice is no more natural to women than it is to men, the social expectations of female behaviour in their present age encouraged weakness and cowardice rather than criticising it. He explains,

I am afraid, I shall have greater Difficulty to perswade the Fair Sex ... since amongst other Refinements from the Manners and Customs of old, unfashionable Grandmothers, we have laid it down as a Maxim amongst the Ladies, that Fear is the Characteristic of the Sex, and Cowardice the natural Birthright of a Woman.

The treatise thus presented the fashion for low-spirits and weakness to be part of the more general damage done to women by the prevailing view of appropriate femininity, explaining that the fashionable lady ‘affects these Airs so long, and so often, that what she at first feigned as a fashionable Foible, becomes a real Habit of the Soul to the great Plague of themselves and all about them’.

Literature played an important role in developing contemporary perceptions of refined and desirable bodies, particularly from the mid-eighteenth century onwards. With the increasingly prominent genre of the novel of sensibility celebrating the delicate nerves of heroes and heroines, the desirability of nervous sensibility was heightened still further, providing

79 Ibid., 34.
80 Ibid., 34-35.
81 Ibid., 35.
additional motives for claiming debility. As Paul Goring notes, the image of ill health that emerges in the sentimental novels of the mid and later eighteenth century was often aestheticized.⁸² For certain authors this was not simply a sanitisation of unpleasing realities, however, as they asserted that sickness could in itself be beautiful and beautifying, offering a means of aesthetic self-enhancement.

During the eighteenth century certain strands of discourse classified illness as a marker of not only social status but also female beauty, shaping aesthetic standards in a manner that privileged feminine weakness and fragility.⁸³ Samuel Richardson’s second novel, *Clarissa*, was particularly influential in promoting the allure of the sickly yet beautiful heroine. In his lengthy description of Clarissa’s slow death the reformed rake Belford notes that her beauty remains unmarred; she is ‘lovely in spite of all her griefs and sufferings!’⁸⁴ Clarissa is not simply unchanged however, but made more beautiful by her ethereal fragility, and Belford dwells on ‘her hands, white as the lily, with her meandering veins more transparently blue than ever I had seen even hers’, among other physical features of attraction.⁸⁵ Similarly, Richardson’s contemporary Tobias Smollett described the sufferings of Monimia in *Ferdinand Count Fathom* (1753) as beautifying, writing that

> her charms, far from melting away with her constitution, seemed to triumph over the decays of nature … her feebleness added to that soft and feminine grace which attracts the sympathy, and engages the protection of every human beholder.⁸⁶

The implication that female fragility was attractive as it allowed others, notably males, to assume the role of protector is evident in Smollett’s description, and

---

⁸³ As Lawlor’s research on the literary and medical portrayal of consumption has demonstrated, the aesthetic beauty of sickness was a distinctly gendered trait. According to Lawlor ‘consumptive males were to be more creative, intelligent, poetic: the shapers of representations; women became those beautiful images’, highlighting the manner in which fashionable disorders were often associated with different qualities according to the gender of the sufferer; see Lawlor, *Consumption*, 44.
⁸⁴ Samuel Richardson, *Clarissa; or, The History of a Young Lady*, ed. Angus Ross (Harmondsworth: Penguin, 1985), 1065, all subsequent references are to this edition, first published in 1748.
⁸⁵ Ibid., 1351.
while novelists stressed the suffering of such characters their sufferings stimulated sexual desire as well as sympathy, as Brissenden and Barker-Benfield have noted.\textsuperscript{87}

Later authors continued to represent sickness as a beautifying process, with some explicitly highlighting the improvement in appearance of their heroines, having been purified and refined by their ordeal.\textsuperscript{88} By promoting the view that extreme fragility was the mark of desirable femininity such literary examples provided additional incentives for eighteenth-century females to lay claim to fashionable sickness, although certain novelists eschewed the trend for praising the beauty of ill health.\textsuperscript{89} The permeation of such trends into elite society was noted within later eighteenth-century periodicals, with \textit{The Lady’s Magazine} commenting on the tendency of modish lifestyles to create a ‘pale sickly fashionable hue’ of the countenance.\textsuperscript{90} While this sickness was genuine it was suggested that by rendering an ailing appearance fashionable the trends of elite life promoted unhealthy and artificial lifestyles.

Certain authors were also concerned that the popularity of ideals of sickly feminine beauty might prompt women who lacked such fragile looks to seek artificial means of achieving them. As we have seen, earlier in the century Blackmore had suggested that the conflation of beauty and illness might result in the simulation of a sickly appearance, writing in 1726 of the ‘Vanity’ with which some women ‘affect the Beauty of an unsanguine and sickly Countenance’.\textsuperscript{91} Later medical writers linked the fashion for pale skin to the simulation of illness, drawing attention to the shared cosmetic methods used for the whitening of the face. In his \textit{Orthopaedia} of 1743 for instance,


\textsuperscript{88} For examples see \textit{The Example: or the History of Lucy Cleveland} (London, 1778), 1:75; Blower, \textit{Maria}, 2:153-54.

\textsuperscript{89} For examples of sickness as damaging to beauty see \textit{The Memoirs of a Young Lady of Quality, a Platonist} (London, 1756), 2:123; William Dodd, \textit{The Sisters; or the History of Lucy and Caroline Sanson, Entrusted to a False Friend} (London, 1754), 2:244, Samuel Richardson, \textit{The History of Sir Charles Grandison}, ed. Jocelyn Harris (London: Oxford University Press, 1972), 2:516, all subsequent references are to this edition, first published in 1753; \textit{Frederic; or, the Fortunate Beggar} (London, [1773?]), 1:158, 2:91.

\textsuperscript{90} “The Effects of Adversity”, \textit{The Lady’s Magazine} 25 (September 1794): 481.

\textsuperscript{91} Blackmore, \textit{Treatise of Spleen}, 259.
Nicolas Andry de Bois-Regard noted the similarities between recipes for ‘whiten[ing] a brown complexion’ and the methods employed by ‘some People, who, to feign themselves ill, smoke their Faces with the Fumes of Sulphur, as others with the same view perfume themselves with the Smoke of Cummin’. Concerns about the threat to bodily legibility posed by the use of cosmetics and beautifying agents were thus linked to awareness that such techniques were also useful for individuals seeking to simulate illness, and might indeed be used for both purposes at once.

The allure of fragile femininity was evidently regarded as an incentive for feigning illness, yet issues of marriageability and procreation complicated perceptions of the sexual attractiveness of sickly females. While novels of sensibility suggested that sickliness rendered women sexually attractive, satirical or comic works indicated that sickliness, however fashionable, was detrimental to one’s marriage prospects. Genuine physical fragility was less desirable in a prospective bride if the groom hoped for heirs, while affected fashionable sickliness was likely to be regarded as irksome rather than alluring when considering life partners. Comic writers therefore suggested that modish invalidism was a measure to be assumed by either the independent woman of means, or the married matron, neither of whom felt a pressing need to please men.

This dynamic is visible in the character of Lady Dainty of Burnaby and Cibber’s comedies. Dainty is regarded as a catch because of her wealth, yet her suitor Cleremont/Careless wishes to cure her of her assumed ailments before he can marry her, regarding such behaviour as a hindrance rather than an allurement. She is still inclined to fret about her health after her marriage, but Cibber has Careless tell his new wife to ‘Trust to Nature: Time will soon discover, / Your best Physician was a favour’d Lover’, reflecting the dual views that marriage and sexual intercourse were advisable cures for female disorders such as chlorosis and hysteria, and that women indulged in

---

92 Nicolas Andry de Bois-Regard, *Orthopædia: or, the Art of Correcting and Preventing Deformities in Children* (London, 1743), 129-30. Also see *Letters to the Ladies, on the Preservation of Health and Beauty. By a Physician* (London, 1770), 31, 33.
fashionable illness when bored.\textsuperscript{94} The later fictional invalid Mrs Grantham of Eliza Parson’s novel \textit{Women as They Are} voluntarily abandons her invalidism in order to remarry. The narrator notes that she ‘quitted her fresh mourning-weeds, and a catalogue of delicate complaints, for a robe of white satin, a very young husband, and renovated health’, asking ‘Who can blame the lady?’\textsuperscript{95}

Writers suggested that fashionable sickliness might be assumed or resumed once a marriage was established however. In her satirical work \textit{An Essay on the Art of Ingeniously Tormenting} (1753) Jane Collier intimated that simulated illness was the preserve of married women, presumably those denied the pleasures of younger females. Among other comic directions for tormenting others, Collier provides instructions for those wishing to feign ill health, mocking those ‘married women [who] have always a pretence for complaining of unaccountable disorders’.\textsuperscript{96} The view that it was the prerogative of married women to feign illness featured in other texts of this period, as in \textit{The Stolen Marriages; or, Trips to Scotland} (1760?). Among various clandestine marriages, the text told the tale of ‘The Smiths’, who

had come to the inn the night before; and the young lady being troubled with a fashionable disease, called the vapours; and willing to give herself a few airs, now she was a wife, imagined herself ill, and would not proceed on her journey that day.\textsuperscript{97}

The connection between married women and fashionable illness was linked to perceptions of the utility of disease as a source of practical power and a tool for domestic manipulation, as this case demonstrates, and this is a theme that will be examined in more depth in Chapter 4.

Nevertheless, while eighteenth-century writers generally presented the stereotypical fashionable invalid as female, the literature of this period also featured less frequent examples of male characters that choose to assume the role of the invalid. Lady Dainty represents fashionable illness as a

\textsuperscript{94} Cibber, \textit{Double Gallant}, 94.
\textsuperscript{95} Eliza Parsons, \textit{Women As They Are} (London, 1796), 4:274-75.
\textsuperscript{96} Jane Collier, \textit{An Essay on the Art of Ingeniously Tormenting} (London, 1753), 210.
\textsuperscript{97} \textit{The Stolen Marriages; or, Trips to Scotland} ([London?, 1760?]), 16.
particularly female domain for instance, yet she also suggests the value it could hold for elite males, remarking

Observe but the Families I visit, they have all something deriv’d to ‘em, from the Elegant, Nice State of Sickness, you may see even in the Males, a Genteel, as it were stagger or twine of their Bodies—As they were not yet confirm’d enough, for the Rough, Laborious Exercise of Walking; a Saunter in their Motion, that is, so like Quality!  

However, the challenge that such behaviour presents to masculinity is highlighted by her maid, who ventures to profess that ‘methinks, Madam, it wou’d be better if the Men were not altogether so tender’. Even Lady Dainty agrees that weak specimens of masculinity are not the most desirable, confessing ‘Indeed, I have sometimes wish’d the Creatures were not [so tender], but that the Niceness of their Frame so much distinguishes ‘em from the Herd of common People.’ While it is both feminine and genteel to display refined illness therefore, the demands of rank and masculinity are shown to be somewhat at odds.

Similarly, the gendering of such behaviour was a particular concern for the editors of The Female Spectator, whose article of August 1709 chastised foppish men for indulging in effeminate sickliness, ‘like Lady Dainty in the Comedy’. The target of criticism, a fictional ‘Mr. Stately’, is deplored for ‘his Spleen, Uneasiness, Womanish Observations, and the improper Liberties he takes, [which] make the Lady of ev’ry Family dread his Appearance’, mingling effeminacy and predatory behaviour. The writer goes on to note Mr Stately’s predilection for particular fashionable ailments, writing that he ‘has his Vapours, Hecticks, and Hypocondraicks, thinks the Spleen as pretty a Companion for a fine Gentleman, as squeamishness for a fine Lady, and that a Month’s Illness in great State, is like a Woman of Quality's Lying-in’. The constant association of this behaviour with femininity demonstrates the

98 Burnaby, Reformed Wife, 11; see also Cibber, Double Gallant, 32.
99 Burnaby, Reformed Wife, 11; see also Cibber, Double Gallant, 32.
100 Burnaby, Reformed Wife, 11; see also Cibber, Double Gallant, 32.
101 Mrs Crackenthorp [pseud.], The Female Tatler 23 (1709): 1.
102 Ibid., 1.
103 Ibid., 1.
degree to which affected illness was viewed as the preserve of polite females, rendering it even more troubling when assumed by gentlemen of consequence.

The fashionable rhetoric of nervous sensibility only added to the conviction that the simulation of sickness was not befitting of proper men, as later eighteenth-century texts indicate. Like Burnaby’s Reform’d Wife, Miles Andrews’s comedy The Reparation (1784) displays both the allure and the difficulties that fashionable illness could present to men seeking to exploit sickness as a means of self-fashioning. In this play the foolish Lord Hectic is ridiculed for his ineffective and often conflicting attempts to present himself as a man of fashion, seeking to simultaneously perform the roles of a ‘hale and hearty’ man of sport, a debauched libertine, and a paragon of sensibility and fine nerves.104 In his desire to be accepted as a robust and masculine individual he stresses his physical abilities while trying to conceal the consumption that is implied by his name and his frequent coughing fits.105 ‘There, there, - I have taken a pretty long ride to-day. (coming forward) What a fine thing it is to be hale and hearty! (coughing) one gets thro’ so much fatigue without minding it; and looks as fresh as a rose after all (coughing),’ he declares as he first enters the scene, and it is clear that he perceives his weakness as inimical to his image as a sportsman.106

Nevertheless, in contrast to this rejection of his genuine and more threatening ailment, Lord Hectic is very eager to stress his emotional and nervous fragility through his claims of sensibility, berating his servant Swagger for his ‘profane jargon’ and demanding ‘dost thou think the delicacy of my passions are so easily charm’d? and that I am form’d horribly robust, as thou art, without a grain of sensibility – a heart of stone, and nerves of cast iron?’107 Lord Hectic’s servant Swagger is far from convinced by either the authenticity of Hectic’s self-presentation or the value of the nervous sensibility that his

105 A ‘hectic fever’ was regarded as the sign of phthisis or consumption, indicating the flush that marked the consumptive’s countenance, see Thomas Beddoes, Essay on the Causes, Early signs, and Prevention of Pulmonary Consumption for the use of Parents and Preceptors (Bristol, 1799), 1.
106 Andrews, Reparation, 7.
107 Ibid., 9.
master lauds so often, muttering to himself that ‘[i]t may be the fashion to be sick to death, and sensible alive, as they call it, to every thing; but, thanks to St. Patrick, I never was one or the other; and I hope I never shall’. 108

As in the case of elite females portrayed as simulating fashionable illness in order to shape their social image, Hectic is ridiculed for the transparency of his performance, yet there is a further layer of criticism implicit in this text as Hectic is also looked down upon by other males for his assumption of a feminine role of modish sickliness and emotion. As the novels of sentiment of this period demonstrate, novelists and writers participating in the culture of sensibility were far from being systematically opposed to emotionally and nervously sensitive males, with characters such as Richardson’s Sir Charles Grandison displaying evidence of their sensibility in their distress and consequent ill health. 109 Nevertheless, it appears that while heroes of sentimental novels might exhibit their fragile nerves and strong feelings to great appreciation, the idea that a male would seek to assume such characteristics as part of a calculated manipulation of social image was more distasteful.

Within the work of eighteenth-century writers, themes of gender and social status consistently emerge as factors shaping perceptions of fraudulent fashionable invalids, their motives, and their identities. In particular the association of fashionable ill health with high status and femininity shaped perceptions that the assumption of sickness might operate as a form of self-fashioning, with much criticism focusing upon elite ladies of fashion. Nevertheless, as the examples of Lord Hectic or the tradesman’s wife in The Reform’d Wife demonstrate, expectations about the relationship between illness, gender, and social rank were complex and sometimes conflicting. While women of high rank were chastised for employing artificial weakness to conform to social expectations, males or those females of lesser status might equally be censured for using such performances in a socially transgressive manner.

108 Ibid., 9.
109 See his response to the madness of Clementina in Richardson, Charles Grandison, 470-73.
Diagnostic uncertainty, medical exploitation, and imaginary illness

As we have seen, the sincerity of individuals’ claims to ill health were often challenged within accounts of fashionable disease, and entire social groups could also come under suspicion as a result of the desirable qualities associated with distinguished complaints. However, certain eighteenth-century commentators went beyond this, expressing doubts about the authenticity of fashionable diseases as diagnostic categories or highlighting the instability of modish medical theory and terminology.

Once again, the character of Lady Dainty provides evidence that the dynamics of self-fashioning through sickness were already attracting interest by the beginning of the eighteenth-century. In *The Reform’d Wife* Burnaby emphasised the importance that fashionable invalids placed upon the correct rhetoric of sickness, demonstrating that it was not simply the communication of ill health that constructed the image of the modish invalid, but the way in which this illness was articulated. Lady Dainty criticises one footman for his inability to employ the correct language, dismissing him as ‘not fit to carry a Disease to any Body’.

She explains that ‘I sent him t’other Day with the Chollick to some Ladies, and he put it into his own Language it seems, and call’d it the Belly-Ach! I was under the greatest Confusion!’, describing her embarrassment when ‘the same Afternoon, two or three of ’em, in the Publick China-House, Saluted me upon it,—I was forc’d to explain the Booby’s meaning, else I had suffered the imputation of so vulgar a Disease! Hah! hah! hah!’.

As Burnaby slyly suggests, elite disorders could be viewed as mundane conditions dressed up in modish language, and the footman’s inability to make use of the rhetoric of fashionable illness exposes Lady Dainty to ridicule not only from her acquaintances but also from the audience. Within discourses of fashionable disease, bodily legibility was thus not only threatened by fraudulent somatic signifiers, but also by the misrepresentation of existing symptoms.

---

\[110\] Burnaby, *Reformed Wife*, 10; see also Cibber, *Double Gallant*, 32.

As the century progressed, writers not only commented on the use of modish disease terms, but also on the rapidity with which such terms changed in response to new trends. The author of an essay ‘Of the HYPP: In a Letter from a Country Physician’, published in *The Lady’s Curiosity: or, Weekly Apollo* in 1752 explained that ‘[w]hen I first dabbled in this art, the old distemper call’d melancholy, was exchang’d for the vapours, and afterwards for the hypp, and at last took up the new current appellation of the spleen, which it still retains’.\(^{112}\) Literary and medical texts demonstrate that such labels were in common usage, and up to this point in the text one might read the anecdote as a simple comment upon evolving medical terminology. However, the ‘country physician’ subsequently mocks the extent to which such fashionable revision of terminology could be taken, claiming that a ‘learned Doctor’ he knew ‘divides the spleen and vapours, not only into the hypp, the hypos, and the hyppocons; but sub-divides these divisions into the mark-ambles, the moonpalls, the strong-fives, and the hockgrockles’.\(^{113}\) The author strongly implies that the very changeability and proliferation of fashionable conditions is indicative of the inauthenticity of modish medicine, undermining the integrity of both practitioners and patients.

Contemporaries remained conscious of the influence of fashion upon medical terminology and diagnosis, particularly once the trend for weak nerves took hold. The novelist and writer Henry Mackenzie commented on the fad in *The Mirror* in 1779, noting that ‘[t]he nervous seems to be the ailment in greatest vogue at present’.\(^{114}\) He argued that such ‘generic names’ are the work of the medical faculty, ‘it being a quality of great use and comfort in a physician to be able to tell precisely of what disorder his patient is likely to die’.\(^{115}\) Mackenzie thus implied that the label ‘nervous’ was exploited in cases where the body proved illegible, allowing the patient and practitioner to feel reassured by settling upon a diagnosis.

With the relationship between fashion and medicine proving a contentious subject within the contemporary press, certain medical writers

---

\(^{112}\) *Lady’s Curiosity*, 11.

\(^{113}\) Ibid., 11; I have been unable to locate these terms elsewhere in contemporary literature, supporting the theory that they were created for satirical purposes.


\(^{115}\) Ibid., 98.
also began to address the issues of authenticity that plaguel fashionable
diseases, moving away from the defensive tone of earlier and mid-century
works. French and British medical writers began to analyse the effects of
fashion upon medicine, with the French physician Samuel Tissot publishing
his *Essay on the Disorders of the People of Fashion* of 1771, while James
Mackittrick Adair followed suit in Britain in 1786, with his *Essays on
Fashionable Diseases*. Adair made critical comments upon the behaviour of
modish individuals, remarking upon the enjoyment they found in discussing
their illnesses and falsely laying claim to fashionable diagnoses. He
suggested that it was in this manner that disorders grew in popularity, writing
that

as people of fashion claim an exclusive privilege of having always
some thing to complain of, so the mutual communication of their
ailments is often the topic of conversation: the imagination frequently
suggests a similarity of disease, though none such really exists; and
thus the term becomes soon completely fashionable.\textsuperscript{116}

However, Adair also regarded the medical profession as to blame for
promoting fashionable disorders, citing the publication of particular popular
works as the source of identifiable fads within British culture. He described the
evolution of terminology, with ‘nerves’ taking over from the older ‘spleen’ and
‘vapours’ after Dr Whytt published his treatise, only to be ousted from fashion
by Dr Coe’s treatise on bilious concretions, after which ‘nerves and nervous
diseases were kicked out of doors, and *bilious* became the fashionable
term’.\textsuperscript{117} According to his depiction of the situation blame rested on both
medical practitioners and on the fashionable individuals who prompted their
doctors to provide new and more up-to-date diagnoses, and Adair suggests
that this process could continue indefinitely as new terminology replaced the
old.

The resonance of later-eighteenth-century debates regarding the
authenticity of fashionable disease categories and diagnoses, and of Adair’s
*Fashionable Diseases* in particular, can be seen in John Trusler’s novel

\textsuperscript{116} Adair, *Fashionable Diseases*, 4-5.
\textsuperscript{117} Adair, *Fashionable Diseases*, 6.
Modern Times; or, The Adventures of Gabriel Outcast. First published in 1785, the novel ridiculed the artifice of contemporary society, among which was included the duplicity of medical practitioners. The protagonist Gabriel tries a variety of different employments, learning the tricks of each trade and exposing these professions to scrutiny. The first edition contained references to the insincerity of fashionable medical practitioners, with Gabriel being persuaded to plagiarise ‘a treatise on nervous fevers’ for his quack of an employer.\footnote{John Trusler, Modern Times, or, The Adventures of Gabriel Outcast, Supposed to be Written by Himself (London, 1785), 2:162.} However, the third edition, published in the same year as Adair’s Fashionable Diseases, included substantial additions in the form of quotations and paraphrasing from Adair’s commentary upon the behaviour of elite patients. Entering into the medical profession, Gabriel comments that:

In the course of my practice, I found fashion was as necessary a circumstance to be attended to, as the disease itself; for sick persons require more humouring than the world is aware of. Patients are often prompted by curiosity (says a late medical writer) to enquire the nature of their disorder, and an explicit answer is not always either convenient or practicable, as the doctor is often ignorant of it himself; instead, therefore, of confessing his ignorance, he gratifies his patients at the expense of truth, and tells them, generally, it is either nerves, bile, or the like. Now, if both patient and doctor are of the fashionable gender, this alone is sufficient to bring the term into vogue.\footnote{Ibid., 2:124-25.}

Trusler had Gabriel paraphrase Adair further, commenting on the shifting trends in fashionable conditions, and the effects of different medical practitioners’ treatises upon modish terminology.\footnote{Ibid., 2:125.} While Gabriel does not accuse his patients of feigning illness entirely, he does argue that the fashionable conditions to which they lay claim are simply flattering terms, exploited by practitioners in order to reassure, and by patients in order to conform to present trends.
In addition to the issue of changing terminology, the variable and eclectic symptoms that were assigned to fashionable diseases could also provoke scepticism as to the legitimacy of these disease categories. Some writers suggested that nerves had become a catch-all diagnosis, used to disguise ignorance or to flatter troublesome patients as we have seen. By the mid-century the physician Robert Whytt complained that because the term ‘nervous’ had ‘been commonly given to many symptoms seemingly different, and very obscure in their nature, [it] has often made it to be said that Physicians have bestowed the character of nervous on all those disorders whose nature and causes they were ignorant of.’¹²¹ Physicians treating less problematic disorders could exploit this vulnerability of nerve-doctors, with R. Drake in his work An Essay on the Nature and Manner of Treating the Gout (1758) noting snidely that ‘I shall be well content to be ranked among those, who had rather preserve the Limbs and Lives of Arthritics, than by a florid Discourse, tickle the Fancies, and please ten Thousand of the Whimsical or Hypochondriacal’.¹²²

As Drake’s words indicate, eighteenth-century understandings of the condition of spleen/hypochondria were particularly problematic in this respect, being complicated by the multiplicity of symptoms with which it was associated and the interchangeable terminology by which these symptoms were identified. Many medical writers commented upon the complexity of the disease, with the seventeenth-century physician Thomas Sydenham and late eighteenth-century practitioner Sayer Walker both drawing comparisons between hypochondria and the ever-changing god of the sea, Proteus.¹²³ Some writers of treatises used this perceived ambiguity as an excuse for omissions or weaknesses in their work, with Mandeville admitting that ‘it is possible, that some Hysterick as well as Hypochondriacal Persons may be troubled with some peculiar Symptom or other, that is not to be found in the Book’.¹²⁴ With medical practitioners themselves acknowledging the difficulty of

defining hypochondria or the spleen, the legitimacy of their diagnoses was rendered somewhat precarious. Even when the difficulty of reading and predicting the hypochondriacal body was presented as an inherent product of the disorder, practitioners still had to contend with the implications of this diagnostic uncertainty. Furthermore, the multiplicitous symptoms of hypochondria were open to different interpretations that laid more emphasis on inauthenticity and the possibility of imaginary ailments, a connection that caused medical writers significant consternation.

*Imaginary illness: self-delusion or self-indulgence?*

Eighteenth-century interest in the phenomenon of ‘imaginary’ illness highlights the ambiguous boundaries between deception and delusion within many portrayals of inauthentic illness. The imaginary invalid depicted in texts of the period might be regarded as a self-indulgent attention-seeker, a victim of misguided but genuine fears of sickness, or indeed a genuinely unhealthy individual suffering from a disorder of the imagination. When discussed in conjunction with themes of fashionable diseases, imaginary invalids often incorporated features of each strand. In the view of many commentators, the legibility of the body was therefore undermined by the power of the imagination as well as the power of performance; a perspective that resonated with theories circulating within the world of the theatre, discussed in Chapter 1. Within literature imaginary invalids were frequently portrayed as laughable figures, perhaps in an effort to allay contemporary fears of the phenomenon, yet writers also indicated that such delusions were of danger to the individual if not society, as the imaginary invalid lost the ability to interpret their own body.

The issue of ‘imaginary invalids’ attracted attention throughout the eighteenth century, building upon and adapting earlier literary and medical themes. The seventeenth-century French playwright Molière’s comedy *Le Malade Imaginaire* had a particular impact on eighteenth-century British portrayals of the pleasures of imaginary illness. First performed in 1673, this French play was translated into English early in the century and reworked by
a number of British playwrights, who adapted Molière’s work to reflect contemporary concerns about fashionable medical culture. The play itself focuses on the character of Argan, a victim of delusions of sickness, yet also a victim of unscrupulous medical practitioners who provide him with a plethora of unnecessary medicines. His brother Beralde argues that ‘I don’t see any Man, who’s less sick that yourself, and I would not desire a better Constitution than yours’, establishing Argan as a man ‘infatuated’ with the state of his own body.\textsuperscript{125} In the very first scene of the play he explains that he has taken only eight medicines and twelve clysters in the past month, a number that Argan regards as woefully inadequate, yet which the reader might interpret as evidence of his exploitation by the apothecary, who has benefited to the amount of ‘Sixty-three Livres, four Sou’s and six Deniers’.\textsuperscript{126} Molière expressed a strong scepticism about the integrity and value of medical practitioners in his work, condemning ‘the Ridiculousness of Physick’, and his play raised troubling questions about whether contemporary medical practice was creating inauthentic invalids.\textsuperscript{127}

Nevertheless, although the playwright placed blame on medical practitioners, the imaginary invalid himself is portrayed as partially culpable. While Argan evidently suffers as a result of his obsession, he also takes pleasure in his position as a martyr to illness, and constantly demands the time and sympathy of family, friends and servants, a form of manipulation through ill health discussed further in Chapter 4. Argan often describes his ailments at some length, and when forced to contemplate issues beyond his own complaints he protests that ‘I have not Leisure so much as to mind my Illness’.\textsuperscript{128} Argan is still presented as a man convinced by his own performance however, and despite all the efforts of the cast he remains trapped within his own imagination at the close of the play, assuming the role of a physician himself in order to better indulge his obsession.

British playwrights of the eighteenth century frequently drew upon Molière’s \textit{Malade Imaginaire} in order to replicate his success and express

\textsuperscript{125} Ibid., 39, 141.
\textsuperscript{126} Molière, \textit{Le Malade Imaginaire, Comedie. Par Monsieur De Molière. The Hypochondriack, a Comedy. From the French of Molière} (London, 1732) 15-17, first performed in 1673.
\textsuperscript{127} Ibid., 149.
\textsuperscript{128} Ibid., 129.
their own concerns about contemporary medical culture. Even Lady Dainty can be regarded as an imaginary invalid and a victim of greedy medical practitioners, with her doctor and apothecary discussing how they can prevent her from ‘grow[ing] well upon our Hands’.\footnote{Ibid., 12.} Within Cibber’s *Double Gallant* this theme is accentuated, with the medical practitioners playing a larger part. The kind character of Sylvia laments that ‘I’m afraid our real Diseases are but few to our imaginary, and Doctors get more by the sound than the sickly’, alluding to the advantage taken of Lady Dainty by Rhubarb the apothecary, and Dr Blister.\footnote{Ibid., 36.} Nevertheless, Lady Dainty is also acutely aware of her sickliness as a facet of her social image, as we have seen, indicating that her illness is as much performance as it is delusion. At one point in Burnaby’s play she warns her doctor that ‘I must Quarrel with you---you don't enough disguise the Medicin's you send me --- I can tast they are Physick’, and when he objects that ‘[t]o alter it more, might offend the Operation’ she replies that ‘I don't care what is offended, so my tast is not’.\footnote{Burnaby, *Reform’d Wife*, 12.}

The ambiguous characterisation of female imaginary invalids continued, as can be seen in the anonymous novel *The History of Emily Willis, a Natural Daughter* (1756). This little-known novel features the relatively minor character of Mrs Languish who, while portrayed as an imaginary invalid, is also used to highlight the self-indulgent and inauthentic behaviour of wealthy women of fashion. Mrs Languish has ‘for these three or four Years, always fancied herself in a declining Way, though she eats, drinks, sleeps, and looks as well as other People’, and is presented as somewhat less knowingly artificial than the ladies discussed by contemporary periodicals.\footnote{The History of Emily Willis, a Natural Daughter, 3rd ed. (London, 1768), 3:10, first published in 1756.} Rather than simply posturing as an invalid in company she doses herself with medicines, and appears a victim of her own imagination and the proliferation of fashionable medical remedies available within contemporary society.\footnote{Ibid., 3:25.} While the novel thus presents Mrs Languish’s illness itself as inauthentic, it is less insistent upon her insincerity of intent.

\begin{footnotes}
\item [129] Ibid., 12.
\item [130] Ibid., 36.
\item [131] Burnaby, *Reform’d Wife*, 12.
\item [133] Ibid., 3:25.
\end{footnotes}
Nevertheless, it is implied that she derives enjoyment from her self-presentation as a delicate invalid, receiving visitors in state on her couch, ‘in a very elegant Dishabille’.\(^{134}\)

Rather than perceiving other ailing women as rivals she is so fond of the fashion for feminine sickliness that she desires to surround herself with similarly weak women. In an episode that echoes Lady Dainty’s views on overly robust attendants, Mrs Languish hires Emily with the pronouncement that ‘I like her Appearance; she has nothing of the Robust in her Looks, but seems to be delicate and languid. I can’t bear to have a huge, healthy Creature about me.’\(^ {135}\) Emily functions as an accessory to Mrs Languish’s own illness, indicating the high degree of Mrs Languish’s sensitivity, which requires her to be insulated from robust and potentially upsetting attendants.

By contrast, male imaginary invalids were portrayed somewhat differently, regarded as less likely to feign sickness from motives of fashion, yet possibly even more likely to succumb to the fascination of contemporary medical theory due to their intellectual interests. Molière played a vital role in shaping portrayals of the male valetudinarian within eighteenth-century British literature, with at least four British plays closely reviving Moliere’s imaginary invalid, indicating a strong interest in the pleasures and perils of imaginary illness. James Miller’s *The Mother-In-Law: or, The Doctor the Disease* (1734), for instance, was directly based upon Molière’s *Le Malade Imaginaire* as he acknowledged, and portrayed the character of Sir Credulous Hippish as a victim of a disturbed imagination and unscrupulous medical practitioners, as Molière had done with the character of Argan.\(^ {136}\) Miller’s central storyline also mirrors that of *Le Malade Imaginaire*, following the attempts of Sir Credulous’s daughter, maid, and brother to persuade him to abandon his delusions and, more importantly, his plans to marry his daughter to a physician’s nephew in order to obtain cheaper treatment. As such, it does not tackle the subject of deliberate simulation of fashionable diseases, yet the epilogue published in the 1734 edition remarked upon the fashion for being sickly, writing that ‘And

\(^{134}\) Ibid., 3:12.
\(^{135}\) Ibid., 3:12.
Sure, Sir Hip can never fail to please, / The Doctor now is the polite Disease; / That Beau, or Belle, is judge’d unread, who doth not / At ev’ry Meal quote Chency [sic.] and Arbuthnot; / Applaid fair Water, with Champaign replete; / And, after six full Courses, rail at Meat’.\(^{137}\) Miller evidently felt that such a topic was particularly appropriate given polite society’s current obsession with fashionable illness, as Sir Credulous represented the dangers of allowing interest in medicine to spiral beyond the control of reason.

Later eighteenth-century playwrights adapted Molière with even more frequency, demonstrating the manner in which longstanding tropes within discourses of fashionable medicine could be adapted and revived in response to current social concerns. Like Argan, the characters of Ailwoud in Isaac Bickerstaff’s *Doctor Last in his Chariot* (1769), D’Oyley in George Colman’s *The Spleen* (1776), and Sir Christopher Caudle in Thomas Horde’s *The Empirick* (1785) are all enamoured with their numerous medicines. Caudle and Ailwoud are also akin to Argan and Sir Credulous in desiring a union between their daughter and a medical man, with Caudle looking forward to ‘[a] free Consultation, and every Prescription gratis’.\(^{138}\) That Ailwoud, D’Oyley and Caudle’s delusions are evident to all involved is made quite clear, with the characters of the brother and female servant playing the roles of the voices of reason, as in Moliere’s comedy. D’Oyley’s brother Aspin declares that he is ‘sick by way of amusement – melancholy, to keep up your spirits’, highlighting the paradoxical nature of D’Oyley’s search for pleasure in ill health.\(^{139}\)

While these adaptations are true to *Le Malade Imaginaire* in many respects, they also display features of health obsession that are not mentioned by Molière, reflecting the specific concerns of British literary and medical society during the eighteenth century. Vernacular medical texts and unscrupulous quack doctors are blamed for exacerbating levels of health obsession in all three plays, with *Doctor Last* focusing particularly closely on the unscrupulous behaviour of supposed medical practitioners. The title character of *Doctor Last*, who touts his ability to ‘cure six and twenty disorders

\(^{137}\) Ibid., [100].
\(^{139}\) George Colman, *The Spleen, or, Islington Spa* (London, 1776), 27.
with one medicine’, is characterised as a ‘quack’ and a ‘rascal quack’ by various characters, yet holds Ailwoud in his thrall.\textsuperscript{140} He is eventually exposed as a fraud by the clever tricks of Ailwoud’s family, admitting his nostrum to be fraudulent to avoid being blamed for Ailwoud’s pretended death. Doctor Last’s confession that ‘what I gave him was nothing in the world but a little chalk and vinegar; and if it cou’d do him no good, it cou’d do him no harm’, opens Ailwoud’s eyes to the trickery of fashionable medicine, aiding him in renouncing his obsession with physick.\textsuperscript{141}

Likewise, Colman borrowed heavily from Molière, yet his character of D’Oyley displays an addiction to medical treatises as well as medical treatments, reading aloud from various works and then projecting the symptoms of these texts upon his own body. Upon studying the section on consumptions in ‘Advice to the People in general with regard to their health’, D’Oyley reads aloud “This disease generally begins with a dry cough, which often continues for some months.” Hack, hack! (\textit{half coughing}) Yes, I have a dry cough, and have had for some months’, an act of self-diagnosis that he repeats with reference to other ailments and texts.\textsuperscript{142}

The danger of medical treatises had received attention from early in the eighteenth century, and Colman’s adaptation of Molière thus combined the French playwright’s mistrust of practitioners with increasingly pressing contemporary concerns about vernacular and fashionable medical publications. The character of the ‘Valetudinarian’ depicted in the periodical \textit{The Spectator} in 1711 bore much resemblance to later \textit{malades imaginaires} of poetry and plays for instance. The article in question takes the form of a letter from a gentleman who explains that ‘I am one of that sickly Tribe who are commonly known by the Name of \textit{Valetudinarians}.’\textsuperscript{143} The Valetudinarian’s obsession with health appears to derive from his perusal of medical texts, from which he develops fears regarding certain conditions and knowledge of the associated symptoms. ‘I first contracted this ill Habit of Body, or rather of Mind, by the Study of Physick’, he notes, explaining how

\begin{itemize}
\item \textsuperscript{140} Bickerstaff, \textit{Doctor Last}, 25, 27.
\item \textsuperscript{141} Ibid., 66-70.
\item \textsuperscript{142} Colman, \textit{Spleen}, 30.
\item \textsuperscript{143} Joseph Addison and Richard Steele, eds., “The Valetudinarian,” in \textit{The Spectator} (London, 1713), 1:137, originally featured in no. 25 (1711), published in London.
\end{itemize}
after reading one medical work ‘I found in my self all the Symptoms of the Gout, except Pain, but was cured of it by a Treatise upon the Gravel, written by a very Ingenious Author, who (as it is usual for Physicians to convert one Distemper into another) eased me of the Gout by giving me the Stone.’

By documenting symptoms in fashionable vernacular medical treatises, it was feared that writers ran the risk of providing scripts for deluded performers as well as for the more self-aware individuals derided for assuming modish complaints as a form of self-fashioning.

Despite the fact that the Valetudinarian was evidently intended as a comic figure, the comments of the editors that follow the Valetudinarian’s letter express concern regarding such behaviour and suggest that health-obsession was perceived to be a significant contemporary issue, describing ‘those Multitudes of Imaginary Sick Persons that break their Constitutions by Physick, and throw themselves into the Arms of Death, by endeavouring to escape it.’

The necessity of paying attention to and managing one’s health was a common trope of medical texts of this period, with physicians such as George Cheyne placing great emphasis upon regimen and moderation in relation to the cure of hypochondria itself.

Paradoxically however, such attention to one’s own body held the potential to escalate to an unhealthy degree. The editor acknowledges this quandary in his comments upon the Valetudinarian, writing that ‘this Care, which we are prompted to, not only by common Sense, but by Duty and Instinct, should never engage us in groundless Fears, melancholy Apprehensions and imaginary Distempers, which are natural to every Man who is more anxious to live than how to live.

Similarly, in the 1731 poem The Hyp, a Burlesque, the character of ‘Sir Valetude Whim’ is depicted as developing anxieties over his health from reading medical treatises, the narrator describing how

At one Time he would study Physick, / And read himself into a Phtisick, / Till he became a Spectacle, / And had all Symptoms Hectical: /

---

144 Ibid., 1:137-138.
145 Ibid., 1:140.
146 Cheyne, English Malady, iv, 158-59.
147 Addison and Steele, eds., Spectator, 1:141.
Chymaera dire, and Pains in 's Bones / Had given him Dropsy, Gout, and Stone, / He had in short more Ails (God save us!) / Then ever Dame Pandora gave us.\textsuperscript{148}

As these examples indicate, obsession with imaginary health disorders was often described using the fashionable terminology of 'spleen' and 'hyp', suggesting both that the incursion of fashion into medicine was prompting imaginary illnesses, and, in turn, that such fashionable diseases might be regarded as little more than imaginary. While the above poem took ‘The Hyp’ as its title, the English translation of Malade Imaginaire was published as The Hypochondriack, and D'Oyley’s brother in The Spleen reinforces the play’s title by informing him that ‘you are eat up with the Spleen, Master D'Oylye’.\textsuperscript{149}

The connection proved problematic for individuals desirous of upholding the authenticity of these modish disorders, particularly those members of the medical faculty who sought to promote spleen and hypochondria as refined but non-threatening disorders of the elites.

As lay writers increasingly made use of the terminology of the spleen, vapours and hypochondria to refer to false or self-indulgent or delusional health behaviour, medical writers protested against the characterisation of these conditions as ‘imaginary’ illnesses. Sir Richard Blackmore complained that

the Spleen and Vapours are, by those that never felt their Symptoms, looked upon as an imaginary and fantastic Sickness of the Brain, filled with odd and irregular Ideas; and accordingly they make the Complaints of such Patients the Subject of Mirth and Raillery.\textsuperscript{150}

The ‘mirth’ directed at such patients is clearly visible in literary portrayals of imaginary invalids, and proved problematic as it threatened to damage the desirability of these fashionable complaints. While comic literary portrayals of ‘imaginary illness’ often conflated the phenomenon with the spleen and hypochondria, practitioners of the early and mid-eighteenth century resisted

\textsuperscript{148} The Hyp, a Burlesque Poem in Five Canto's. Including the Adventures of Sir Valetude Whim, And his Retinue (London, 1731), 6.
\textsuperscript{149} Colman, Spleen, 27.
\textsuperscript{150} Blackmore, Treatise of Spleen, 97-8.
this viewpoint as it threatened to reduce sufferers to irrational beings, or figures of mockery. Consequently, eighteenth-century understandings of the disorder of hypochondria were shaped by the presence of the imaginary invalid as a literary and cultural figure, defined in relation to and against this trope.

One way in which the authors of treatises on the spleen, vapours and hypochondria sought to refute such associations with inauthenticity was by establishing the bodily nature of these conditions, as Roy Porter and G. S. Rousseau have highlighted. Fashionable medical writers did not dispute the fact that sufferers of the spleen or vapours were liable to suffer disturbances of the imagination, and Heather Beatty has noted that ‘most nervous sufferers had little trouble acknowledging the mental and imaginary dimension of their disease’. However, there was a marked difference between suffering from a physiological disease that caused fanciful thoughts, and being characterised as a physically healthy individual troubled by imagined diseases. It is in this respect that eighteenth-century conceptions of the spleen and the hyp often differed from modern understandings of hypochondria.

Scholars have debated the point at which hypochondria came to be regarded as a disease of health obsession, often focussing on the contributions of physicians such as Robert Whytt in the 1760s to William Cullen in the 1770s. In fact, the association of spleen and hypochondria with imaginary illnesses dated back to the seventeenth century, yet health obsession vied with many other mental and physical components of contemporary definitions, rather than featuring as the principal symptom of these conditions. Thomas Willis wrote in 1681 that hypochondriacs are haunted by ‘a fear and suspition of every thing, an imaginary possession of diseases from which they are free’, a symptom mentioned again by John

---

152 Beatty, Nervous Disease, 79. By contrast, Michael Stolberg has suggested that ‘this new understanding of hypochondria [as an imaginary illness] hardly played a role in the narratives of patients even in the late 18th century, except when patients were confronted with this view from the outside’, Stolberg, Experiencing Illness, 168.
Midriff in 1721, John Allen in 1730 and Robert Whytt in 1765. By the later eighteenth century medical writers were expounding upon this subject in greater detail, with Andrew Wilson remarking in 1776 that ‘there is no disease, they do not feel pains of, at times, or imagine themselves affected with’, while in the 1780s Thomas Arnold described a classic hypochondriac as disposed to ‘fancy himself threatened, or wasting, with dreadful DISEASES, which exist only IN his distressed IMAGINATION’.

Nevertheless, many fashionable practitioners were keen to limit the negative impact of this association with the imagination by maintaining emphasis upon the bodily origins or operations of such disorders. Purely mental or ‘imaginary’ conditions evidently carried a stigma and verged dangerously close to madness or even self-indulgent performance, with Cheyne seeking to refute the notion that ‘the best Construction [of spleen, vapours, and hypochondria] is Whim, Ill-Humour, Peevishness or Particularity; and in the Sex, Daintiness, Fantasticalness or Coquetry’. As the term ‘spleen’ suggests, early descriptions of the disease focussed upon the pathology of this organ, while later seventeenth- and eighteenth-century writers explained the disorder using the increasingly popular theories of the nerves. The shift was not clean cut, yet either model served to ground the disease within the physical body. Roy Porter has emphasised the importance of George Cheyne’s insistence upon the bodily nature of the spleen and vapours, remarking that ‘[r]ecourse to somatic categories … was music to the ears of patients and their families’. Cheyne’s work suggested that it was the weakness of the sufferer’s nerves that allowed either mental or physical stimuli to disorder their minds and bodies, allowing him to state that ‘the

---

155 Andrew Wilson, Medical Researches: Being An Enquiry into the Nature and Origin of Hysteric in the Female Constitution, and into the Distinction between that Disease and Hypochondric or Nervous Disorders (London, 1776), 101; Arnold, Observations, 1:221.
156 Cheyne, English Malady, 260.
158 Porter, Flesh, 309.
Disease is as much a bodily Distemper (as I have demonstrated) as the Small-Pox or a Fever.\(^{159}\)

Some years earlier Bernard Mandeville had explored the importance of physical symptoms in his *Treatise of the Hypochondriack and Hysteric Diseases* (1711), which took the form of dialogues between a physician and a married couple, Misomedon and Polytheca. A sufferer of hypochondria, Misomedon complains of the ‘ridiculous Fancies [that] stole upon me’, including delusions of venereal disease.\(^{160}\) However, despite the emphasis he places upon his mental torments, Misomedon still appears to regard physical symptoms as more tangible evidence of sickness. He suspects his wife’s claims to the vapours, citing her lack of digestive problems as evidence of potential fraud, telling the physician Philopirio that

she is seldom constipated, and the least Laxative in the world moves her. I can’t think but the greatest Part of her Distemper is Fancy. Sometimes when I have thought that she made more of it than she really felt, I have consulted John Baptista Sylvaticus, an Italian Physician, who wrote a Treatise to discover those who feign’d Distempers. But I could never make anything of it.\(^{161}\)

Polytheca herself remarks that ‘[t]he Variety of Symptoms I am haunted with, and the short Remissions that succeed them, are all construed to my Disadvantage; whenever I discover a quarter Part of what I feel, my whole Distemper is counted a whimsy, and I have the Mortification into the Bargain, of passing for Fantastical, in the midst of so many real Evils’.\(^{162}\)

Mandeville’s treatise appears to support the significance of mental delusions as one of a range of symptoms characteristic of the spleen and vapours. Nevertheless, his work also indicates that the authenticity of such disorders was called into question by their association with the imagination and fancy, terms that could imply either artifice or irrationality. As a result, medical writers resisted the characterisation of hypochondria as wholly a

\(^{159}\) Cheyne, *English Malady*, 262.


\(^{161}\) Ibid., 352, this appears to be a fictional work as there are no references to Sylvaticus’s text in other medical treatises or within archival catalogues.

\(^{162}\) Ibid., 269-70.
disease of the mind or imagination, with Nicholas Robinson protesting that his work has been in vain if ‘after all these Arguments, and Reasonings upon this Subject, we must account of the Spleen as an imaginary Disease, that has no other Support than a wrong Turn of the Fancy.’\textsuperscript{163} Robinson made the case that ‘neither the Fancy, nor Imagination, nor even Reason itself, the highest Faculty of the Understanding, can feign a Perception, or a Disease, that has no Foundation in Nature; cannot conceive the Idea of an Indisposition, that has no Existence in the Body’.\textsuperscript{164} In Robinson’s view the belief that diseases such as Hypochondria might be prompted by shocks to either body or mind did not negate their bodily operation, arguing that such phenomena brought about a change in the motions of the ‘Animal Fibres’.\textsuperscript{165} Robinson drove home his point with an anecdote entitled ‘The Danger of treating real Diseases as if imaginary’, in which it is recounted how ‘Mrs J’ died as a result of such negligence.\textsuperscript{166}

Other early eighteenth-century physicians chose to explain the somatic nature of the spleen or hypochondria somewhat differently. Blackmore for example, made use of contemporary beliefs in the reciprocity of mind and body to emphasise bodily suffering rather than origins. He stated that ‘it must be allowed, that let the Cause of such Symptoms be never so chimerical and fantastic, the consequent Sufferings are without doubt real and unfeigned. Terrible Ideas, formed only in the Imagination, will affect the Brain and the Body with painful Sensations’.\textsuperscript{167} Differing from Robinson, Blackmore’s argument allowed for symptoms initially confined to the imagination, yet focused on the power of such mental disorder to provoke somatic symptoms, a theory also utilised by acting theorists as we have seen in Chapter 1. Blackmore’s aim of using the existence of genuine bodily suffering as a means of legitimising the disease indicates that mental suffering was perhaps deemed insufficient as a marker of authentic disease.

\textsuperscript{163} Robinson, \textit{New System}, 174.
\textsuperscript{165} Robinson, \textit{New System}, 176.
\textsuperscript{166} Ibid. 185.
\textsuperscript{167} Blackmore, \textit{Treatise of Spleen}, 99.
Explicit use of somatic grounds for legitimation appeared most frequently during the earlier and middle decades of the eighteenth century, with John Hill’s protestations in 1766 providing a late contribution to the defence. He explained that ‘[t]o call the Hypochondriasis a fanciful malady, is ignorant and cruel. It is a real, and a sad disease: an obstruction of the spleen by thickened and distempered blood; extending itself often to the liver, and other parts’, reverting to older physiologies of the disease as a physical malfunction of the spleen.168

While later practitioners continued to stress the authenticity of hypochondria as a genuine medical condition, they relied less upon the use of digestive or other bodily symptoms to do so. Writing in the 1780s Thomas Arnold remarked that patients were sometimes ‘laughed at, or chided, by their friends and acquaintances, for complaining when but little ailed them, and suffering themselves, as they termed it, to be hypped, and vapoured, with imaginary, or trifling evils’.169 However, his Observations on … Insanity, Lunacy, or Madness presented hypochondria as a species of madness, rather than as a form of fashionable disease, and sought to authenticate this complaint as a serious mental illness rather than as a bodily disorder.

The absence of the somatic defence in later works on modish nervous diseases might be attributed to a number of factors. Some regarded the adoption of nervousness as a badge of social rank as being rather passé, which may have diminished the urgency of defending these disorders from the stigma of mental disease. As we have seen, Adair had claimed that ‘nerves and nervous diseases were kicked out of doors, and bilious became the fashionable term’ during the later decades of the eighteenth century.170 Furthermore, as the association of hypochondria and the spleen with predominantly mental delusions become heightened outside the sphere of fashionable medical treatises, the use of bodily symptoms as a marker of authenticity may have appeared out of touch with trends within literary texts and works of medicine not designed to flatter a fashionable lay audience.

169 See Arnold, Observations, 1:233.
170 Adair, Fashionable Diseases, 6.
Over the course of the century certain practitioners had appeared receptive to the idea of separating the mental and physical symptoms of hypochondria, particularly when writing for a more narrowly medical audience. In his *Synopsis Medicinae* of 1730 John Allen suggested that sufferers of hypochondria were more sick in mind than in body, an idea evidently presaging the characterisation of hypochondria as a mental illness, although not one widely taken up by his contemporaries.\textsuperscript{171} Thomas Arnold went one step further in the 1780s, highlighting the potential for differentiation between hypochondria of a bodily and of a mental character and remarking that ‘I have indeed seen several cases of this species of [hypochondriac] Insanity in which there was not only no appearance of any remarkable flatulency, but I have thought I saw good reason to doubt whether the cause of the disease was in any degree seated in the viscera, and have been strongly inclined to suspect that it had taken up its habitation wholly in the head’.\textsuperscript{172} William Black’s *Comparative View of the Mortality of the Human Species* (1788) similarly placed emphasis upon the mental symptoms of the disorder, although Black acknowledged the association of hypochondria with digestive upset by explaining the latter as a product rather than cause of mental disturbance, echoing Blackmore’s approach.\textsuperscript{173} Writing of hypochondria as one of a variety of disorders these practitioners do not seem to have felt the same pressure to retain reassuringly somatic explanations of hypochondria as those specialising in the treatment of this fashionable condition.

While the use of somatic symptoms as evidence of the authenticity of hypochondria appears to have died down towards the end of the eighteenth century, neither fashionable illnesses nor issues of authenticity receded from view. The emphasis placed upon the physical elements of these disorders by medical writers of the early and mid-eighteenth century indicates both the stigma attached to mental diseases and the uncertainty surrounding the authenticity of such complaints. While some practitioners began to suggest that obsession with unreal ailments might be in itself a disease, the tendency

\textsuperscript{171} Allen, *Synopsis Medicinæ*, 175.
\textsuperscript{172} Arnold, *Observations*, 1:224-25.
of contemporaries to dismiss such behaviour as whimsical or self-indulgent demonstrates that such views were not universally accepted by the later eighteenth century. The final decades of the century saw the publication of entire treatises dedicated to the questionable status of these complaints, representing the imaginary or inauthentic ailments of elite society as the product of self-indulgence, fashion, and medical commercialisation, rather than serious mental illness.174

Numerous articles within periodicals of the period also discussed the phenomenon of imaginary diseases, indicating the interest and concern that such mental disturbances raised in literate and polite spheres. *The Pocket Magazine; or, Elegant Repository of Useful and Polite Literature*, the *Britannic Magazine* and *The Lady's Magazine* were among those that featured discussion of hypochondria and spleen.175 *The Lady's Magazine* was particularly prolific in its coverage, including a whole range of articles addressing literary works such as Colman’s comedy *The Spleen*, and Pope’s *Rape of the Lock*, as well as didactic tales of characters such as ‘Miss Townly’ who ‘never thinks she is well enough, and so over-indulgent, that she never can be really well, so that it costs her a great deal in sleeping draughts and waking draughts, in spirits for the head, in drops for the nerves, in cordials for her stomach, and lam-on for her tea’.176

Imaginary and inauthentic ailments were sometimes regarded as presenting a real threat to health as well as happiness. Aside from disapproval of the artificial nature of such fashionable behaviour, throughout the century various writers expressed concern that the simulation of sickness might descend into genuine disease, and the use of unnecessary medicines was viewed as a threat to good health. The editors of *The Female Tatler* were particularly concerned regarding this point, and used it in their arguments

---


persuading women to abandon modish sickliness. They warned that ‘tamp'ring with a good Constitution was very dangerous, and a medley of Slops often brought real Distempers upon People, not easily to be worn off, when they might have leisure, too late, to repent the affectation of 'em’. The article ends on a redemptive note, with ‘Mrs Crackenthorpe’ telling the lady in question that ‘she was not the first Lady of admirable good Sense, that by false Observations and want of Experience, had fallen into the little Niceties of trifling Pretenders’, upon which she ‘went home thoroughly perswaded’.

The subject was revived in later eighteenth-century works, reflecting increased levels of concern about imaginary and simulated disease. Extracts from William Hayley's 1780 poem *The Triumphs of Temper* appeared in *The London Mercury* of the same year for example. In this work Hayley explores the deleterious effects of ‘clouds of spleen’ upon the female mind and body, presenting the ailment as part disease, part fancy. His belief that some cases of spleen are the product of artifice is evident from his warning that ‘The voice, that Health made harmony; disowns /That native charm for languor's mimic tones; / And feigns disease, till, feeling what it feigns, / Its fancied maladies are real pains / Such, and a thousand still superior woes, / From Spleen's new empire o'er the earth arose’.

Physicians such as Adair also warned of the real physical dangers of imaginary ailments, noting that imagined or simulated passions and complaints might soon become real ones due to the intimate connection of mind and body. In his discussion of elite health disorders Adair remarked that ‘[i]t may and does happen, however, that diseases at first imaginary become at length real; the functions of the body being gradually depraved and impaired by anxiety and despondency’. Imaginary diseases thus continued to occupy an ambiguous position between authentic health concern and delusion or performance. This ability to transform from illusion to physical

---

177 Mrs Crackenthorp [pseud.], *The Female Tatler* 25 (1709): 1.
178 Ibid., 2.
181 Adair, *Fashionable Diseases*, 94.
illness, in combination with debates as to whether the belief in fictional health complaints itself constituted a disease, resulted in significant uncertainty over the medical status of imaginary ailments and the legibility of the body. While the representation of these conditions shifted within medical discourse, no cultural consensus was reached as to the nature of spleen, hypochondria, and imaginary ailments, with all three remaining tainted by connotations of inauthenticity.

Fluctuating fears: The impact of sensibility and the rise of the health resort

As shifting attitudes towards spleen, hypochondria and imaginary invalidism indicate, the debates surrounding the authenticity of fashionable diseases evolved and shifted over the course of the century, despite certain factors remaining consistently prominent. Social and literary developments such as the increase in vernacular medical works and the rise of the medico-literary rhetoric of nervous sensibility affected the intensity as well as the content of contemporary debates.

Health resorts – simulation at the spa and seaside

Much contemporary criticism was directed at the behaviour of the modish London elites, yet the behaviour of these elites at spa and seaside health resorts also formed a particular focus of concern, particularly during the second half of the eighteenth century. Spa towns were already established as popular sites of healing by the mid-eighteenth century and seaside resorts were developing to rival the spas, both of which began expanding to offer a range of leisure amenities in addition to their water-therapies. These twin sources of appeal increasingly drew fashionable visitors and those of the aspiring middling classes, but although financially lucrative, the rather incongruous combination of healing and pleasure proved troubling to some. In addition to the friction arising from the mingling of different social spheres, the simultaneous representation of spas and seaside towns as both centres of healing and also of fashion and dissipation laid resort society open to the
charge of hypocrisy.\textsuperscript{182} This raised doubts as to the authenticity of claims made regarding the healing powers of water-therapies, and also the somatic sincerity of the visitors.

Over recent decades historians have debated the motivation of the many visitors to such resorts, with some such as John F. Travis and Phyllis Hembry arguing that pleasure took precedence over healing, while Christopher Hamlin and others place emphasis upon continued faith in the efficacy of hydro-therapy.\textsuperscript{183} Contemporary observers were also aware of this seeming conflict within the identity of health resorts, and this resulted in the production of moralising commentary and cutting satire on the subject. From early in the century the inauthenticity of many visitors’ claims to illness had been noted by writers such as Richard Steele. One issue of \textit{The Tatler} from May 1709 included letters purportedly from visitors to Bath, remarking that the resort ‘is stock’d with such as come hither to be reliev’d from luxuriant Health, or imaginary Sickness, and consequently is always as well stow’d with Gallants as Invalids, who live together in a very good Understanding’.\textsuperscript{184} This account does not accuse visitors of deliberate simulation, but rather presents the ailments of supposed invalids as imaginary, while also suggesting that the luxurious and debauched lifestyle of the fashionable resort is more likely to injure the heath of some pleasure-seekers than to improve it.

Claims of this nature multiplied as health resorts grew in number, size, and fashion, with the topic attracting particular attention from the 1760s onwards. In his \textit{Idler} column Samuel Johnson included a letter from ‘Robin Spritely’, which made similar reports on the society of resort towns for instance. The writer explains that ‘I have passed the Summer in one of those places to which a mineral spring gives the idle and luxurious an annual reason for resorting, whenever they fancy themselves offended by the heat of

\textsuperscript{182} As Peter Borsay has noted, there was ‘widespread sniping at the unnatural, and by implication improper degree of mixing’, that occurred in the more egalitarian environment of Bath society during the mid-eighteenth century; Peter Borsay, \textit{The Image of Georgian Bath, 1700-2000: Town, Heritage, and History} (Oxford: Oxford University Press, 2000), 26.


\textsuperscript{184} Steele, ed., \textit{The Tatler} 16 (1709): 1.
Feigned Illness and Bodily Legibility

London’, concluding that ‘[t]he greater part of the visitants neither feel diseases nor fear them’. Conversely, the medically trained novelist Tobias Smollett was concerned about the effects of fashion upon those visitors genuinely in need of healing. Writing in The British Magazine in 1760 he expressed fears that fashionable but ineffective mineral spas might attract invalids in need of more effective water treatments, criticising that ‘silly and absurd practice of subjecting such streams of health to the fluctuating laws of fashion’. Smollett noted that ‘it is to be hoped that valetudinarians will not continue to sacrifice their lives to the folly of senseless vogue; thereby becoming accessory to their own death’.

Criticism of deliberate assumption of the role of invalid also began to increase, achieving especial prominence through the work of Christopher Anstey. The son of a wealthy clergyman, Anstey was also a poet and a contributor to Anna Miller’s literary salon at Batheaston. His most famous poem The New Bath Guide was published anonymously in 1766, and took the form of a series of letters from members of the countrified Blunderhead family on their first visit to the city, exposing and caricaturing the society of later eighteenth-century Bath. It met with great admiration and enthusiasm, and stimulated the production of various imitative verse and prose works on the spa and seaside resorts of Britain.

Within The New Bath Guide Anstey never completely denied the potential healing qualities of the mineral waters of Bath, however, he did suggest that pleasure was frequently privileged over healing by fashionable visitors, often to detrimental effect. In addition to providing an excuse for a visit to a pleasure resort, a quality that highlights the practical power accorded by ill health, sickness was also represented as a source of status in itself, reflecting themes pervading the fiction and medical works of the period. Simkin and Prudence Blunderhead are initially represented as sufferers from elite disorders of overindulgence, sent to Bath to convalesce among genteel society. Their cousin Jenny remarks that Sim’s health has been damaged by

---

185 Johnson, Idler, 1:141; originally featured in no. 78 (1761).
187 Ibid., 247.
the overindulgence of his mother Lady Blunderhead, who ‘pamper’d Him with sav’ry Meats’ and ‘cramm’d his Sister to Excess’, drawing upon contemporary concerns about the potentially damaging effects of a life of affluent excess.\(^{188}\) However, the authenticity of their claims to illness is brought into question by their subsequent indulgence in the pursuit of pleasure over healing. Sim does initially seek the advice of a number of medical practitioners, but this episode of the poem does nothing to confirm the idea that he suffers from anything more serious than flatulence, although the medical practitioners hasten to supply more modish diagnoses.

Anstey satirises the doctors’ use of fashionable medical terms in their diagnoses of Sim and his family, depicting one practitioner as assigning fashionable conditions to all of the characters according to his anticipation of their wishes rather than any measured diagnosis. Sim, who has issues with wind, which rumbles ‘in my Bowels like Thunder’, reveals after the consultation that ‘I’m Bilious, I find, and the Women are Nervous’, a diagnosis particularly dubious considering that Jenny has given no indications of experiencing ill health and is pronounced ‘as fresh as a Rose’ by Sim within the same letter.\(^{189}\)

Individuals are also keen to self-diagnose and Anstey frequently hints that those assuming the role of the invalid are actively simulating illness in order to associate themselves with the positive qualities and fashionable status of particular conditions. Annick Cossic has suggested that ‘the medical conception of spa therapy as overwhelmingly public ... encouraged a staging of illness’ in such locations, a theory certainly supported by resort satire.\(^{190}\) Aristocratic Lady Riggledum makes a great commotion over her nervous illness which she then undermines, declaring to a friend ‘- Oh FITCHET – don’t ask me --- good Heavens preserve / I wish there was no such a Thing as a Nerve; / Half dead all the Night I protest and declare --- / My dear little FITCHET, who dresses your Hair?---’ , moving from suffering to fashion in an

---


\(^{190}\) Annick Cossic, “The Female Invalid and Spa Therapy in Some Well-Known 18\(^{\text{th}}\)-Century Medical and Literary Texts: From John Floyer’s *The Ancient Psychrolousia Revived* (1702), to Fanny Burney’s *Evelina* (1778),” in Cossic and Galliou eds., *Spas in Britain*, 129.
Imitative poems made reference to the same insincere claims to fashionable fragility, suggesting that this was a well-recognised and oft-satirised element of resort life. Antony Pasquin’s *Postscript to the New Bath Guide* is full of similarly enervated figures from Horace Peery – ‘fatigu’d, dull, unnerv’d, and oppress’d with ennui’ - to the Countess of Cockles who complains that ‘the feverette heats and attacks me, / And spasmodic pains, which I fear will relax me’, yet still attends a ‘rout’ with enthusiasm. These fashionably frail characters are often of the titled rank, and thus their behaviour conforms appropriately to social expectations of the health of wealthy and highborn members of society, although this does not exempt them from ridicule.

Anstey also hints that fashioning oneself as a sufferer of weak nerves or other stylish conditions might be an approach employed to elevate or cement one’s social standing, as in the case of Lord Ragamuffenn, ‘lately made a peer’, who comes to Bath to display the ‘delicate Nerves, and a weak Constitution’ suitable to his new station, and yet encourages everyone to set out in boats ‘in the Wind and the Rain’, dropping his affectation in favour of a pleasure outing. He later turns to the conspicuous expenditure involved in a giving a public breakfast in order to win social approval and prestige, his behaviour reflecting contemporary views that held Bath and other spas to be prime locations for social advancement. As Peter Borsay has noted, such resorts ‘provided settings carefully modelled to accommodate the pursuit of prestige’, and this is a feature constantly highlighted by satirists of the period. Anstey appears more amused than disapproving of such practices, yet other satirists viewed the high degree of social mixing and the participation of the middling and working classes in the lifestyle of fashionable health resorts with rather more ire. Pasquin’s Horace Peery describes ‘Citizens steal[ing]’ to ‘voluptuous BATH’, ‘[f]rom the desperate hope to be – demi

192 *Tunbridge Epistles, from Lady Margaret to The Countess of B** (London, 1767), 5; Anthony Pasquin [pseud., John Williams], *A Postscript to the New Bath Guide* (London, 1790), 17, 54.
genteel’, painting a very negative picture of such characters as they ‘Creep in corners to hide from blythe Fashion’s keen gaze’.\(^\text{195}\)

As in other eighteenth-century texts, certain poetic satirists also considered the simulation of fashionable illness to be an especially feminine trait, despite their depictions of malingerers of both sexes. Paul Langford and Barker-Benfield have both referred to the contemporary belief that women “sought social diversion and sexual dalliance” under cover of needing a visit to take the waters’, and in line with this view Richard Scrafton Sharpe’s *Margate New Guide* is particularly marked in its association of affected delicacy with fashionable females, further implying that women use such weakness as a form of power.\(^\text{196}\) When old Lady Dunder is surprised in a state of undress by the accidental entry of Daniel and his servant into her bathing machine ‘She gaz’d for a moment, then feign’d a convulsion, / And call’d to the carter to cause our expulsion;’ using her feminine weakness to suggest both her modesty and her fashionable fragility.\(^\text{197}\) The character of Fred, Daniel Bombazeen’s tutor, is particularly cynical regarding such female histrionics, commenting that ‘As ev’ry gay female to fashion submits, / All whims, affectation’s barometer hits, / By a gradual rising from vapours to fits. / (The points intermediate, if I’ve any art in, / Are sighs, rolling eyes, interjections, and starting.)’\(^\text{198}\)

Similarly, Pasquin’s *New Brighton Guide*, although generally preoccupied with satirising the behaviour of the prince regent and his set, makes a mocking reference to the presence of such female malingerers at health resorts, telling young women in a footnote that ‘[w]e recommend to them, to assume some attractive infirmity, notwithstanding the providence and beneficence of nature may have given them a perfect organization; and they must not, on any account whatever, admit they are in good health, as that is vulgar and abominable’.\(^\text{199}\) No such corresponding references feature in the advice given to the young men of Brighton, indicating that in Pasquin’s view at least, such assumption of weakness was a feminine trait, while male vices

---

\(^{195}\) Pasquin, *Postscript*, 68.

\(^{196}\) Barker-Benfield, *Culture of Sensibility*, 29.


\(^{198}\) Ibid., 48.

were more usually those of the drinking, gaming, and sexual misdemeanours he describes in his ‘Twelve golden rules for young gentlemen of distinction’.\footnote{Ibid., 19.}

Clearly the themes explored in these satirical works were exaggerated for comic effect, and Anstey’s own misgivings about Bath society did not prevent him from making it his permanent home from 1770. Nevertheless, the simulation of sickness and the fashionable artifice of resort society emerged in less extravagant forms in various other literary and medical works of the period as we have seen, indicating that they were true concerns for many eighteenth-century observers.

Satire upon health resorts was commented on by contemporaries, with a 1776 edition of The Bath and Bristol Magazine remarking upon the treatment of somatic artifice in works such as Anstey’s An Election Ball and George Colman’s play The Spleen; or, Islington Spa, both of which were published in that year. The reviewers were particularly taken with the manner in which these texts highlighted the social emulation taking place at these health resorts, remarking that Anstey’s character of Mr. Inkle ‘comments indeed pretty freely on that awkward rage of imitation which, on such occasions, too frequently distinguishes persons of his own rank in life’, while ‘Mrs Rubrick’ of The Spleen, is described as ‘a modern citizen’s wife, preferring dissipation, and an imitation of the pleasures of the fashionable world’.\footnote{"A Review of New Publications," The Bath and Bristol Magazine (April, 1776): 38, 46."
\footnote{Parsons, Women, 1:178.}

The view of spa and seaside towns as focal points for the folly and somatic artifice of elite society prevailed throughout the rest of the century. Lady Gaywit of Eliza Parsons’s novel Women As They Are (1796) noted the affected Mrs Grantham’s plans to visit Bath, remarking that she ’spends her days in fruitless endeavours to attract notice by extreme delicacy and weak nerves. Here she is unfortunately overlooked, but in the fashionable resort of invalids, she may be successful’.\footnote{Parsons, Women, 1:178.} Feigned sensibility, discussed below, was also viewed as more prevalent and acceptable within the setting of the health

\begin{thebibliography}
\item 1. \textit{A Review of New Publications," The Bath and Bristol Magazine} (April, 1776): 38, 46.
\item 2. Parsons, \textit{Women}, 1:178.
\end{thebibliography}
resort, with an article ‘On Sensibility’ in *The Lady’s Magazine* of June 1795 observing that

If any lady, or lady-like gentleman can find at a watering place a distress similar to anything in some fashionable novel, it is surprising with what pathos it will be described, and with what assiduity relieved; but if a distress equally afflicting occurs in the obscure village where the mansion-house stands, no notice is taken of it. 203

By highlighting the moral hypocrisy of pretenders to acute sensibility this essay augmented the view that desirable traits such as nervous sensibility were open to simulation, portraying health resorts as particularly reprehensible sites of such affectation and artifice. Writers also continued to express concern that the presence of the fashionable elites at health resorts was detrimental to the health of genuine invalids, discussing matter such as the improper use of fashionable sea-bathing remedies and remarking upon the absence of real illness among fashionable visitors. 204

As in the case of those discussing fashionable illness more generally, writers debating the authenticity of fashionable ailments exhibited at spa and seaside resorts were concerned about a range of issues. These varied from the possibility that individuals were assuming modish illnesses as a means of self-fashioning, to the idea that the influence of fashion and commerce upon the medical sphere might result in obsessions with imaginary ailments, or the pursuit of unhealthy behaviours predicated more upon the mode than upon reason. Not all visitors to the spa and seaside were suspected of intentional deception, but these locales were certainly depicted as hotbeds of inauthentic illness and artificial behaviour.

---

Nervous sensibility

The role that the literature and culture of nervous sensibility played in augmenting existing perceptions of the gentility of fragility has already been touched upon above, yet for much of the mid-eighteenth-century sensibility’s largest role in debates on disease authenticity was in quietening them.

Far from diminishing the incentives to simulate sickness, sensibility enhanced them, as we have already seen in the case of the association of sickliness with high status and femininity. The literary cult of sensibility also propounded the notion that sensitive nerves were synonymous with taste, feeling, and virtue, as scholars have noted. Robert Markley has termed this literature of sentiment and sensibility ‘moral self promotion,’ highlighting a conceptual shift in understandings of nervous sensibility from being a state that primarily affected and generated individuals of elevated mental and personal superiority, to one that brought connotations of refined morality. Heroes and heroines of popular mid-century novels such as Samuel Richardson’s Clarissa, or, The History of a Young Lady (1748) were often portrayed as individuals of refined nervous sensibility, with their sensitivity and even sickness revealing their good character and morals. Clarissa, praised by other characters for her virtues, frequently displays signs of nervous fragility, fainting in response to distress and becoming frenzied to the point of madness in response to the trauma of her rape. As Todd and others note, the positive moral connotations of sensibility were particularly linked to women during the eighteenth century, and this feature only further augmented the perceived desirability of delicate nerves as a signifier of femininity.

However, with the exception of Henry Fielding’s Shamela, discussed in Chapter 4, these flattering links between delicate nerves and morality did not become a prominent target of satire and suspicion until some years later.

---

205 For discussion see Todd, Sensibility, 7; Goring, Rhetoric of Sensibility, 24; Beatty, Nervous Disease, 23.
207 Richardson, Clarissa, 880, 1011, 1351
208 Todd, Sensibility, 18.
when sensibility was critiqued for its moral bankruptcy and affectation. As literary scholars such as John Mullan and later Juliet McMaster have argued, the legible body played a crucial role in the signification of social meaning through sensibility, with Mullan arguing that eighteenth-century novels sought to produce ‘intelligible, repeatable patterns of symptom and posture’ through their pervasive references to significant blushes, tears, fainting, kneeling and turning pale. The encoding of positive social characteristics such as wealth, morality, and refinement within a standard set of somatic gestures and symptoms laid high demands upon the legibility and honesty of the body, as Juliet McMaster has since remarked, yet during the height of sensibility’s popularity it seems that readers and commentators were largely willing to accept the body as a sincere signifier of internal and interior states.

As a result, novelists and medical writers of the mid-eighteenth century were generally disinclined to question elite society’s tendency to claim sickliness as a marker of social status and virtue. The naturally legible body was thus lauded in mid-century literature as well as in acting theory, as Chapter 1 demonstrated. The occasional humorous remark occurred, yet such references stopped short of suggesting that individuals were wholly fabricating sickness. In Jane Marshall’s novel The History of Miss Clarinda Cathcart (1766) for instance, Lady Forrest remarks upon the entertaining behaviour of an acquaintance writing to a friend that ‘I was diverted to hear of Lady Evergreen’s vapours. Though a fine lady, I never heard her complain of them before. I dare say she will be quite elevated with her own vapours.’

In Shamela (1741) Henry Fielding suggests that nervous sensibility might be exploited for emotional manipulation, but does not suggest that this sickliness was assumed from motives of fashion. Henry Fielding, The History of the Adventures of Joseph Andrews And of his Friend Mr Abraham Adams, AND An Apology for the Life of Mrs Shamela Andrews, ed. Douglas Brooks-Davies (Oxford: Oxford University Press, 1999), 318, all subsequent references are to this edition. Mullan, Sentiment and Sociability, 202; See also Barker-Benfield, Culture of Sensibility, 295, Carter, Men and the Emergence of Polite Society, 10; Ellis, Politics of Sensibility, 19; Goring, Rhetoric of Sensibility, 20. Certain critics have objected to Mullan’s emphasis upon sensibility as a language of the body. Chris Jones for example, argues that there were different trends within sensibility, employed to put forward political viewpoints of both a conservative and radical nature, Jones, Radical Sensibility, 6. While the political potential of sensibility is undeniably present, it is the bodily aspect of sensibility that played the pivotal role in linking sensibility to contemporary fashionable medicine.

McMaster, Reading the Body, 155.
consequence’. While Lady Evergreen is mocked for her pleasure in suffering from a distinguished disease, she is not implied to be a medical impostor. The ubiquity of sensibility within mid-century fashionable culture eventually reached a critical state however, with contemporary literature reflecting an increase in suspicion of fashionable nervous sensibility during the final third of the century.

As a number of historians and literary critics have noted, the culture of sensibility came under increasing scrutiny from the 1770s onwards, with British writers and social commentators suggesting that far from being an expression of natural feeling and sensitivity, sensibility was more often than not a posture assumed by the fashionable elites. As the literature, medical texts and periodicals of the period demonstrate, this development had notable implications for attitudes towards related nervous diseases and bodily legibility more generally. Research on this subject has highlighted two main objections posed by contemporaries to the supposed sincerity of sensibility; that of its nature as performance, and that of the dubious claims made on behalf of its moral effects.

Brissenden has argued that society became increasingly suspicious of the pleasure gained by those who made such a commotion over their sympathy and charity, condemning the majority of novelists of the last quarter of the century as ‘morally and philosophically bankrupt’. As those involved in the culture of sensibility privileged indulgence in their own sympathetic responses to distress over actions that might prevent or relieve such suffering, it became rather difficult to sustain the argument that sensibility was a force for social improvement and philanthropic action, as Ann Jessie Van Sant and Syndy McMillan Conger have also noted. By suggesting that individuals

---

213 For discussion of this fall from grace see Barker-Benfield, *Culture of Sensibility*, 394; Brissenden, *Virtue in Distress*, 49; Todd, *Sensibility*, 130.
214 Brissenden, *Virtue in Distress*, 82, 117; see also Barker-Benfield, *Culture of Sensibility*, xxvi.
might make false claims to nervous sensibility in order to establish their social image as a generous and feeling person, critiques of the moral bankruptcy of sensibility undermined beliefs in innate nervous superiority and raised questions about whether claims to other desirable bodily conditions were also being exploited as a means of self-fashioning.

Criticism of false claims to moral superiority is visible in many of the periodicals of the later eighteenth century, supporting the notion that this was a significant reason for increasingly negative portrayals of fashionable sensibility. As noted above, The Lady’s Magazine criticised the hypocrisy of those ladies and gentlemen who aided those in distress while in the fashionable setting of the health resort, yet neglected similar cases when there was nobody to observe their sensibility and beneficence.216 The letter published in this volume noted that ‘there is reason to suspect that much of the sensibility of which we hear and read is affected, because it seems to operate partially and ostentatiously. It seems to display itself chiefly in gallantry, and in such acts of pity as are likely to be known, celebrated and admired in the realms of fashion’.217 The Aberdeen Magazine printed similar observations, including an extract from Dr Blair’s Sermons entitled ‘Reflections on unaffected Sensibility’.218 This piece explained that ‘it is common for many, especially for those in the higher classes of life, to take much praise to themselves on account of their sensibility, though it be, in truth, a sensibility of a very defective kind. They relent at the view of misery when it is strongly set before them … At the same time, these transient relenting[s] make slight impression on conduct’.219

Such views made an appearance in poetry as well as journalism, with William Laurence Brown and Hannah More both questioning the sincerity of elite claims to sensibility within their works. More upholds genuine sensibility yet emphasises that “‘Tis not to mourn because a sparrow dies; / To rave in artificial extasies: / ‘Tis not to melt in tender Otway's fires; / ‘Tis not to faint

217 Ibid., 277.
219 Ibid., 3:424.
when injur’d Shore expires’. Likewise, in the preface to An Essay on Sensibility, a Poem, Brown criticised ‘those false refinements of sentiment which so seldom accompany substantial virtue: these are that luxury of feeling which unnerves and destroys the vigour of the soul, at the same time that it flatters it with high ide of its own excellence and dignity’. As these works demonstrate, attacks on the insincerity of many claimants to sensibility were not always allied to a complete dismissal of the relevance of sensibility as a laudable trait. More’s poem, for instance, praised ‘Sweet Sensibility! thou keen delight! Thou hasty moral! sudden sense of right!’. Rather, a number of observers were eager to distinguish true from false sensibility, a task that was problematised by doubts over the authenticity of bodily markers of sensibility.

The rise in concern that the physical and behavioural symptoms of sensibility might be performed rather than naturally produced has obvious implications for concurrent doubts over the authenticity of fashionable nervous complaints. While the possession of sensibility was not synonymous with nervous illness, the two were often related within medical and literary works of the period, with writers suggesting that acute sensibility could lead to fashionable complaints such as melancholy or hysteria. Moreover, the manifestation of sensibility through physiological responses in the form of swoons, blushes, and tremblings allied less pathological forms of sensibility with fashionable diseases, as both made use of bodily signifiers in order to identify intangible qualities of character and social status. The increasing codification of such somatic signifiers proved potentially troubling as it offered an easy means of simulation. As Juliet McMaster has argued, the more the vocabulary of body language was listed and defined ‘the more it became available for deliberate adoption’.

While commentators were concerned to highlight the prevalence of false sensibility, they often opposed feigned cases with true sensibility,

---

220 Hannah More, Sacred Dramas … to which is added, Sensibility, a Poem (London, 1782), 282.
222 More, Sacred Dramas, 282.
223 See Brissenden, Virtue in Distress, 131; Mullan, Sentiment and Sociability, 201, 205; Langford, Polite and Commercial People, 140.
224 McMaster, Reading the Body, 155.
demonstrating that the concept had not lost its relevance despite becoming more problematic. *The Aberdeen Magazine*'s extract from Blair's sermons described sensibility as ‘a word, which in modern times we hear in the mouth of every one; a quality, which every one affects to possess’.225 Dr Blair warned that

Softness of manners must not be mistaken for true sensibility. Sensibility indeed tends to produce gentleness in behaviour; and when such behaviour flows from native affection, it is valuable and amiable. But the exterior manner alone may be learned in the school of the world; and often, too often, is found to cover much unfeeling hardness of heart.226

This account warns readers of the deceitfulness of appearances, which may be the product of performance rather than genuine marks of feeling and character. A number of writers sought to redeem the valuable moral tenets of ‘genuine’ sensibility by distancing them from such external signifiers, placing emphasis upon genuine demonstrations of virtue rather than physiological symptoms. Blair notes that true sensibility may not be manifested by external softness and fragility, explaining that ‘[f]requently, under a negligent and seemingly rough manner, there lies a tender and feeling heart’.227 As Chapter 3 will demonstrate, the move away from reliance upon bodily signifiers of intangible qualities was also a feature of theological debates about authenticating spiritual experiences, indicating broader cultural currents of distrust of bodily legibility.

Piety and sensibility themselves could be linked. A letter published in *The Lady's Magazine* stressed that emphasis should be placed upon moral actions rather than bodily symptoms or verbal claims to sensibility, writing that ‘[t]hat sensibility alone, which produces piety to God and benevolence to man, has the indisputable mark of a genuine excellence’.228 The writer blamed false sensibility upon the influence of fiction, which had promoted emotional and bodily performances of nervous sensibility, explaining that ‘the affectation has

226 Ibid., 3:422.
227 Ibid., 3:432.
been greatly increased, if not introduced, by the taste for novels’. Similarly, in 1791 The Universal Magazine published an article ‘On the Affectation of Sentiment and Sensibility,’ which claimed novels had created an epidemic of such artifice. Nevertheless, novelists themselves were beginning to question the use of bodily symptoms of sensibility as a signifier of virtue, depicting the simulation of sensibility and fashionable fragility among people of fashion, while placing stronger emphasis upon virtuous behaviour as a sign of integrity rather than bodily weakness.

Criticism of such false sensibility was far more common during the later eighteenth century, and the inclusion of attacks on performed sensitivity within the novel marks an increasing awareness of the extent to which such markers of distinction could be misappropriated. Such comments were rare during the mid-eighteenth century when sensibility appeared to be ever growing in popularity, yet there had been voices of dissent. The mid-century novel The History of Emily Willis has already been noted as being unusually critical of the relationship between fashion and medicine, with the character of Mrs Languish representing the allure that fashionable fragility held for elite ladies. This text also highlighted the existence of affected sensibility among aspiring members of London society, suggesting that the anonymous author had a particular distaste for artificial assertions of delicacy. In the novel the character of Mrs Hippocrene is depicted as aspiring to a sensibility to which she has no claim, lamenting ‘Why, why am I so unfortunate as to exist at this Period of Time, a Period when every Person, every Thing is vile, low, gross, and indelicate! Or why, being thus shockingly misplaced, am I endued with such superior, such towering Sensations!’ Her false delicacy is contrasted with the real anguish of Emily, her ward, whose suffering has genuine cause and is expressed in private tears rather than public displays. Mrs Hippocrene is the wife of a bookseller, and thus positioned among those with access to the rhetoric of sensibility yet without the social connections, leisured lifestyle, and high birth usually deemed to accompany it.

---

229 Ibid., 277.
231 Emily Willis, 1:63.
232 Ibid., 1:192.
As the century wore on such attitudes became more common, and characters such as Elizabeth Blower’s Mrs Tonto were ridiculed for feigning a ‘hysteric fit’ at the sight of geese about to be butchered, yet showing no sympathy for her ailing maid Jenny, and hypocritically accusing her of ‘feigning sickness out of idleness’. The novel throws Mrs Tonto’s artifice into sharper relief by contrasting her behaviour with that of other characters. Mrs Tonto’s cruelty to Jenny the maid is compared to the genuine concern of Maria, the central protagonist. Riled by Maria’s reproof Mrs Tonto defends her belief in Jenny’s deceit, saying “If I thought … that she was ill, no one would do more for her; for my part, I am not one of those who think servants a different species; I look upon them as unfortunate brothers and sisters; and, when they are really ill, treat them accordingly.” The performative behaviour of Mrs Tonto is also contrasted with the far more genuine although less showy sensibility of her brother Dr Edgeware, who had ‘an unconquerable shyness in discovering this last amiable attribute, and as carefully concealed the reality, as the generality of people aim to display the semblance of sensibility.’

By the end of the century characters in novels were not only displaying signs of feigned sensibility but were voicing their opinions on it too, with old Mrs Delacour exclaiming ‘O, how I hate the cambrick –handkerchief sensibility that is brought out only to weep at a tragedy! Yes; Lady Delacour has sensibility enough, I grant ye, when sensibility is the fashion.’ Nevertheless, the value of true feeling is upheld through the characters of the young Miss Delacour and through ‘the prudent Belinda’ who is deemed ‘more capable of feeling real permanent passion, than any of the dear sentimental young ladies’, despite failing to exhibit public tears of hysterical fits. Edgeworth’s characterisation of Belinda suggests that while the performative elements of sensibility may have come under attack its values of feeling and virtue were still upheld by some novelists.

---

234 Ibid., 1:55.
235 Ibid., 1:1.
237 Ibid., 107, 472.
In addition to the desire to distinguish between genuine and false nervous sensibility as it manifested itself within individuals, contemporary doubts about the sincerity of sensibility as a mode of social interaction in general has proved a key area of interest for critics and historians. As Ellis notes, moralists sought to instruct their female readers in the correct forms of sensibility through their reading and conduct books, yet this resulted in the paradox of such texts teaching an ostensibly natural form of conduct. Goring has suggested that it was recognition of the ‘exaggerated language of gesture’ as a form of performance that underlay much of the later-eighteenth-century opposition to sensibility, singling out this objection to the artificial nature of sensibility as the cause of the marked decline in popularity of the culture of sensibility.

The most notable opponent of false sensibility was the writer Mary Wollstonecraft, who highlighted the disabling effects of prevailing views of feminine delicacy with rather controversial vehemence in her *Vindication of the Rights of Woman*. She remarked that ‘I once knew a weak woman of fashion, who was more than commonly proud of her delicacy and sensibility … I have seen this weak sophisticated being neglect all the duties of life yet recline with self-complacency on a sofa and boast of her want of appetite as a proof of delicacy’. Wollstonecraft represented such behaviour as the result of education and upbringing, explaining that ‘they are made to assume an artificial character before their faculties have acquired any strength’, a view that excuses women for their artifice to a degree. In her *Vindication*, Wollstonecraft suggests that it is only natural that women should affect an artificial feebleness given the pressure placed upon them to conform to social expectations of femininity, writing ‘[n]or can it be expected that a woman will resolutely endeavour to strengthen her constitution and abstain from

242 Ibid., 132.
enervating indulgences, if artificial notions of beauty and false descriptions of sensibility, have been early entangled with her motives of action.243

Nevertheless, as Barker-Benfield has noted, Wollstonecraft was a strong supporter of natural sensibility when strengthened by reason and she therefore joined other authors in seeking to maintain the moral value of the trait while purging it of associations with affectation and weakness.244 It appears that Wollstonecraft and other critics of affected sensibility sought to separate the concept from its association with the somatic and social artifice of the fashionable elites and aspiring middling ranks. As Todd and Skinner have suggested, the themes of sensibility persisted in exerting an influence on literature and society after 1800, indicating the continuing allure of sensitive feelings and heightened morals as personal characteristics.245

Fashionable diseases: Revived criticism

The development of greater scepticism about the authenticity of individuals' claims to nervous sensibility, and consequently the advisability of reading bodily symptoms such as swoons and tears as signifiers of moral worth and sensitivity, was related to developments in attitudes towards fashionable diseases. The diminished reputation of sensibility as a desirable characteristic can be read as a symptom of, and contributor to, broader social concerns over the artifice of elite behaviours and the legibility of the body as a signifier of interior states. The rise in discussion of feigned fashionable illness and the decreasing popularity of sensibility were more than simply concurrent products of a change in social attitudes however, as the two concepts were linked through their foundation in nervous theory and, furthermore, their popularisation in literary and medical works of the period.

Feigned fashionable invalids figured more frequently in later-eighteenth-century works of fiction, indicating that even the genre of the novel was becoming more open to questioning the authenticity of fashionable

243 Ibid., 131.
244 Barker-Benfield, Culture of Sensibility, xxx.
debility. The character of Lady Louisa in Frances Burney’s 1778 novel *Evelina* epitomises such affected behaviour, and is used to highlight the ridiculous extremes to which artificial delicacy could be taken. Appearing late in the novel, she enters the scene with a characteristic mix of self-absorption and self-conscious display, with Evelina describing how

the lady, who seemed very young, hobbling rather than walking into the room, made a passing courtsie to Mrs Beaumont, saying, “How are you, Ma’am?” and then, without noticing any body else, with an air of languor she flung herself upon a sofa, protesting, in a most affected voice, and speaking so softly she could hardly be heard, that she was fatigued to death.246

Given to hyperbole, she pronounces herself ‘half dead’ with the heat and ‘dying with the head-ache’, and talks at length about her modishly fragile nerves, declaring ‘I a’n’t half well; it’s quite horrid to have such weak nerves! - the least thing in the world discomposes me’.247

Louisa repeatedly seeks affirmation of the success of her performance, demanding of one companion, Lord Merton, ‘I dare say I look as pale – don’t I look very pale, my Lord?’248 Both Lord Merton and Mr Lovel are complicit to a degree in Louisa’s pretence, and Burney demonstrates the role that masculine tolerance and even encouragement could play in fostering such behaviour. The obsequious Mr Lovel knows how to flatter Louisa’s desire of appearing fashionably sickly, remarking that ‘Your ladyship’s constitution […] is infinitely delicate’, to which she replies with enthusiasm; “‘Indeed it is,” cried she, in a low voice, “I am nerve all over!’”249 Lord Merton meanwhile is less concerned with winning Louisa’s approval and has to be prompted into gallantry, Louisa demanding ‘I’m a sad weak creature, - don’t you think I am, my Lord?’250 He responds to his cue with a compliment, replying ‘your Ladyship is merely delicate, - and devil take me if ever I had the least passion

247 Ibid., 231, 236, 298-99.
248 Ibid., 299.
249 Ibid., 236.
250 Ibid., 298.
for an Amazon’, indicating Burney’s awareness of the relationship between fashionable female delicacy and male desires.\textsuperscript{251}

The character of the affected and sickly lady of fashion became something of a feature of later eighteenth-century literature, and certain texts even made reference to earlier figures within the tradition. Eliza Parsons’ novel \textit{Women As They Are} (1796) included the character of Mrs Grantham, referenced above, whom the sharp-tongued Lady Gaywit terms ‘Lady Dainty’ after the still-popular theatrical character of the very beginning of the period. Mrs Grantham does not play a central role within the epistolary novel, but is mentioned upon a number of occasions, and almost always with reference to her propensity for ‘affecting ill-health’.\textsuperscript{252} The traits by which she is described mirror those of earlier descriptions of female valetudinarians, with Gaywit noting that Mrs Grantham is

\begin{quote}
\begin{quote}
too delicate to eat, (except in her own room, where I am assured she devours a plate full of buttered toast for breakfast, and has always some reserves of cakes for occasional meals) she wonders how women can be so robust to take hearty dinners; … her frame is so delicate, she cannot bear the air to meet her, - unless a pretty fellow is by her side. In short, she is a lump of affectation.\textsuperscript{253}
\end{quote}
\end{quote}

Such behavior is shown to irritate Lady Gaywit, and renders Mrs Grantham an undesirable guest, with Gaywit remarking at one point in a postscript ‘[t]hat ridiculous Lady Dainty, Mrs Grantham, and her doating husband, are come to visit us from Bristol. – Now for a volume of complaints to prove her delicacy’.\textsuperscript{254}

As we have seen, fashionable medical works of the later-eighteenth-century also commented on elite affectation with greater openness, as epitomised by Adair’s \textit{Essays on Fashionable Diseases}. Nevertheless, as scholars such as G. S. Rousseau and Lawlor have indicated, although Adair and Tissot were very open in their discussion of the dangers of fashionable

\begin{footnotes}
\textsuperscript{251} Ibid., 299.
\textsuperscript{252} Parsons, \textit{Women}, 1:108.
\textsuperscript{253} Ibid., 1:108.
\textsuperscript{254} Ibid., 3:264.
\end{footnotes}
illnesses and the affectation surrounding these complaints, they were still prepared to exploit contemporary interest in such matters in order to make money.\textsuperscript{255} Moreover, other medical writers continued to benefit from treating and writing of fashionable diseases without any such acknowledgement of possible affectation.\textsuperscript{256} Thus one must bear in mind that although medical authors of the 1770s-90s were more willing to acknowledge the troubled relationship between fashion and medicine than their predecessors they were equally desirous of exploiting public interest in the matter to further their reputation and riches.

The appeal of elite disorders as signifiers of social status and personal qualities survived until the end of the century. Anthony Willich’s \textit{Lectures on Diet and Regimen} (1799) for instance, commented on a range of ‘fashionable diseases’, including ‘the fashionable nervous and hypochondriacal diseases’, yet continued to blame such conditions upon luxury and excess, rather than performance or fashion itself.\textsuperscript{257} Likewise, literary critics have noted the sustained relevance of themes of sensibility within early nineteenth-century texts. While later eighteenth century medical treatises and novels demonstrate a greater recognition of the influence of fashion upon people’s somatic self-presentation, and a subsequent increase in debates over whether the body should be regarded as a trustworthy signifier of interior states and social standing, this did not represent a total rejection of the value of the delicate body as symbol of status.

\textit{Conclusions}

Over the course of the eighteenth century representations of elite fragility and growing theories of nervous sensibility advertised the sickly body as a marker of distinction. The desirable qualities associated with fashionable diseases ranged from personal traits such as the intelligence believed to accompany the spleen, to broader cultural associations such as the modishness, high


\textsuperscript{256} For example see Neale, Practical Dissertations.

\textsuperscript{257} Anthony Florian Madinger Willich, Lectures on Diet and Regimen (London, 1799), 32.
rank, or femininity often linked to nervous complaints during the middle and later decades of the century. Despite developments in representations of the social significance of particular disorders and of refined ill health in general, the ability of fashionable diseases to convey information about the sufferer remained a source of interest and contention within a range of media, from periodicals and novels to medical treatises and didactic essays. Throughout the century commentators drew attention to the performative nature of codified ideals of delicacy and later sensibility, highlighting the incentives for simulation presented by the desirable connotations of elite disorders and raising doubts as to the reliability of the body as a social signifier.

As the fluctuation in number of references to feigned fashionable illness and the level of concern indicate, debates regarding the authenticity of modish invalids and diagnoses were influenced by the social and cultural context of eighteenth-century Britain. Following significant commentary in the 1710s and 20s, criticism was muted during the middle decades of the century, reflecting the success of discourses of sensibility and the legible body. Nevertheless, even during the height of enthusiasm for delicate nerves and heightened sensibility certain writers noted that individuals were assuming illness as a form of self-fashioning, warning that such behaviour was detrimental to the health of the individual and to the sincerity and happiness of society. Moreover, the eventual resurgence of criticism of feigned fashionable diseases demonstrated the enduring nature of concerns about the dangers of commodified and fashionable medicine, and prompted a move away from reliance upon bodily signs of intangible states, particularly within sentimental fiction. This fear that sickness was being assumed in order to artificially shape public image was not limited to the sphere of fashionable society however, with eighteenth-century writers also highlighting the utility of simulated sickness as a signifier of spiritual conditions, as the following chapter will indicate. Discourses of fashionable illness thus reflected and participated in broader cultural debates about the wisdom of relying upon the body as an authentic indicator of interior or intangible states.
Chapter 3 – Religious imposture

Writing in 1792, lecturer Andrew Duncan of Edinburgh University highlighted the simulation of illness ‘by the accomplices of religious impostures’ as one of the various ‘circumstances under which diseases are commonly feigned’.¹ As a medical practitioner Duncan focused on the simulation of otherwise non-spiritual health-conditions, presenting the religious motivations for such artifice as akin to those prompting ‘the accomplices of empyrics’ to feign illness; namely the desire to portray a third party as a capable healer. In such circumstances, the act of feigning illness principally functioned as a means to an ulterior end, whether of monetary or status-gain for the fraudulent healer, although the ‘healed’ individual might also benefit from their position as the object of a divine or medicinal miracle.

If we examine contemporary medico-religious discourse more broadly, however, it becomes apparent that issues of bodily authenticity extended beyond the simulation of illness as part of fraudulent miracle cures to encompass other forms of religious imposture such as divine inspiration or demonic possession. While these states were not illnesses as such, they functioned in similar ways to certain desirable diseases of the period, utilising the body as a signifier of interior or intangible qualities. In the case of fashionable diseases, the sickliness of the body operated as a symbol of social status and personal qualities, and in instances of nervous sensibility it could even signify moral rectitude. By comparison, in the case of religious inspiration or demonic possession the convulsions, cries, and distortions of the body could demonstrate the presence of the supernatural within the individual, signifying their connection with divine or diabolical forces. In either situation the reliance upon exterior bodily signs as evidence of social or religious status proved troubling to observers, and it was feared that an individual might feign somatic symptoms in order to assume a role to which they had no right.

¹ Andrew Duncan, Heads of Lectures on Medical Jurisprudence; or, the Institutiones Medicinaelegalis (Edinburgh, 1792), 14.
As this chapter will demonstrate, eighteenth-century debates regarding the use of the body in religious imposture therefore participated in broader concerns about bodily legibility and the reliability of the body as a signifier, and those who wrote on the topic often drew upon other areas of discourse explored within this thesis. Writers examining the practical means of simulating symptoms of illness, possession, or inspiration could allude to the theatre or medicine as explanatory devices, with medical explanations of possession proving particularly popular.²

Theological discussion about the potential for bodily imposture was also framed by the more specific religious context. Jane Shaw has argued that the late seventeenth and eighteenth centuries were a time of ‘perennial worry about what was false and what was true religion’, as the impact of the sectarianism of the civil war period influenced attitudes, and provoked a ‘fear of imposture’.³ Analysis of attitudes towards somatic artifice supports this view, demonstrating the impact of denominational differences as motivation for distrust and criticism.

Like those discussing inauthentic fashionable disease, writers debating feigned inspiration, possession, or miracle cures distinguished between individuals seen to be deliberately inauthentic and those who were not responsible for their actions, yet the distinction could often become ambiguous. The power of the mind or fancy over the body was a common motif of both medical and religious discourse of the period, as we shall see, and writers often characterised enthusiasm or possession as the result of the operation of the imagination, although those writing on religious imposture also had the option of excusing inauthentic inspiration or possession on the

grounds of genuine illness. As scholars such as Michael Heyd and Andrew Sneddon have remarked, from the early-modern period to the eighteenth century inauthentic spiritual states could thus be classified in a whole range of ways: as disease, imagination, deliberate deception, or demonic delusion.⁴

The final sections of the chapter will examine the arguments used to challenge the authenticity of the body as a signifier of religious import, arguing that a number of writers of rationalist Unitarian or Latitudinarian tendencies sought to move away from reliance upon somatic symptoms of the divine as a result of distrust in bodily legibility. Mary Fissell has argued that during the 1780s and 90s ‘modes of interpretation of the body that emphasize signs visible to all came under particular attack as they were easily associated with forms of deviant “enthusiastic” popular religion’.⁵ While the evidence of this chapter supports the view that later eighteenth-century theologians were distrustful of bodily signs of religious contact, it is important to note that a number of theologians had expressed scepticism about bodily legibility in matters of religion from much earlier in the century. Within religious debates, issues of bodily legibility and the authenticity of somatic signifiers had a long history, and theological discourses can be seen to pre-empt themes that would emerge in various other spheres of eighteenth-century culture by highlighting the dangers of reading the body as a signifier of social or spiritual importance.

**The debate over miracles and divine intervention**

Miracles of healing, divine inspiration and claims of possession or exorcism were subject to particular suspicion due to the ongoing debate over whether God intervened in the modern world, or indeed whether miracles were possible at all. As Jane Shaw has noted, these questions attracted much attention during the eighteenth century, building upon the debates of

⁵ Fissell, *Patients, Power, and the Poor*, 10.
Feigned Illness and Bodily Legibility

Discussion was particularly heated in the mid-eighteenth century, with David Hume arguing that miracles were implausible in their entirety. He wrote in his 1748 work *Enquiry Concerning Human Understanding* that ‘the proof against a miracle, from the very nature of the fact, is as entire as any argument from experience can possibly be imagined’. Hume and other philosophers argued for the importance of credible proof based on experience, drawing on the methods of natural philosophy, and dismissing the miracles of scripture as ‘the production of a mere human writer and historian’.

The extent to which eighteenth-century society was becoming increasingly medicalised and secularised has been a matter of some contention among scholars, with earlier historiography emphasising the increasing secularisation of the eighteenth-century elites. It is certainly the case that some critics were motivated by a disdain for the ignorance of the masses, and insisted that rational intellectual or medical opinion should take precedence over superstition. Writing in the 1770s, the dissenting minister Hugh Farmer argued that ‘the authority alone of our illustrious countryman Dr. R. Mead, should have more weight with us, than the opinion of multitudes bred up in ignorance and superstition’, advocating a medical rather than spiritual reading of supposed possession cases. Brian Levack has suggested that attitudes began to shift in the 1760s, with increasing support for a metaphorical interpretation of Scripture, yet as treatises on the subject demonstrate, the topic remained somewhat controversial.

Nevertheless, while there was support for the metaphorical interpretation of the scriptures among a number of liberal theologians, many Anglicans were still much more fundamentalist and providentialist in their

---

8 Ibid., 355.
11 Levack, *Devil Within*, 48; see Newton, *Dissertation.*
readings of the Bible. During recent years historians such as Stuart Clark, Andrew Sneddon and Jonathan Barry have emphasised the continued relevance of spiritual and demonic forces to eighteenth-century individuals, including those of the intellectual and religious elites. As such, the debate over the authenticity of those laying claim to divine inspiration or demonic possession was not simply the product of an increased scepticism among the educated or the Anglican establishment, but could also be motivated by a desire to distinguish true and false claims among those who accepted the intervention of the divine in the material world. Equally, negative attitudes towards the credulity of the masses might also be motivated by more than intellectual conviction; Jane Shaw has suggested that “educated incredulity at the credulousness of the uneducated” was, as much as anything, a rhetorical stance taken to show that one belonged to polite society.

Wariness regarding the authenticity of miracles was not incompatible with belief in their possibility however, and some writers used the existence of feigned cures as proof that genuine miracle healing was possible. The Bishop of Salisbury John Douglas criticised the false miracles of the pagans and the Papists, yet noted that just as the existence of counterfeit coins was predicated on the existence of genuine currency, ‘the Cheats that have been imposed upon the World, far from furnishing us with Reasons to reject Miracles in general, are, on the contrary, a strong Proof that some, of which they are Imitations, have been genuine’. Moreover, even at the close of the century, many theological writers saw an absence of miracles as suggestive that claims to spiritual insight or prophecy were likely to be false. Writers such as the Unitarian Joseph Priestley dismissed Baron Emanuel Swedenborg’s

---


followers on the grounds that Swedenborg had performed no miracles to authenticate his purported visions for example.\textsuperscript{15}

By comparison, a number of writers were sceptical of the authenticity of modern miracles while admitting the possibility of miracles of the ancient church, claiming that the age of miracles had passed. For instance, William Graham, a minister of the Secession Church of Scotland, affirmed that ‘there never was a miracle performed by God or man, for the purpose of confirming any new truth, since John finished the sacred Canon’.\textsuperscript{16} Others were less willing to deny modern miracles, taking the Anglican middle-way of suggesting that miracles were possible but only with significant proof. Roy Porter has noted that finding a balance between credulity and questioning was important to Anglicans during the seventeenth and eighteenth centuries, for whom ‘to believe too little was atheism, too much was superstition’.\textsuperscript{17}

The debate over the possibility of miracles, and of miracle cures in particular, was especially problematic as it called the veracity of Jesus’ miraculous cures into question. Writing in 1728, the controversial writer Thomas Woolston noted possible alternative interpretations of Jesus’ acts of healing, writing that

Infidels, on the other hand, will say, not so: but with their Cavils will urge that this infirm Man was either a Dissembler, whom Jesus shamed out of his pretended Disease, or that he was only hippish, and fancifully more than really distemper’d of a long Time, whom Jesus by suitable Exhortations and Admonitions, working upon his Imagination, persuaded into a Belief of his Cure, and bid him to walk off.\textsuperscript{18}

Here Woolston picks up on the suggestion that inauthentic illness could derive from intentional artifice or imagination, claims circulating in medical and

\textsuperscript{15} For examples see Joseph Priestley, \textit{Letters to the Members of the New Jerusalem Church, formed by Baron Swedenborg} (Birmingham, 1791), 10-11; \textit{An Inquiry into the Commission and Doctrine of the New Apostle Emanuel Swedenborg} (London, 1794), 11; and for refutation see \textit{Brief Remarks on a Late Pamphlet, Entitled “A Letter of Exhortation and Edmonition to all who Receive the Testimony of Emanuel Swe Denborg”} (Manchester, 1783), 3; Joseph Proud, \textit{A Candid and Impartial Reply to the Rev. Dr. Priestley’s Letters, Addressed by Him to the Members of the New Jerusalem} (Birmingham, 1791), 13.


\textsuperscript{17} Porter, “Witchcraft and Magic,” 199.

\textsuperscript{18} Thomas Woolston, \textit{A Third Discourse on the Miracles of our Saviour, in View of the Present Controversy between Infidels and Apostates}, 2nd ed. (London, 1728), 54.
Feigned Illness and Bodily Legibility

Chapter 3

literary discourses of the early eighteenth century. Some decades later
theological authors such as the Presbyterian minister Charles Bulkley were
still discussing the issue with reference to issues of imposture and
imagination. ‘[W]here an imposture is intended, some distempers may be
artfully counterfeited, and those not be wanted, who would willingly undertake
a deception of this kind’, he wrote.¹⁹ However, in the case of Jesus’ cures of
lepers Bulkley dismissed the suggestions of imaginary illness and imposture
in turn, writing that leprosy was ‘a distemper [...] that could not possibly be
produced by the power of fancie’, and stressing the repugnance of the
disease as grounds against the suggestion that anyone ‘should so much as
for the smallest space of time be willing to be looked upon, notwithstanding
the circumstances already hinted at, as a person labouring under it’.²⁰

Linked to the debate over the working of miracles, many theologians of
this period questioned the ability of demons and spirits to act upon the human
body. Commentators took up a range of positions regarding the possibility of
possession, from complete denial that possession was possible, to support for
scriptural possession, to belief in possession as a very present threat.²¹ We
should be wary of assuming that society was neatly divided between the
supporters of possession and the sceptics, and Jonathan Barry has argued
that despite the polarities often presented within eighteenth-century textual
debates the reactions of those involved in specific cases of possession
demonstrate ‘a reluctance to choose between these stark alternatives’.²² As
this chapter will show, even in theoretical debates the polarities of ‘truth and
imposture’ could become less clear cut than it might appear at first, as writers
engaged with multiple explanations of possession behaviour that were not

¹⁹ Charles Bulkley, Discourses on the Parables of Our Blessed Saviour, and the Miracles of
²⁰ Ibid., 122-23.
²¹ For denial that demoniacal possession had ever been possible see Arthur Young, A
Dissertation on the Gospel-Dæmoniacks (London, 1760), 29, 35; for belief in possession with
scepticism of some present day cases see The History of the Incarnation, Life, Doctrine, and
Miracles; the Death, Resurrection, and Ascension, of Our Blessed Lord and Saviour Jesus
(London, 1738), 317; Thomas Newton, A Dissertation on the Demoniacs in the Gospels
(London, 1775), 60; and for defense of the authenticity of demoniacs see John Beaumont, An
Historical, Physiological and Theological Treatise of Spirits, Apparitions, Witchcrafts, and
other Magical Practices (London, 1705), 156; Thomas Barker, The Nature and Circumstances
of the Demoniacks in the Gospels, Stated and Methodized (London, 1783), iii.
²² Barry, Witchcraft and Demonology, 208.
mutually exclusive, and might allow for inauthenticity without conscious intent to deceive.

As in the case of the debate over miracles, discussion of the authenticity of possession could prove problematic to some due to its ability to undermine the miraculous exorcisms performed by Christ in the Bible. The anonymous author of *The History of … Our Blessed Lord and Saviour Jesus* (1738) defended the authenticity of biblical possession stories while acknowledging that ‘the Credulity of the Simple has often been imposed upon by fictitious Possessions’. 23 He noted that ‘[s]ome, say they, have thought themselves to be possessed in good Earnest; and others have feigned themselves to be so [possessed], in order to carry on their own Designs’, raising such accusations in order to refute them with evidence of true possessions. 24 Writing in 1775 Thomas Newton, Bishop of Bristol, also sought to defend the authenticity of Gospel demoniacs, while acknowledging that ‘[t]here have been many pretended demoniacs’, demonstrating that belief in the supernatural persisted through to the later eighteenth century. 25

As these examples indicate, concern regarding the counterfeiting of divine states through bodily simulation was a common feature of eighteenth-century theological texts, and writers produced works specifically aimed at exposing, defending, or debating the issue. The controversy over miracles and the operation of divine and demoniacal forces upon the human body demonstrates that those questioning the authenticity of such cases were not all sceptics with a secular outlook, and indeed, many were keen to expose the frauds in order to protect the reputation of true miracles.

*Subjects of suspicion*

Among those who were sceptical, or at least questioning of the claims to divine intervention being circulated within eighteenth-century society, many presented religious artifice as the work of un-orthodox religious groups. Accusations could be used to denigrate religious opponents, with writers

---

24 Ibid., 317.
25 Newton, *Dissertation*, 60.
suggesting that religious imposture was being employed by Roman Catholics
or by dissenters and religious sects such as the French Prophets and the
Methodists in order to promote their own religious convictions and win
converts or supporters.

Sneddon has noted the importance of anti-Catholic propaganda to the
elites of eighteenth-century Protestant Britain, and to the Whig administration
in particular, and ridicule of popish credulity or artifice was rife within debates
surrounding demoniacs and miracle cures. From early in the century texts
such as Nicolas Aubin’s *The History of the Devils of Loudon* (1705) sought to
expose Roman Catholic impostures, describing the simulation of exorcism
and claiming that popish priests encouraged monks, nuns and laypeople to
feign the symptoms of demoniacal possession. The Anglican Bishop John
Douglas was particularly outspoken in his criticism of popish miracles,
publishing *The Criterion: or, Miracles Examined with a View to Expose the
Pretensions of Pagans and Papists* in 1754. While Douglas did not dismiss
the possibility of miracles outright, he expressed concern about the activities
of Roman Catholics, suggesting that popish impostors were using simulated
illness in order to gain prestige through counterfeit cures. Such accusations
were common during the mid-century, and writers often cited cases of famous
Catholic ‘frauds’. Both David Hume and John Douglas related tales of the
cures purported to have occurred in ‘France upon the tomb of Abbé Paris, the
famous JANSENIST, with whose sanctity the people were so long deluded’, and
Douglas explained that these miracles had been exposed as fraudulent
by those supposedly cured. He thus presented the impostures of the
Catholic priesthood as so patently false as to have been denounced by
Roman Catholics themselves. Concerns about the ability of the Catholic
Church to attract attention through miracle healings persisted throughout the
century. In a sermon published in 1780 William Graham explained that ‘[t]he
Popish priesthood come to us in the prophet’s robe of pretended MIRACLES,
not aware that the loud pretence they make to a power of working miracles,
ascertains them to be the very Antichrist’, suggesting that their unwillingness

to perform such miracles in front of sceptical Protestant audiences undermined their authenticity.\textsuperscript{29}

Similarly, false exorcisms were also portrayed as a ploy of the Roman Catholic Church. Levack has noted that ‘Protestant authorities used this investigation and occasional prosecution of fraudulent demoniacks for confessional purposes’, and the British debate surrounding the authenticity of possession was often directed at Roman Catholics, who continued to perform exorcisms regularly.\textsuperscript{30} Criticism of popish credulity or artifice in relation to exorcism was common, featuring in texts such as periodicals as well as in extended discourses on the subject. A writer in \textit{The Weekly Museum; or, Instructive Entertainer} warned that ‘[a]s the emissaries of the Church of Rome are always on the watch to make converts, it is not unnecessary from time to time to expose their impostures’, before inserting an extract describing the simulation of possession and exorcism during the Reformation in Lithuania.\textsuperscript{31} The author notes that the monks’ artifice was far from having the desired effect, as the Prince in the tale, ‘suspecting a religion that was supported by such diabolical devices, … declared he would no longer depend upon any body for his salvation; and betook himself to the reading of the Holy Scriptures’.\textsuperscript{32} Miraculous bodies were thus characterised as unreliable, and placed in opposition to the textual and permanent proofs upon which Protestants were supposed to place their faith.

Criticism was also directed at the somatic inauthenticity of unorthodox movements within the Protestant church. During the later seventeenth and early eighteenth centuries various groups laid claim to religious inspiration, demonstrating their contact with divinity through physical symptoms such as fits, shaking, trances, and ecstasies. During the seventeenth century the Quakers had been noted for their somatic manifestations as their name suggests, although Phyllis Mack has demonstrated that they had largely

\textsuperscript{29} Graham, \textit{False Prophets}, 23.
\textsuperscript{30} Levack, \textit{Devil Within}, 42, 265
\textsuperscript{31} “Of the Impostures of the Church of Rome”, \textit{The Weekly Museum; or, Instructive Entertainer} 4, in vol. 1 of \textit{The Weekly Museum; or, Instructive Entertainer}, (London, 1774), 89.
\textsuperscript{32} Ibid., 90.
moved away from these physical symptoms by the eighteenth century. Their behaviour was still attracting interest at the beginning of the eighteenth century however, with the clergyman Benjamin Bayly targeting Quakers in his *Essay on Inspiration* (1707). ‘I would not have Men believe meer Convulsions of the Body, Divine Inspiration' he remarked, expressing exasperation at the privileging of showy behaviour and unsupported claims over reason and rationality.

While Quakers were moving away from such behaviour, other sects emerged that were also associated with somatic manifestations of spiritual encounters. Like the Quakers, eighteenth-century evangelical groups such as the French Prophets and the Methodists were often dismissed under the heading of ‘enthusiasts’ due to their claims of experiencing contact with the divine, being charged with ‘religious error’ and accused of feigning prophecy or healing. The term ‘enthusiast’ was predominantly used in a pejorative sense, with Shaftesbury defining the term in his 1708 *Letter Concerning Enthusiasm* thus: ‘Inspiration is a real feeling of the Divine Presence, and Enthusiasm a false one’. As John Kent has noted, the Methodists and other ‘enthusiastic’ groups were perceived by some of the religious and intellectual elites as a threat to the social order due to their appeal to the passions and claims to access the divine through personal experiences rather than through the hierarchy of the Anglican Church.

The Whig Bishop Francis Hutchinson was an important contributor to contemporary discussion of manifestations of the divine within human life.
His text *A Short View of the Pretended Spirit of Prophecy* (1708) was published during the height of the drama caused by the arrival of the Huguenot French Prophets in England, and questioned ‘whether these pretended *French Prophets*, and their Followers of our own Country, are such *Deceivers, or Divinely Inspired Men*’.\(^{40}\) He concluded that ‘[t]he Behaviour in their Inspirations, is not like that of Men moved by the Holy Ghost’, dismissing the Prophets as impostors.\(^{41}\) According to this account the somatic impostures of the French Prophets were not limited to claims of inspiration and he also discussed instances of their supposed healing miracles. Hutchinson analysed the case of ‘The Cure of Betty Grey’s Blindness’, characterizing her healing as performance rather than miracle.\(^ {42}\)

Once the furore over the French Prophets had died down attention turned to other religious groups of similar tendencies, demonstrating an ongoing concern over the use of bodily symptoms to justify spiritual positions. In addition to distrust of their spiritual transports, scholars have noted the criticism directed at the Methodists as a result of their belief in the power of demons and witches, including the belief of Wesley and others in the possibility of modern day possession.\(^{43}\) In the context of demoniacs, critics such as Bishop George Lavington depicted the Methodists’ belief in possession as a means not only of attracting attention and supporters, but of evading social and religious norms, citing the example of the Methodist ‘Mrs J—s’, who threw down her bible and denied her need to pray during a supposed fit of demonic possession.\(^ {44}\) The Methodists attracted debate and ridicule throughout the mid- to late eighteenth century, with George Lavington publishing *The Enthusiasm of Methodists and Papists Compared* in 1751, while the vicar Richard Polwhele wrote his *Anecdotes of Methodism* in 1800 to ‘prove the bad tendency of methodism in general’.\(^ {45}\)

\(^{40}\) Francis Hutchinson, *A Short View of the Pretended Spirit of Prophecy* (London, 1708), 1.

\(^{41}\) Ibid., 33.

\(^{42}\) Ibid., 20.


Contemporary protestant sects were not the only groups to attract accusations of enthusiasm, and the suggestion that individuals were employing somatic artifice to legitimate their claims to divine inspiration was also directed at the Muslims and Catholics. It was asserted throughout the century that the prophet Mohammed had been an epileptic who manipulated the symptoms of his disease to create the appearance of divine communion and prophetic powers, with John Adams writing that ‘Mahomet … gave out, therefore, that these fits were trances, into which he was miraculously thrown by God Almighty, and during which he was instructed in his will’.\textsuperscript{46} The American pastor Charles Chauncy, a supporter of rational approaches to theology whose work was published in Scotland in 1742, accused both Muslims and Catholics of making use of the enthusiastic impostures, writing that ‘much about the same Time, that the Mahometan Imposture spread in the East, the Superstitions of the Church of Rome prevailed in the West; and nothing more contributed to it, than that Spirit of Enthusiasm, for which they were then remarkable, and has appeared among them ever since’.\textsuperscript{47} Far from referring specifically to smaller sects of the Protestant church, accusations of ‘enthusiasm’ could thus be used to suggest that entire denominations or faiths were supported by somatic imposture. The use of bodily disturbance as a sign of inspiration was most commonly remarked upon as a feature of the eighteenth-century Protestant sects however, with texts clustering around occurrences such as the arrival of the French Prophets in London in 1706.

Although claims to divine contact remained a continual feature of debate, the late eighteenth century saw a burgeoning of evangelical and mystical groups claiming personal (and bodily) religious experiences, as the historian Paul Monod has demonstrated in his work on the occult.\textsuperscript{48} The attention garnered by accounts of spiritual encounters during the 1780s and 90s prompted attacks on Methodism and Swedenborgianism, yet it was also

\textsuperscript{46} John Adams, \textit{The Flowers of Modern History} (London, 1788), 12; also see the support for the theory of Mohammed’s epilepsy in Francis Hutchinson, \textit{An Historical Essay Concerning Witchcraft} (London, 1718), 7; Charles Chauncy, \textit{The Wonderful Narrative: or, a Faithful Account of the French Prophets, their Agitations, Extasies, and Inspirations} (Glasgow, 1742), 61-67; Thomas Haweis, \textit{An Impartial and Succinct History of the Rise, Declension, and Revival of the Church of Christ} (London, 1800), 57; see also the denial of such claims in, Henri comte de Boulaynivilliers, \textit{The Life of Mahomet} (London, 1731), 166, 204-05.

\textsuperscript{47} Chauncy, \textit{Wonderful Narrative}, 68.

linked to movements that were not strictly religious in nature. During the final quarter of the eighteenth century the subjects of fraudulent healing and religious imposture both attracted significant attention due to publicity surrounding the denunciation of the German physician Franz Anton Mesmer’s animal magnetism movement.49

Building upon Mesmer’s theory that one could harness the power of magnetism to heal, practitioners of animal magnetism in Britain claimed to use magnets, their hands, or simply their minds to generate healing ‘crises’ in patients, which manifested in cries and convulsions.50 The movement had been decried in France as a fraud, yet although British medical publications reported on the findings of the French commissions of 1784, explaining that ‘[t]he conclusion drawn by the committee from all their experiments and observations on this subject is, that animal magnetism is a mere chimera’, it appears that commentators were still concerned about its ability to attract gullible believers through performances of feigned illness and cures.51 Writing in 1788 William Henry Hall remarked on the fashion for cures by animal magnetism, popularised by Mesmer in France and exported to Britain during the later decades of the eighteenth century. He noted that even when discredited in Paris, ‘[a]n adventurer from France however, relying on the credulity of our nation, undertook to introduce it here, and by means of the affected emotions of paupers suborned for the purpose of collusion, brought it into a degree of estimation, and continues to practise with some emolument’.52 His disapproval of such practices is made explicitly clear by the closing sentence of his encyclopaedia entry on feigned diseases, which explains that ‘[w]e pass these current remarks to testify our aversion to pretenders and impostors’.53 Writers such as Maria Edgeworth commented on

50 Pattie, Mesmer, 40; Monod, Solomon’s Secret, 306.
52 Hall, New Royal Encyclopaedia, [42, unpaginated]. This may refer to Dr John Bonniet de Mainaduc who came to London in the 1780s and established a successful practice in Animal Magnetism.
53 Ibid., [42, unpaginated].
the ‘fashionable’ nature of the animal magnetism movement as late as 1795, demonstrating the continued appeal of the movement.\textsuperscript{54}

Monod has suggested that among admirers of the ‘occult’ there was a belief that animal magnetism could provoke prophetic visions, rendering it very appealing to religious groups such as the Swedenborgians.\textsuperscript{55} While some drew a positive association between animal magnetism and contact with the divine, other commentators made a reverse association between magnetism and spiritual fraudulence however. Detractors of enthusiastic sects and animal magnetism condemned both as faddish forms of exploitation, calculated to appeal to the unreasoning masses. The physician John Jones linked the two in his work on \textit{Medical, Philosophical, and Vulgar Errors}, remarking that ‘our brethren the Urine Prophets, and Animal Magnetisers, shew abundantly more good sense than any of us; as, without the least expence, they create themselves Doctors by \textit{inspiration}, without pretending the least assistance from learning’.\textsuperscript{56} Similarly the physician Anthony Willich linked Mesmer and Swedenborg as purveyors of imposture, the natural philosopher John Robison dismissed Swedenborgianism, masonry, magnetism and exorcism as ‘mystical’, while an article in the \textit{Monthly Magazine} of 1796, reprinted in \textit{The Spirit of the Public Journals for 1797}, mocked animal magnetism and Swedenborgianism as the latest forms of quackery in medicine and theology.\textsuperscript{57}

Such remarks highlight the connections between discourses of medical and theological somatic fraud, with those purveying unorthodox healing in either domain liable to prompt concern and condemnation. Moreover, the criticism directed at the practice of animal magnetism during the final decades of the century indicates the continued relevance of themes of somatic artifice

\textsuperscript{54} Maria Edgeworth, \textit{Letters for Literary Ladies} (London, 1795), 30.
\textsuperscript{55} A late eighteenth century sect founded on the writings of the Swedish Baron Emanuel Swedenborg, who claimed to have had spiritual visions in the year 1741. For discussion of the Swedenborgian movement see Monod, \textit{Solomon’s Secret}, 313.
\textsuperscript{56} John Jones, \textit{Medical, Philosophical, and Vulgar Errors, of Various Kinds, Considered and Refuted} (London, 1797), 25, emphasis my own. Francis Grose defined ‘piss prophet’ in his \textit{Classical Dictionary of the Vulgar Tongue}, 2nd ed. (London, 1788), [185, unpaginated]: ‘A physician who judges of the diseases of his patients solely by the inspection of their urine’.
\textsuperscript{57} Willich, \textit{Lectures on Diet}, 120-21; John Robison, \textit{Proofs of a Conspiracy Against All the Religions and Governments of Europe} (Edinburgh, 1797), 6; “Cosmogunia”, \textit{The Monthly Magazine} (1796), in \textit{The Spirit of the Public Journals for 1797} (London, 1798), 157.
as a source of power within contemporary society. Opponents feared the
dramatic appeal of bodily performances, characterising the body as an
untrustworthy signifier of medical or spiritual power.

To a degree, belief in the threat that enthusiasm or spiritual fraud
posed to social order can be linked to concerns regarding the role played by
the lower orders within dissenting or unorthodox religious movements, with
Michael Heyd suggesting that ‘enthusiasm meant that the care of holy matters
would be committed to the “rude multitude”’. 58 Enthusiasts were not
necessarily humble in origin however, and Heyd has highlighted that certain
supporters of the French Prophets were of elite status and even claimed
membership of the Royal Society. 59 Indeed, commentators often expressed
astonishment that men of sense and standing supported what they viewed as
ridiculous impostures, as Shaw has remarked. 60

However, much of the criticism directed at enthusiastic behaviour drew
upon the idea that figures such as John Wesley and George Whitefield played
upon the passions of the credulous masses, members of which were
portrayed as dupes rather than cunning impostors. Writing in 1760, John
Green warned Wesley that ‘you will, I am afraid, lie under some suspicion of
practising upon the weakness and credulity of the people’. 61 Like miraculous
healing and possession, religious inspiration was viewed as a form of
dramatic religious imposture likely to appeal to the senses rather than the
intellect. Many observers were concerned about the ability of enthusiasts to
affect others through their moving performances, with Charles Chauncy
remarking of the French Prophets that ‘if by seeing and hearing of these
Things in others, they have themselves been, in like Manner affected, it is no
more than might be expected’. 62 He observed in a footnote that ‘[t]here is a
kind of Infection in Enthusiasm’, relating how enthusiastic behaviour had been

58 Heyd, Be Sober, 41.
59 Ibid., 7.
60 Shaw, Miracles, 154.
61 John Green, The Principles and Practices of the Methodists Considered, in some Letters to
the Leaders of that Sect (London, 1760), 29.
62 Chauncy, Wonderful Narrative, vii.
transmitted between members of the Quakers in the preceding century, just as it was now being communicated between French Prophets.\textsuperscript{63}

Explanations for this ability of enthusiasts to generate similar symptoms in observers could include elements of both medical and acting theory. Shaftesbury's description focussed on the sympathetic transferral of the passions, and displays marked similarities with contemporary acting manuals. 'The Appearance of Reality is necessary to make any Passion agreeably represented: and to be able to move others, we must first be mov'd our selves, or at least seem to be so, on some probable Grounds', he wrote, suggesting that by either genuine faith or by the appearance of such conviction, enthusiasts might convey such passions to their observers.\textsuperscript{64} Like a number of acting theorists, Shaftesbury represented the boundaries between performing and feeling as permeable, using this to explain the ability of enthusiasts to work themselves up into frenzies. 'Men ... are wonderfully happy in a Faculty of deceiving themselves, whenever they set heartily about it: and a very small Foundation of any Passion will serve us, not only to act it well, but even to work our selves into it beyond our own reach'.\textsuperscript{65} Thus, in Shaftesbury's estimation, the desire to feel inspiration might soon move an individual beyond his own control. The threat of enthusiasm was not simply limited to its effect on the passions, and some accused the Methodists of causing genuine illness in their audiences, through their doctrine.\textsuperscript{66} In this way enthusiastic preaching could be represented as not only the product of sickness, but as a cause of illness itself, threatening listeners through distressing doctrine as well as infectious passions.

Nevertheless, writers also expressed concern that whole strata of general populace might deliberately employ somatic artifice within a religious context. It was the poor who were most commonly implicated in tales of somatic imposture, linking to contemporary suspicions that beggars and the poor exploited feigned illness to access charity as discussed in Chapter 5. The simulation of miracle cures was presented as being of advantage to both

\textsuperscript{63} Ibid., vii.  
\textsuperscript{64} Shaftesbury, \textit{Concerning Enthusiasm}, 7.  
\textsuperscript{65} Ibid., 8.  
\textsuperscript{66} Lavington, \textit{Enthusiasm}, 3:3; Polwhele, \textit{Anecdotes}, 52.
the performer and the Catholic church, with Archibald Campbell relating tales of collusion between priests and the poor:

Mr. *D’Emiliane* assures us, that in the church of *Rome*, some poor people have the patience for five or six years to feign themselves lame, paralytic, or blind, that upon their applying for deliverance to some Saint, or to some image of the *Virgin*, they may give occasion to a miracle; which they find very beneficial, and to afford them good subsistence and wherein the Priests, when it happens likewise to serve their interest, do not fail to encourage them.  

Campbell notes the lengths that such individuals would go to in order to perpetuate their frauds, performing a role for years in advance.

References to the simulation of lameness and blindness occurred in other texts, with John Douglas arguing in the case of a pagan miracle that ‘both the Complaints said to be cured, could easily have been counterfeited’, and linking the simulation of such conditions to the practices of beggars through his remark that

The Lame and Blind who infest our Streets, can see, and use their decrepid Arms and Legs, when the Business of the Day is over. Cures, therefore, may in such Cases be pretended to be performed, while the Spectators are the Dupes of a concerted Scene of Imposture. The Lame need only move that Member which, before, he did not use, and the Blind open his contracted Eye-lids, and the Work is done.

Here it can be seen that beliefs about the ease of simulating physical disabilities featured within both religious and secular contexts, and it appears that poverty was viewed as a significant inducement to simulate illness.

As the previous chapter has demonstrated, eighteenth-century commentators displayed an inclination to characterise women as the most common performers of fashionable illness, and this gendering of feigned illness was a trend that extended to some accounts of religious somatic

---

artifice. Historians have noted that many cases of possession feature female and adolescent demoniacs, explaining this tendency through the opportunities for expression and transgression that the assumption of the role of the demoniac could offer to socially constrained women. Contemporaries occasionally implied a similar belief in the temptations of the attention derived from possession. The writer John Trusler suggested that it was women themselves who took on this role in order to achieve greater agency. In his text *The Habitable World Described* (1788-97), Trusler described how at Castelvetere, the women were in the habit of simulating possession as an excuse to visit a portrait of St. Dominick at Soriano, for healing. ‘Under these pretexts’, he explained, ‘they obtain leave of their tyrannical spouses, to make this pleasant pilgrimage, and a pair of holiday shoes for the purpose’. 70

Most accounts focused on the power of priests to bribe and manipulate women, presenting females as the vessels rather than instigators of simulation. In his *History of Women* William Alexander suggested that women were the chosen performers of fraudulent catholic exorcists, who ‘carefully sought out such women as were endowed with a cunning superior to the rest of their sex, and bribed them to declare themselves possessed, that they might have the credit of dispossessing them’. 71 False female demoniacs could also be presented as victims, however. When describing modern day possession Alexander was inclined to favour theories of imposture, yet in Biblical cases he favoured a more forgiving approach, drawing upon beliefs that women were more susceptible to nervous disorder and the power of the imagination. Alexander suggested that many of the cases of demoniacs in the Bible were probably female nervous diseases, writing that ‘[s]o delicate is the sensibility, or rather irritability, or the female constitution, that they are thereby subjected to several diseases, whose symptoms and appearances are more extraordinary than those with which the men are commonly afflicted’. 72

---

69 Levack, *Devil Within*, 181-82.
72 Ibid., 67.
Challenging somatic authenticity

When challenging the authenticity of bodily symptoms as proofs of religious phenomena eighteenth-century writers employed a range of theories to explain the somatic manifestations of supposed impostors. False possession and inspiration were open to the widest range of interpretations as writers could attribute the symptoms to calculated performance, yet they could draw upon theories about the power of the imagination or illness, as we have seen in the work of William Alexander. Often writers presented multiple possibilities to their readers, accusing some individuals of deliberate artifice and others of unintentional fraud. Rather than seeking to establish all false prophets and demoniacs as wicked frauds, writers could equally discredit individuals with claims of delusion and disease.

Observers had long noted the similarity of symptoms of possession to those of disease, but the connection could be interpreted in contrary fashions, either to deny or elucidate the operation of demons within the human world. The convulsions, bodily contortions, shrieks, and mental anguish that were a feature of many descriptions of possession could also be found within medical texts as symptoms of the conditions of epilepsy, melancholy, and madness, and as such these conditions had long been associated with demoniacal possession. In the view of some, epilepsy, melancholy and madness not only resembled possession, but were actually a feature of the phenomenon. These illnesses could be perceived as either entirely demoniacal in nature, or as physiological conditions caused by the devil, interpretations that allowed for the possibility that demons might act upon, and even enter human bodies. Such views continued throughout the eighteenth century, with the physician Richard Blackmore averring in 1727 that ‘it is very proper to say, that the Demoniack has a natural Disease, and is at the same Time possesst with an Evil Spirit’, a view echoed by the writers William Stukeley in 1750, and Thomas Newton in 1775.

---

73 Levack, Devil Within, 27;
74 Richard Blackmore, Dissertations on a Dropsy, a Tympany, the Jaundice, the Stone, and a Diabetes (London, 1727), xiii; William Stukeley, The Healing of Diseases, a Character of the Messiah. Being the Anniversary Sermon Preached before the Royal College of Physicians (London, 1750), 11-12; Newton, Dissertation, 33.
Many writers sought to limit understandings of possession to the realms of disease, however. Strictly medical explanations for demoniacal possession had a long history, dating back to the works of Reginald Scot, Thomas Hobbes, Baruch Spinoza, and Balthasar Bekker in the sixteenth and seventeenth centuries. Following the publication of the physician Richard Mead’s influential work *Medica Sacra* (1755), many more theological writers supported the theory of possession as the misinterpretation of the symptoms of conditions such as epilepsy. Medical practitioners were understandably interested in the topic, and it featured in the comments of later eighteenth-century medical texts. Writing in 1763 Richard Brookes noted that certain forms of sickness might present the appearance of possession to the external observer, explaining that ‘the Seed of the *black Henbane* makes Persons seem *Demoniacs*’, while John Ferrier remarked upon the effects of melancholy upon the beliefs of the sufferer, explaining that ‘Melancholics are always apt to impute their uneasy feelings, especially those arising from flatulence, to demoniacal action’. William Cullen addressed the notion of possession from the perspectives of both disease and imposture, writing that ‘I do not allow that there is any true Daemonomania’ and suggesting that purported cases were either ‘Species of Melancholia or Mania’, ‘Diseases falsely referred by spectators to the power of demons’, ‘Feigned diseases’, or ‘Diseases partly real … or partly feigned’.

The somatic symptoms of divine inspiration were susceptible to similar interpretations. Writers were struck by the dramatic behaviour of the French

---

75 Levack, *Devil Within*, 113; Porter, “Witchcraft and Magic,” 200, 228.
77 William Cullen, *Nosology; or, a Systematic Arrangement of Diseases, by Classes, Orders, Genera, and Species* (Edinburgh, 1800), 133.
78 Interior or mental elements of inspiration could also be explained as evidence of disease or disturbance, as in the case of many later eighteenth-century critics of Baron Swedenborg, who claimed his visions were no more than madness. See Arnold, *Observations*, 1:55, 294; John Wesley, *A Check to the Delusive and Dangerous Opinions, of Baron Swedenborg* (High Wycombe, 1797), 10; and for refutations from his supporters see *A Short Account of the Honourable Emanuel Swedenborg, and his Theological Writings* (London, 1787), 13; John
Prophets or Methodists, publishing tracts that described their somatic performances. Chauncy explained how the French Prophets

had strange Fits, and their Fits came upon them with Tremblings and Fainting, as in a Swoon, ... they remained a while in Trances, and coming out of them with Twitchings, ... they said, they saw the Heavens open, the Angels, Paradise and Hell.  

Likewise, Richard Polwhele and John Green were similarly intrigued by the behaviour of the Methodists, with Polwhele noting that ‘some it is said, were distorted in the strongest manner, and others falling suddenly down, as if seized with an epilepsy’, while Green remarked upon the ‘number of groaners, sighers, tumblers and convulsionists. These occasionally break out into such a dreadful concert of screams, howlings and lamentations, as surprizes and shocks the sober part of your audience’.  

Multiple explanations for these symptoms could be countenanced, with Hugh Farmer, for instance, harking back to the theories of Casaubon and noting that ‘to the natural diseases of melancholy, madness, epilepsy, &c. enthusiastic divinatory fits are (thought to be) incidental: and that when the disease is cured, the enthusiasms go away’, while also characterising some instances of such behaviour as ‘artifice and fraud’. Sceptics suggested that rather than proving any spiritual connection with God, these symptoms were indicative of illness, imagination or imposture, drawing upon the same theories used to explain the symptoms of possession. 

Not all critics of the French Prophets and other similar sects favoured medical explanations however. Heyd has suggested that some ministers and laymen resisted medical interpretations of enthusiastic inspiration because this approach threatened to undermine the legitimacy of other manifestations

Clowes, Letters to a Member of Parliament on the Character and Writings of Baron Swedenborg (Manchester, 1799), 129-30.  
Chauncy, Wonderful Narrative, 3.  
Polwhele, Anecdotes, 49-50; Green, Principles and Practices, 28.  
Hugh Farmer, A Dissertation on Miracles (London, 1771), 76, 276.  
Medical writers portrayed enthusiasm as a form of religious melancholy throughout the eighteenth century, for examples see Robinson, New System, 234-37, 241-47; Alexander Crichton, An Inquiry into the Nature and Origin of Mental Derangement (London, 1798), 57; Crichton especially links religious enthusiasm to the Methodists.
of spiritual experiences, such as those in the Bible. Writers such as the minister Charles Chauncy, reminded their readers that the false prophets were ‘indeed rather a Confirmation of the Gospel’, as ‘the Rise of false Prophets, mere Pretenders to Inspiration, is one of the Things particularly foretold in the Gospel of Christ’. Although useful as a means of discrediting those laying claim to direct contact with God, the argument that enthusiasts were simply manifesting characteristics of disease proved a problematic one for writers treading the line between discrediting opponents and discrediting all inspiration.

Certain later eighteenth-century critics of animal magnetism also drew upon medical explanations to query the symptoms of the magnetic crisis, with Anthony Willich declaring that ‘it is highly ridiculous to imagine, that violent agitations, spasms, convulsions, &c. which are obviously symptoms of a diseased state … can be means of improving the constitution’. Rather than suggesting that individuals were feigning diseases he suggested that practitioners of magnetism were actually exacerbating or generating such sickness through their behaviour, explaining that ‘Contact or Touch, Imagination, Imitation, and excited Sensibility, were the real and sole causes of those phenomena’. Thus the physical symptoms were not false in themselves, but the practitioner was an ‘Impostor’ due to his artificial creation and misrepresentation of such signs, playing upon the power of the mind to act upon the body.

Contemporary medical theory emphasised the mutual operation of mind and body as Chapter 1 demonstrated, and critics of diverse spiritual movements could use this relationship to argue that somatic symptoms might be the product of the imagination rather than of a specific illness or supernatural powers. The imagination also provided a convenient explanation

---

84 Heyd, Be Sober, 237-40.
85 Chauncy, Wonderful Narrative, iii; for criticism of the idea that Jesus was an enthusiast see also James Duchal, Presumptive Arguments for the Truth and Divine Authority of the Christian Religion; in Ten Sermons (London, 1753), xxvi; and Richard Graves, An Essay on the Character of the Apostles and Evangelists: Designed to Prove that They were not Enthusiasts (London [i.e. Dublin?], 1798), 23, 38.
86 Willich, Lectures on Diet, 130.
87 Ibid., 129.
88 Ibid., 129.
for the visions and other non-bodily signs of divine contact in cases of claimed inspiration or possession, although this area of debate did not focus upon somatic signifiers of spirituality.  

Writers targeting the practice of animal magnetism frequently cited theories of the imagination to explain the bodily symptoms that occurred during the supposed healing sessions. Reporting the findings of the French committees charged with investigating animal magnetism, *The London Medical Journal* explained in 1784 that ‘the imagination has the greatest share in the effects produced’. Likewise, in his *Treatise on Female, Nervous, Hysterical, Hypochondriacal, Bilious, Convulsive Diseases; Apoplexy and Palsy* (1788), William Rowley challenged the authenticity of the animal magnetisers based upon his own observations at Paris. He argued that ‘either the magnetisers, patients, or both, were most grossly deceived, or the former were impostors’, using theories of the imagination to explain the ‘convulsions’ witnessed.

While the magnetists were deemed fraudulent with regard to their purported methods, their power to act upon the imagination was still regarded as dangerous. *The London Medical Journal* warned that ‘although the imagination may occasionally be useful in physic, as in the instance of faith, where its effects are mild, and where it may have some influence on the cure, yet that when it produces convulsions, it acts by violent and destructive means, and becomes dangerous by multiplying the number of victims to nervous sensibility’. Fears about such imposture thus fed into contemporary concerns about the danger of excessive nervous sensibility and the power of the imagination.

---

89 Such symptoms are less relevant to this chapter, which focuses upon bodily signifiers of religious contact. For examples of arguments characterizing false inspiration as the product of imagination or madness see attacks on Swedenborg, whose claims to inspiration rested on his visions; Crichton, *Inquiry*, 44; David Simpson, *Strictures on Religious Opinions, and the Best Human Means of Ascertaining the Genuine Doctrines of Christianity* (Macclesfield, 1792), 78-79.
Given prevailing theories regarding the greater sensitivity of female nerves and feminine fancy, it is unsurprising that women were regarded as particularly susceptible to the dangers of magnetism. William Rowley warned of ‘the mind’s power in exciting convulsions among females’, noting that ‘boys or men are rarely affected’. Female imaginations could also be held accountable for their involvement in cases of fraudulent inspiration. Rev. W. Williams, the editor of the Methodist John Wesley’s *A Check to the Delusive and Dangerous Opinions of Baron Swedenborg*, expressed such views about female susceptibility to religious fraud in his preface to the text for example. He remarked that ‘there are many instances, in which the vivacity of female imagination, has encouraged and subjected them to the flights of enthusiasm, and the delusions of imposture’. Williams’s addition of this comment to Wesley’s attack on Swedenborgian ‘enthusiasts’ highlights the ubiquity of contemporary concerns about female vulnerability to suggestion, with women more liable to be represented as the victims of contemporary fashions in religion and medicine, although this did not prevent other writers from criticising females for knowing imposture, as we will see below.

By contrast with cases of inauthentic possession or inspiration, which often drew upon medical explanations of somatic or mental symptoms, critiques of feigned miracles cures were generally predicated upon the notion that the individuals’ symptoms could not be explained as genuine disease. The power of the imagination provided one possible explanation as we have seen in relation to discussions of Jesus’ miracle cures above, yet by far the most common explanation of counterfeit healing was the accusation of intentional imitation of sickness on the part of the sufferer.

One exception to this can be found in John Douglas’s accounts of the ‘miracles’ at the tomb of Abbé Paris, in which the performance of healing is carried out by the priests without the knowledge of those reported as cured. Describing the case of ‘the Sieur le Doulx, who was said to have been cured of a Fever by having some Reliques of the Abbé de Paris put under his Head’, Douglas related how ‘the Imposture, here, was detected by the sick Person

93 Rowley, *Female Nervous*, 345.
94 W. Williams, ed., preface to *A Check to the Delusive and Dangerous Opinions, of Baron Swedenborg*, by John Wesley (High Wycombe, 1797), p. 4.
himself, who, in a Letter writ by him to the Bishop of Laon declareth, that the Whole was a Trick of the Jansenist Community of St. Hilaire'.\footnote{Douglas, \textit{Criterion}, 128.} According to Douglas, Sieur le Doulx was given a confessor and the sacraments unnecessarily in order to create the impression that he was near death, before being cured by the relics.\footnote{Ibid., 128.} Douglas also includes further examples of individuals who had been represented as more sickly that they were in reality in order to inflate the reputation of the Abbé de Paris, casting the Catholic Church in an even more nefarious light by presenting priests as objects of disgust even among their own followers, who report their deceitful ways.

More frequently such miracles were believed to be the product of collusion between members of the religious group and feigned invalids. Discussing the supposed healing powers of the French Prophets, the Whig Francis Hutchinson characterised the case of Betty Grey’s relief from blindness as an example of the value of theatrical skills in carrying out religious imposture. Hutchinson described Grey as ‘a young Woman of no extraordinary Character; and having conversed so much with the Play-house, is much more likely to be an Actress than a Prophetess’\footnote{Hutchinson, \textit{Short View}, 20.} The miracle cure was deemed ‘counterfeit’ due to the suddenness with which Grey had become blind and then received a cure through prayer, with Hutchinson writing that

\begin{quote}

she was well, without any defect in her Eye-sight that wanted any Cure; but of a sudden, as they were together at Dinner, in a private Room in the Inn, she cried out, \textit{God bless her}, and clap’d her Hands upon her Eyes, and said, \textit{she could not see}; and with much rubbing of them, made them look, as Sir Richard Bulkeley and Mr. Facio saith, \textit{Flaccid and Undulating}.
\end{quote}

Hutchinson implies that it is through ‘rubbing’ that Grey creates the appearance of a defect in her eyes, and he was not alone in suspecting that individuals made use of stage tricks to provoke the bodily symptoms required for religious imposture.

\footnote{Ibid., 20.}
Commenting shortly after the arrival of the French Prophets, the Whig writer Edward Ward also challenged the performative nature of their behaviour, sharing Hutchinson’s Anglican-Whig scepticism as to bodily legibility. Ward linked the behaviour of prophetic enthusiasts to the simulation of illness by beggars, suggesting that both used similar methods of performance to engender interest in their observers. His *Satyrical Reflections on Clubs* (London, 1710) described a member of the fictional Beggars’ Club who

rolling about his Eyes, without saying a word, down he drops at the end of the Table, clinches fast his Hands, foams at the Mouth like a *French Prophet* in a Fit of Inspiration, and beating his Head against the Floor, most artificially dissembles the Falling-Sickness. Not only does Ward link the inspiration of the French Prophets to the tricks employed by common beggars, but he also notes the similarity of both to ‘falling sickness’ or epilepsy. The symptom of dramatic convulsions, common to epilepsy and inspiration, was regarded as particularly susceptible to simulation as we shall see in later chapters, but it was also regarded as highly theatrical and therefore well suited to drawing in an audience. Ward joined other commentators in suggesting that religious institutions might provide training in somatic artifice. He remarked of the beggars that ‘every one, in Turn, Acted his Begging Part, using such agreeable Gestures … as if some had been Educated in *Drury-Lane* Theatre, and others Train’d up in some Fanatical Seminary’, linking religious institutions and theatres as centres of equal dramatic skill.

Similarly, writers were often interested in the idea of possession as intentional performance, and the practice of identifying possession through physical and behavioural symptoms proved the subject of much contention. Stuart Clark has suggested that contemporaries recognised the ‘inherently theatrical quality of possession and exorcism’, citing examples of theatrical

---

99 This position may have been influenced by a desire to position themselves in opposition to credulous Roman Catholics and dissenting sects. For discussion of Whig opposition to Roman Catholicism see Sneddon, *Witchcraft and Whigs*, 72.


101 Ibid., 233-34.
representations of the phenomena. The connection was also explicitly made in medical and theological texts. One interesting feature of certain accounts of fraudulent possession is the idea that the would-be demoniacs were taught the requisite bodily symptoms by those most aware of the norms of possession – the Catholic clergy. The ceremonial nature of Catholic possession and exorcism led some to regard it in the light of a performance, and thus an occasion requiring training and rehearsal. Richard Mead derided ‘those solemn ceremonies, practised by the roman priests’, describing how ‘proper persons (hired and) taught to counterfeit certain gestures and fits of fury, such as are believed to be caused by evil spirits, pretend that they are freed from devils’. Thomas Newton later described demoniacs in a similar fashion as ‘persons who have been instructed to counterfeit the most horrid gesticulations and distortions of body, as if they were seised and agitations by devils’. The performance was presented as a collusion between the clergy and the laity, with the former also acting in their role as exorcist.

Discussion of such performance was not limited to generalisations, and writers also cited examples of occasions on which the clergy were believed to have trained individuals to perform possession. Nicolas Aubin’s The History of the Devils of Loudon (1705) cited a number of occasions on which the French monks of Loudon had orchestrated performances of possession, explaining that ‘[t]here was made the Experiment of all the Sleights of managing the Body, which they intended to make use of’, and that one ‘Mignonset … caus’d his Schollars to be exercis’d in feignin to fall into Convulsions, to make Contortions and Postures of their Bodies, to the End they might gain a Habit, and he forget nothing for their Instruction, to make them able to appear true Demoniacks’. Rehearsals included the performance of exorcism as well as possession, with Aubin remarking that the ‘Two pretended Exorcists had busied themselves together very privately for Ten or Twelve Days, they

---

102 Clark, Thinking with Demons, 401.
103 Mead, Medica Sacra, v-vi.
104 Newton, Dissertation, 60.
believ’d this Act was in a Condition to be expos’d upon the Stage to the Eyes of the Publick’.\textsuperscript{106}

Francis Hutchinson was particularly detailed in his discussion of the mechanics of performing possession, explaining that the somatic signifiers of this condition such as blackened faces and convulsions could be stimulated deliberately. He compared the techniques of feigned possession to those employed by attention-seeking children, writing ‘[w]hat is more common, than for stubborn Children to hold their Breath till they are black in the Face? Most Counterfeit Demoniacks have made use of this Trick’.\textsuperscript{107} He repeated the assertion in his \textit{Historical Essay Concerning Witchcraft}, and added that

By often moving and stretching the Skin of their Heads, if the Hair be short, they can make it stand upright like an angry Dog … They can turn their Eyes inward, swallow their Tongues, foam at the Mouth, and put their own Arms, or Legs, or Back-bones out of Joint. They can huff up their Bellies, that they may seem much swell’d: And at other Times they can suck up their Breath, and draw in their Guts, till the By-standers may feel the Backbone.\textsuperscript{108}

Hutchinson presented the somatic signifiers of possession and enchantment by a witch as easily appropriated by a willing performer, indicating a myriad of methods for creating bodily distortions. As in the case of those medical ailments characterised by behaviour and bodily distortion, it was possible for observers to suggest that such somatic symptoms were entirely susceptible to imitation. Hutchinson also suggested that individuals might knowingly manipulate the genuine symptoms of illness to give the appearance of being a demoniac, merging medical and imposture theories of inauthentic possession.\textsuperscript{109}

Towards the end of the century magnetists were also accused of staging performances. Like those debunking spiritual cures, the physician John Jones accused practitioners of animal magnetism of making use of false

\begin{itemize}
\item \textsuperscript{106} Ibid., 21.
\item \textsuperscript{107} Hutchinson, \textit{Short View}, 21.
\item \textsuperscript{108} Hutchinson, \textit{Concerning Witchcraft}, 7.
\item \textsuperscript{109} Ibid., 7.
\end{itemize}
patients in order to create the appearance of a cure, explaining that a surgeon had told him

that those wretches I had seen, were by way of decoy ducks, hired alternately to attend there and near the horseguards, to pretend to be cured of such disease as they were instructed to personify; and that the better dressed people that came in coaches, and were shewn occasionally as private patients up stairs, were hired at a crown each, exclusive of the coach.\textsuperscript{110}

Accusations of deliberate simulation on the part of patients were less common with regard to animal magnetism however, with critics more inclined to characterise practitioners as charlatans exploiting foolish and sensitive patients. With much of the magnetists’ clientele deriving from the middling and upper ranks of society financial motives to participate in fraud were less pressing than among the poorer individuals ‘cured’ of possession. Moreover, while writers deplored the inclination of elite individuals to give credit to magnetists, their greater concern was generally with the power that such credit conferred upon practitioners rather than sufferers. Nevertheless, as the example of Jones demonstrates, single explanatory models did not dominate debates surrounding the authenticity of phenomena such as animal magnetism, and writers could make use of different lines of argument to suit the nature of their audience and subject matter.

\textit{Distinguishing genuine and false signifiers}

In the majority of cases sceptical writers focussed upon explaining away the supposed instances of miracle cures, possession, and inspiration, rather than on elaborating on how to distinguish between genuine and false cases. For those who denied the possibility of divine intervention in the lives of modern day humans this was a moot point as all such cases must be assumed to be counterfeit. However, certain theologians and commentators were desirous of discrediting particular cases rather than wholly dismissing all instances of spiritual phenomena.

\textsuperscript{110} Jones, \textit{Vulgar Errors}, 12.
John Douglas was one such individual, and in his discussion of two cures at the tomb of the Abbé Paris he gives the reader insight into the grounds he used to judge the authenticity of such cures. Douglas admits to an inability to sufficiently undermine these Catholic cases, remarking that ‘I cannot find the least Defect, in the Evidence urged in Support of the Cure of Margaret Thibault’, and similarly admitting to no ‘well-grounded Objection’ to the case of Margaret Frances Duschene. His belief that miracles were possible forced Douglas to rely upon proving simulation, rather than being able to deny the authenticity of the case upon theoretical terms.

Douglas regarded Thibault’s case as difficult to refute on the grounds of her attendance by medical practitioners during the time of the cure, and the ‘Crouds of Spectators, present with her at the Tomb’ who acted as both lay and medical witnesses to her partial cure. In both Thibault and Duschenne’s cases the nature of their ailment provided additional proofs of authentic illness, with Douglas presenting diseases with visible and distinctive symptoms as more difficult to simulate than those simply behavioural. ‘The dropsical Swelling of this Patient, as of Margaret Thibault, could not be counterfeit, and the visible, sudden Decrease of these Swellings was a Fact of which the Senses of the Spectators could be certain’, he remarked, comparing this with ‘[t]he paralytic Supplicants’, who ‘could more easily impose upon Spectators, and pretend to be restored to the Use of Limbs, of which they had never be deprived’. Douglas showed a preference for specific witnesses – the names of physicians are listed in a footnote - and for evidence based on sensory perception, demonstrating an empirical tendency in judging these cases. He stopped short of asserting that these were miracle cures, but rather sought to assess whether the individuals were genuinely sick in the first place. Whether or not the cure was caused by God or nature was more difficult for Douglas to determine, but he appears to have regarded the suddenness of Thibault’s recovery as significant in this respect.

As the work of Douglas indicates, those who sought to occupy the middle ground between complete scepticism and undiscerning credulity often

111 Douglas, Criterion, 146, 147.
112 Ibid., 146.
113 Ibid. 147.
faced difficulties in challenging certain types and cases of religious phenomena without undermining their own position. A number of writers were anxious to distinguish between genuine and inauthentic cases of possession or inspiration, yet were troubled by how to do so.

Certain supporters of demoniacal possession perceived the resemblance of demoniacal possession and natural cases of epilepsy, melancholy or madness as problematic for example, as it risked simple illness being mistaken for something more spiritually significant. Thomas Newton was concerned that

The symptoms and effects of melancholy, of madness, of epilepsy and the like, whether in the natural way as it is called, or by demoniacal possession, may be so much alike, so much the same, that we may not be able clearly to distinguish and point out which is the proper cause.\textsuperscript{114}

Among these individuals, emphasis was often placed on those symptoms that transcended the realms of nature, for example the exhibition of prophecy or of speaking languages not known to the sufferer. Newton remarked that 'we may determ[\textit{sic.}] with some kind of certainty, when the possession is strongly marked by some circumstances more than natural'.\textsuperscript{115}

The Catholics used such criteria in their assessment of the authenticity of possessions, as Lavington noted in his description of 'Popish Authors', and the Methodists could also come under scrutiny by those dubious about their ability to distinguish authentic demoniacs from the sickly or the inspired.\textsuperscript{116}

John Green referred to this issue in his work \textit{The Principles and Practices of the Methodists Considered} (London, 1760), writing:

I should be glad to know whether you have any certain rules, as the Romish exorcists are said to have, by which you can distinguish these common disorders from dæmoniacal possessions; or any clear marks to direct you in judging between the assaults of a bad, and the agitations of a good spirit; I should be pleased with any information in

\textsuperscript{114} Newton, \textit{Dissertation}, 35-36.
\textsuperscript{115} Ibid., 36.
\textsuperscript{116} Lavington, \textit{Enthusiasm}, 69.
this difficult point to secure myself and others, as far as I can, from the
danger of delusion.\textsuperscript{117}

The use of shared somatic and behavioural signifiers in order to diagnose
both sickness and spiritual states was therefore problematic for those
promoting their ability to discern and exorcise demoniacs

In addition to employing spiritual signs to distinguish between sickness
and spiritual possession, writers also sought to neutralise the accusations of
imposture by claiming that the supernatural elements of possession were less
easily simulated. The author of \textit{The History of … Our Blessed Lord and
Saviour Jesus} (1738) agreed that ‘[a] Person may counterfeit a Demonic so
far as to imitate the Actions, Words, Motions, Contortions, Cries, Howlings,
and Convulsions of one that is possessed’, even conceding that ‘Some
Effects that seem to be supernatural, may be the Effect of an heated
Imagination, melancholy Blood, or only Trick and Contrivance’.\textsuperscript{118}
However, he or she argued that ‘if a Person, all on a sudden, should speak and
understand Languages that he has never learned, talk of sublime Matters
which he has never studied, discover Things that were secret and unknown;
should he lift himself up into the Air without visible Assistance’, then there
could be little room to suspect imposition.\textsuperscript{119} For some observers the
supernatural was seen to provide an assurance of authenticity that bodily
signifiers failed to guarantee.

Nevertheless, a determined sceptic could explain away even these
signs as the products of sickness or practiced performance. William
Alexander, for instance, argued that ‘Women, therefore, who feigned this
possession, were, by the priests appointed to exorcise them, taught by rote,
answers to such questions in several languages, as they should ask them’.\textsuperscript{120}
He explained the seemingly supernatural strength of the possessed using the
medical model rather than imposture thesis, noting that the physical power of
those with ‘spasmodic’ diseases could be remarkable, with sufferers

\textsuperscript{117} Green, \textit{Principles and Practices}, 30.
\textsuperscript{118} \textit{History of the Incarnation}, 321.
\textsuperscript{119} Ibid., 321.
\textsuperscript{120} Alexander, \textit{History of Women}, 68.
‘frequently exert[ing] a force which at other times they were totally incapable
of’.

Those eager to make use of physical symptoms as evidence of divine
inspiration or the power of prophecy were acutely aware of alternative
interpretations of their symptoms. Individuals such as John Lacy, a member of
the French Prophets, were eager to pre-empt accusations of illness or
imposture, with Lacy asserting that ‘I know assuredly, that no Trouble of Mind,
nor melancholy, nor a Prepossession of prophetical Schemes, drew me into
the State that I am under’, and explaining that his ‘frequent exstatic Agitations’
caused no pain or ‘any Sort of Disorder’, thus separating sickness and
inspiration.

Challenges to the authenticity of signs of inspiration did not always
originate from those opposed to such somatic signifiers, and Fissell has also
noted that an element of competition might drive groups to challenge the
authenticity of contemporary sects. She remarks that Methodism was ‘built
upon or referred to extant traditions about interpreting bodily manifestations of
divine will and other signs and wonders’, and that as a result ‘Wesley was in
some measure competing with the French Prophets, and warned that their
messages did not stand up to tests of authenticity’. Similarly, he attacked
the Swedenborgian movement near the close of the century, claiming that
there were ‘indisputable proofs at hand of the Baron’s madness, enough to
overthrow the whole of his system, since it is that of a man avowedly
deranged in his intellects’. Other pro-Methodist publications also targeted
the Swedenborgian sect during this period, demonstrating the level of
competition between these evangelical groups during the later eighteenth
century. Support for the reality of religious inspiration was evidently far from
synonymous with unquestioning acceptance of every such manifestation
within society.

---

121 Ibid., 67.
122 John Lacy, quoted in Chauncy, Wonderful Narrative, 15.
123 Fissell, Patients, Power, and the Poor, 174.
124 Wesley, A Check, 10n.
125 See Burnham Society (Somerset, England), The Pre-Existence of Souls and Universal
Restitution Considered as Scripture Doctrines (Taunton, 1798), 38; John Henry Prince,
A Letter to the Reverend Joseph Proud, Minister Of The New Jerusalem Temple, Cross Street
(London, 1798), 2, 5.
Those laying claim to divine contact were also concerned to distinguish authentic and simulated signs of inspiration within their own ranks as inauthentic cases threatened to undermine their own claims and weakened the progress of religion. In her recent work on ‘heart religion’ Phyllis Mack has noted that Welsey himself was careful to ‘walk a fine line between the scientific skepticism of a citizen of the Enlightenment and a fascination with forms of spiritual expression’, warning his followers not to believe all spirits but to test whether they came from God.126

Mack describes the disdain felt by Charles Wesley’s friend William Briggs when he investigated a revival meeting in 1762, and found a preacher engaged in artificial ‘histrionics’.127 ‘I thought I could distinguish a straining agony to raise himself to an admirable pitch. It was all so forced and unnatural … To me he appeared to be acting a part, whether out of vanity or mere delusion, I am not able to determine’, Briggs wrote, demonstrating that suspicion of overly-dramatic performances existed among supporters of Methodism as well as among its critics.128 Even among those who claimed that spiritual states might be signified through the behaviour of the body there was concern over the reliability of somatic symptoms.

The Methodists still had to defend the authenticity of those forms of bodily disturbance they endorsed however. The sceptic Bishop George Lavington quoted John Wesley’s defence of the somatic overlap between possession and disease, in which he explained that it was the Devil who, ‘that he may not be discovered, will pretend Distempers, and counterfeit all the Symptoms of a Disease.129 This argument held little water for Lavington however, who accused the Methodist leaders of stirring up these symptoms themselves through their preaching.130 The opacity and potential unreliability of somatic signs was thus a topic of concern for Methodists. To rely upon physical emblems of one’s spiritual state was to put oneself at the mercy of those employing different interpretative conventions.

127 Ibid., 18.
128 Ibid., 18.
129 Lavington, Enthusiasm, 149.
130 Ibid., 152.
**Questioning the body as a signifier of divine states**

The difficulty of authenticating somatic signifiers was a key concern for theological writers, leading some to dismiss the utility of the body as proof of the workings of God. Chauncy was particularly eloquent on this point, criticising reliance upon ‘bodily Representations of those things which are spiritually to be discerned’.\(^{131}\) John Green raised such concerns in his letters to the Methodists, arguing that

> We know not enough perhaps of our own frame, or the secret operations of nature, to judge with certainty about some unusual appearances, or to pronounce whether they are the effects of enthusiasm and a disordered constitution, or the artifices of imposture, or the workings of some invisible power.\(^{132}\)

Green suggested that human skill had not yet succeeded in deciphering the workings of the body sufficiently to allow the accurate interpretation of the relationship between the mind, the body, and the divine.

Shaftesbury had also highlighted the difficulties of distinguishing the causes of bodily ‘passions’. However, he had gone further than simply questioning the skill of human interpretation, instead implying that different stimuli might operate on the mind to create the same passions and thus identical appearances to the observer. Shaftesbury explained that ‘Inspiration is a real feeling of the Divine Presence, and Enthusiasm a false one. But the passion they raise is much alike’.\(^{133}\) He argued that the symptoms used to identify inspiration were actually the products of the individual’s feelings rather than the direct work of a supernatural power, and so delusion could equally create such effects. Thus false enthusiasm cannot ‘by its outward Marks, be easily distinguish’d from it [divine inspiration].’\(^{134}\) Many took Shaftesbury’s words as evidence of his deistic tendencies, reading this as a denial of God’s

\(^{131}\) Chauncy, *Wonderful Narrative*, vi.
\(^{133}\) Shaftesbury, *Concerning Enthusiasm*, 81.
\(^{134}\) Ibid., 81.
ability to operate within the material world." Whether or not Shaftesbury sought to discredit miracles altogether, it is evident that in the eyes of writers such as Shaftesbury and Green the human body could not operate as a reliable signifier of interior and intangible states.

Some writers even sought to dismiss the significance of somatic signifiers completely. In his treatise on prophecy published in 1708, Francis Hutchinson attempted to undermine the stability of the relationship between physical occurrences and communion with the divine. Hutchinson acknowledged that biblical prophets such as Ezekiel and Daniel had 'some bodily Effects upon them, not Hiccoughs and Gulping, but such as were usual with Visions and Trances', yet argued that these were not sufficient grounds for them, or any others, to be accepted as genuine prophets. He demanded

\begin{equation}
\text{doth Mr. } \text{Lacy imagine, that their Trances were look'd upon as the Proof of their Inspiration? ... No, their bodily Effects were common, in a great measure, to the false Prophets; and the Reason why the Church of God received them, when it rejected others, was that Divine Power that went along with them, and confirmed their Word.}\end{equation}

In this way Hutchinson sought to shift focus onto spiritual rather than physical proofs of contact with God, without denying that somatic symptoms might accompany such occurrences.

Writing some years later Chauncy also argued that somatic symptoms were both unreliable and insufficient as proof of divine inspiration, but he based his argument on a denial that such phenomena mirrored those in the Bible. Chauncy rejected the notion that 'those Swoonings, and Paintings, and Visions, and Trances (which are so much talked of)' were the result of God's 'immediate Agency', and remarked that 'it is making that to be his Work, which the Gospel knows nothing of'. Nevertheless, these types of arguments did not prevent the French Prophets and subsequent movements such as the

\begin{footnotes}
135 Heyd, Be Sober, 237.
136 Hutchinson Short View, 13.
137 Ibid., 13.
138 Chauncy, Wonderful Narrative, xv.
\end{footnotes}
Methodists from continuing to employ somatic symptoms as evidence of their inspiration, demonstrating that bodily signs of spiritual experience continued to operate as a powerful although problematic source of religious power.

**Conclusions**

From this survey of eighteenth-century texts on the subject of religious somatic artifice, it becomes clear that the relationship between bodily signs and religious phenomena was perceived as problematic long before the eighteenth century, and continued to interest writers throughout the course of the period. On the one hand, contemporary beliefs about the relationship between the mind, soul and body suggested that it was logical that religious experiences would act through the mind or soul to create a visible effect upon the body, and indeed in the case of possession such bodily tortures were perceived as an intentional act of the devil or demon. The body therefore provided a useful visualisation of the presence of the divine within the human world, rendering the intangible accessible to the senses.

However, many observers perceived this relationship between mind, body, and soul as problematic, arguing that the human frame could not provide incontrovertible evidence of the workings of supernatural beings. Sceptics could use a number of lines of argument to undermine the relationship between bodily symptoms and religious phenomena, ranging from imposture to illness and delusion. Such arguments highlighted the dangers of human artifice, the imagination, and the difficulties of reading the symptoms of the body.

The argument that would-be religious marvels were the work of impostors was grounded in the belief that the appearances of the body could be manipulated at will, and codified symptoms emulated. In this respect, concerns about religious imposture were closely allied to beliefs regarding the possibility of feigned illness during the eighteenth century. Within the realms of both medicine and theology, the body was perceived as a useful interpretative tool, but one that could deceive the inexperienced interpreter, and even those of some learning and intelligence. The linking of somatic
symptoms to desirable states, whether of fashionable sickliness, or divine inspiration, was problematic as it allowed impostors to shape their social image through appearances rather than through spiritual or personal substance.

In some ways theologians and religious writers pre-empted social and literary authors in their suggestion that intangible qualities should be separated from unreliable physical signifiers. As we have seen, certain writers argued that while there may be a correlation between spiritual experiences such as prophecy and bodily symptoms, observers should base their judgments of authenticity upon the spiritual outcomes of such prophecy rather than on the somatic by-products. Later novelists and social commentators took a similar approach to the problematic relationship between morality and sickness, moving focus away from fragility as evidence of sensibility, to the actions and behaviour of individuals as more appropriate signifiers of their moral worth. While concern about the use of somatic symptoms as evidence of interior and intangible qualities was a feature of discourse throughout the eighteenth century, the unreliability of such symptoms did not prevent individuals from seeking to use the body as a useful social text. Nevertheless, at certain points the awareness of the potential for disconnection between appearances and realities might grow sufficiently acute to prompt individuals to seek authenticity elsewhere.
Chapter 4 – Domestic simulation

In her satirical *Essay on the Art of Ingeniously Tormenting* (1753) Jane Collier highlighted the utility of feigned illness as a means of social and domestic manipulation. Advising leisured ladies on ‘general rules for plaguing all your acquaintance’ she recommended that ‘[s]hould the motion of a coach never before have made you sick, yet you may assert it does so now; for married women have always a pretence for complaining of unaccountable disorders’.¹ This was not the only occasion upon which Collier discussed counterfeit illness, also advising wives to worry their husbands with their poor appetite, and warning of servants who ‘sham sickness’ to avoid work.² By presenting sickness as a tool exploited by women and domestic workers, Collier highlighted its utility as a form of leverage for those lacking in patriarchal power. Indeed, references to feigned illness fall largely within the ‘Second Part’ of the text, which Collier explains is ‘addressed to those, who have an interior power, arising from the affection of the person on whom they are to work; as in the case of the wife or the friend’.³ The particular utility of illness to those lacking what Collier described as ‘exterior power’ was a theme that dominated portrayals of the phenomenon of domestic feigned illness throughout the eighteenth century, as this chapter will demonstrate.⁴

Both men and women were described as making use of affected illness to manipulate family and friends, yet portrayals of female performers far outweighed male, and their behaviour was likely to be cast as representative of the weakness or duplicity of their sex. As a character commented in a later-eighteenth-century novel, ‘[w]omen, Frederic, are weak, but they are cunning; what they cannot manage by strength, they accomplish by dissimulation’.⁵ The contemporary belief in women as both socially and physically weaker than men explained and necessitated their employment of feigned illness as a

---

¹ Collier, *Art of Ingeniously Tormenting*, 209-10
² Ibid., 23, 130.
³ Ibid., 19.
⁴ Collier wrote that the first part of the text ‘is addressed to those, who may be said to have an exterior power, from visible authority, such as is vested, by law or custom, in masters over their servants; parents over their children; husbands over their wives’, see Ibid., 19.
⁵ *Frederic*, 2:71.
form of power, yet it also undermined belief in female somatic sincerity, diminishing the impact of both feigned and genuine distress. Social status also intersected with the gendering of feigned illness in the domestic sphere, with servants being suspected of performing ill health in order to escape their duties and wield a measure of power. However, the focus of many literary and social texts upon the lives and behaviour of the upper and middling ranks resulted in an overall emphasis upon the artifice of more privileged performers. This was particularly the case due to the perception of assumed sickness as the luxury of the leisured classes, with various accounts mocking the use of illness as a form of self-indulgence.

While bodily authenticity and legibility was praised in spheres such as the theatre, attitudes towards the domestic simulation of sickness were often marked by pragmatism, as the first section of the chapter will indicate. In many cases counterfeit illnesses were presented as a common but innocuous social excuse; useful for exempting the performer from unwanted social norms or engagements, yet of little threat to social order. However, writers also suggested that sickness might be assumed in order to carry out more active manipulation, ranging from exerting emotional pressure on family members, to the entrapment of lovers, marriage partners, or the perpetration of crime. In such scenarios, authors placed a much higher premium upon bodily authenticity and legibility, demonstrating greater concern about manipulation of the signs of ill health.

In addition to this division between non-threatening and threatening forms of somatic artifice within the domestic environment, the literature of the period also displayed a significant degree of ambivalence regarding the desirability of bodily legibility itself. Complete transparency might render a female defenceless or expose inappropriate passions to public view. In certain scenarios the simulation of sickness could therefore be portrayed as a necessary act, particularly when employed in self-defence by those lacking other forms of power. Female victims of arranged marriages or rape attempts often featured within the literature of the eighteenth-century as scholars have
noted, and a feigned swoon or fit might prove their last resort when seeking to protect themselves.  

Nevertheless, eighteenth-century writers generally shied away from wholly condoning feigned illness and other forms of somatic artifice. Although the novels and drama of the period often displayed the utility of employing sickness in self-defence, writers blurred the boundaries between performance and reality, drawing upon contemporary theories of the mind-body relationship to suggest that mental distress might render feigned illness genuine. Moreover, while portrayals of the simulation of sickness within the domestic sphere showed a great measure of continuity over the course of the century with regard to the identity and motives of malingerers, attitudes towards the defensive employment of somatic artifice shifted somewhat, as the final section of this chapter will indicate. Towards the close of the century certain writers sought to avoid the use of feigned illness by otherwise virtuous characters, reflecting growing contemporary distrust of excessive and artificial manifestations of nervous sensibility.

The discussion of feigned illness as a domestic or social vice generally occurred within satirical, didactic or literary texts of the eighteenth-century, troubling and intriguing lay commentators more than it did medical writers. In part this was due to the implications of such behaviour, which affected close friends, family, and acquaintances rather than being perceived as a threat to the economic or social welfare of the nation as a whole. As Chapter 6 will demonstrate, there were few incentives for medical practitioners to involve themselves in detecting feigned illness among private patients, in marked contrast with the institutional malingering discussed in Chapter 5. The fictional, satirical, or didactic accounts of the simulation of sickness analysed in this chapter cannot be interpreted as strictly accurate portrayals of social behaviour during this period, particularly in cases where feigned illness was used to create highly dramatic storylines. Nevertheless, these texts do reveal much about contemporary perceptions of the prevalence and utility of

---

7 See Chapter 2 for further discussion of this shift in attitudes towards nervous sensibility and fashionable fragility.
sickness as a means of manipulation on a personal scale, and highlight a number of contexts in which such behaviour might occur.

Feigned illness as a social excuse

According to the social commentators and literary writers of eighteenth-century Britain, the simulation of illness provided a very convenient excuse for evading or transgressing social expectations. Judicious claims of illness might be employed to avoid tedious or unpleasant social situations, or to explain taciturn or irregular conduct, playing upon the privilege of the invalid to operate outside usual social mores. Responses to such conduct varied from the neutral to the critical, but generally the assumption of the role of invalid as a social excuse was regarded as evidence of impoliteness or indolence rather than deep immorality. Davidson has noted the debate that existed regarding the practice of declaring oneself ‘not at home’ to unwelcome visitors, which some regarded representative of the hypocrisy of polite manners. The excuse of illness appears to have fulfilled a comparable role as a social excuse, and also received a similarly mixed reception from commentators.

Within the writings of the period we find a range of examples of characters and individuals making use of feigned illness in order to avoid unwanted social situations. In Elizabeth Griffith’s comedy The Double Mistake (1766) for instance, Lady Louisa makes swift use of this stratagem to escape a lecture from the staid Lady Bridget on ‘la belle passion’, whispering to her sister ‘What shall I do to get away? I must feign myself ill’, before declaring, ‘I am extremely ill on a sudden. --- Your ladyship will excuse me. --- Sister, pray help me to my chamber’, thus rescuing them both. This speedy exit has a humorous tone and there is little implied criticism of this small falsehood. Contemporary works of drama, miscellaneous anecdotes, and even one account of a trial from 1747 also demonstrated the utility and acceptability of malingering as a means of avoiding company and gaining a time to be spent

---

9 Elizabeth Griffith, The Double Mistake (Dublin, 1766), 29,30.
alone or with preferred company.\textsuperscript{10} Occurring frequently and fleetingly within fictional and real-life accounts, it appears that the ploy of using illness as a social excuse was regarded as a regular practice among the elite and middling ranks of society, and often attracted no further commentary or criticism.

When an individual was likely to be subjected to unpleasant incivility, the relatively innocuous artifice of declaring oneself ill might even be portrayed as necessary and very understandable, as an example from Samuel Richardson’s \textit{Pamela, or, Virtue Rewarded} (1740) demonstrates.\textsuperscript{11} Having successfully resisted her master Mr B’s attempts to seduce her and accepted instead his hand in marriage, Pamela, confronted by the prospect of a visit from his haughty and unpleasant sister Lady Davers, cries ‘Tell her I am sick in bed: tell her I am dying, and must not be disturbed: tell her I am gone out: tell her any thing!’\textsuperscript{12} The juxtaposition of the claim of illness with that of being away from home supports the notion that these falsehoods shared a similar position within the arsenal of polite excuses, perceived as useful pretexts justified by the very prevalence that rendered them somewhat unconvincing. Pamela’s concern is proven valid as Lady Davers rudely demands ‘Why now, tell me, Pamela, from thy heart, Hast thou not been in bed with thy master? Hay, wench!’, shocking her hostess with her indelicacy.\textsuperscript{13} Indeed, the lower-ranked but exemplary Pamela is shown to be more versed in the manners appropriate to polite society than her newly acquired relative, reproving Lady Davers with the grave pronouncement that she feels ‘[m]y sex, and my youth, might have exempted me from such

\textsuperscript{10} For example see Theophilus Cibber, \textit{The Lover} (London, 1730), 22, in which Inanthe feigns grief so that she may have the house to herself to spend time with her friend Harriet whom she hasn’t seen in two years; and Charles Varlo, \textit{Nature Display’d, a New Work, Being a Miscellany} (London, 1794), 134, in which an eccentric feigns madness as a way of gaining privacy; and \textit{The Trial Wherein Miss D--v--s was Plaintiff, and the Rev. Dr. W-l-n, Defendant. In an Action of Ten Thousand Pounds, Brought by the Plaintiff against the Defendant for the Non-Performance of a Marriage-Contract: When the Plaintiff had a Verdict, and Recover’d Seven Thousand Pounds Damages}. (London, [1747]), 11, in which a love letter presented as evidence relates how the lover feigned himself sick in order to have time alone to think about his beloved.

\textsuperscript{11} For another example of defensible sickness see \textit{Tom Jones}, in which simulation is portrayed as sparing the feelings of the deceived party, see Henry Fielding, \textit{The History of Tom Jones, a Foundling} (London, 1749), 125-26.

\textsuperscript{12} Samuel Richardson, \textit{Pamela; or, Virtue Rewarded}, Peter Sabor (ed.) (London: Penguin, 1980), 403, all subsequent references are to this edition, first published in 1740.

\textsuperscript{13} Ibid., 407.
treatment, from a person of your ladyship’s birth and quality; were it only for your own sake, madam’.  

However, some writers suggested that feigned illness was indicative of the moral failings of the perpetrator, whether on a minor or major scale. The rector Andrew Snape, for instance, complained in his sermons that ‘a hundred lazy Pretences of Business or Company, or feigned Indispositions’ kept people from attending Church, deploring such lack of religious fervour. Didacticism also occurred within fiction, with certain writers portraying feigned illness as part of a wider repertoire of immoral artifice. Elizabeth Hervey’s novel Melissa and Marcia; or the Sisters (1788) implied that familiarity with small artifices could indicate a weakness of character that might result in greater evils. The text compares two sisters, one of whom falls from grace while the other remains virtuous, a pattern also seen in William Dodd’s earlier novel The Sisters; or the History of Lucy and Caroline Sanson (1754). Feeling bored by her company, the flighty sister Melissa Westland feigns illness, ‘complaining of a very bad headach, [and] declared she could sit up no longer, and must go instantly to bed’. However, she is soon punished for her artifice when her lover Clifford, brother of her husband, appears unexpectedly. The narrator describes how ‘Melissa’s heart bounded at the sight of him, she repented having mentioned her design of retiring, and sat still, hoping nobody would remind her of it’, but her hopes are dashed when Lady Leonora, who had been provoked at her behaviour, and did not believe in her indisposition, now thought it was her turn to torment. – With affected concern she enquired after the pain in her head, and begged her not to delay her intention [of retiring].

The ease with which Lady Leonora detects and punishes Melissa’s simulation suggests that while simulating illness to escape social situations may have been an accepted form of artifice it did not follow that it was always a convincing or successful one. Indeed, many fictional cases of simulation involved little or no performance on the part of the culprit but simply rested on

---

14 Ibid., 407.
16 Elizabeth Hervey, Melissa and Marcia; or the Sisters (London, 1788), 2:156.
17 Ibid., 2:156-57.
the assertion of sickness, supporting the notion that many observers were tolerant of this largely innocuous form of artifice.

Members of the upper echelons of society were not the only characters criticised for simulation of illness within the domestic sphere, with some authors demonstrating interest in the utility of sickness for those of lower status. While Hervey’s Melissa is punished for neglecting her duty of civility, and on a deeper level for her infidelity, the solicitor’s daughter Jenny Gripe in the novel _The Temple Beau; or the Town Coquets_ (1754) is represented as feigning sickness to avoid the rather more practical duty of work, allowing her to indulge in her newfound and illicit pleasure in novel-reading. Described as being of ‘the middle Station’, Jenny is sent to London by a father ambitious of social elevation and hopeful that Jenny might ‘have some Education bestow’d upon her’. The results are not to his liking however and it is reported that ‘Jenny, being return’d home could not contain the Pleasure she had received from having seen the _Beaux Monde_’. One such pleasure is that of reading works of fiction, which she devoured ‘from Night till Morning, with such an Extravagance, that she scarcely ever eat or drank; and when they wanted her to work, as usual, she feign’d Sickness, pretending she had not slept all Night, and her Eyes were weak, proceeding from this Rage of Reading’. Rather than feigning illness because she believes it to be fashionable, a criticism sometimes levelled at country girls of middling rank as noted in Chapter 2, Jenny is represented as falling in love with the leisured lifestyle of her social superiors, and exploiting the excuse of illness to avoid the obligations of employment pertaining to her station.

While commentators were concerned that feigned illness might be exploited to personal advantage within the domestic sphere, some were also concerned that the opacity of the body might result in failure to detect genuine illness, rather than simulation. In particular, certain writers suggested that belief in the utility of sickness as a means of avoiding social obligations could lead to false accusations of malingering. Featuring another Jenny, Elizabeth

---

18 _The Temple Beau; or the Town Coquets_ (London, 1754), 174.
19 Ibid., 108.
20 Ibid., 174-75.
21 Ibid., 174-75.
Blower’s novel *Maria* (1785) depicted the cruel Mrs Tonto berating her consumptive servant for deceitfulness and laziness, telling the cook that ‘that girl is always feigning sickness out of idleness; pray go and tell her to come down’. The illness is proved genuine however, and Blower’s novel highlights the way in which bodily illegibility and suspicions of somatic artifice could undermine the claims of sincere sufferers.

In moving from the simulation of sickness as a means to avoid undesired company to the depiction of characters who feign or are suspected of feigning illness in order to neglect rather more essential obligations such as employment, the socially disruptive potential of feigned ill health is revealed. Simulation among servants and the working classes was a concern for employers and social commentators yet counterfeit illness proved an even greater concern within the institutional contexts of the voluntary hospital and military institution, as the next chapter will demonstrate. In these settings lay and medical writers feared that shirkers might feign disease in order to avoid employment altogether. On the whole, however, those commenting upon simulation within domestic and social environments were largely concerned with the artifice of the idle and affected elites, whose behaviour was irksome but less detrimental to national welfare.

In addition to being offered as a routine pretext for absenting oneself, the assertion of illness could also be used to excuse pre-existing or intended behaviour, functioning as a cover for indolence, sullenness or self-indulgence. Eighteenth-century essayists and authors intimated that the upper ranks of society were often inclined to make use of false claims to sickness in this manner. Writing at the end of the seventeenth century Jeremy Collier suggested that the ‘spleen’ was particularly useful, noting that ‘the Pretence of it is a handsome Cover for many Imperfections’. According the Collier the disease served not only to disguise ‘a Man’s Temper, and his Condition [of debauchery after drinking]’ under the cover of sickness, but also enabled other ‘imperfections’ to be presented as symptoms of this distinguished

---

22 Blower, *Maria*, 1:54.
Feigned Illness and Bodily Legibility

Chapter 4

disorder. ‘In short’, Collier concluded, ‘the Spleen does a great deal of Service in Conversation: It makes ill Nature pass for ill Health, Dulness for Gravity, and Ignorance for Reservedness’. Anne Finch, the Countess of Winchilsea’s ode to the spleen made similar claims, describing the disease as ‘Patron thou of every gross abuse, / The sullen Husband’s feign’d excuse, / When the ill humour with his Wife he spends, / And bears recruited Wit and Spirits to his Friends. / The Son of Bacchus pleads thy Power, / As to the Glass he still repairs, / Pretends but to remove thy Cares’. The utility of the spleen or hypochondria as an excuse for ill temper or alcoholism continued to be remarked upon throughout the century, featuring in articles in The Female Spectator in 1744-6, The British Magazine in 1760, and The Lady’s Magazine in 1781, in which the writer remarked that ‘this seems to be the disease of people that are idle, or think themselves but ill entertained; and attribute every fit of dull humour, or imagination, to a formal disease, which they have found this name for’. These texts demonstrate the crossover between different areas of discourse relating to feigned illness, with disorders such as the spleen offering practical advantages as well as operating as a form of self-fashioning, as discussed in Chapter 2. Representations of feigned illness within periodicals were not always serious in tone; one comical contribution to The Busy Body; A Collection of Periodical Essays in 1787 took the form of a pair of letters supposedly contributed by a married couple, in which the wife complained that the husband ‘pretended illness’ to avoid company, while the husband complained that the wife talked too much.

As this case and the above examples suggest, the use of illness to excuse ill humour or unwelcome company was one form of social malingering

---

24 Ibid., 38.
25 Ibid., 38.
26 Finch, The Spleen, 6.
more commonly attributed to males than females, perhaps due to the perception of the spleen as a masculine and intellectual disorder. Nevertheless, women were also recognised as employing such tactics, with Edward Ward’s satirical work *The Pleasures of Matrimony* suggesting that women also claim illness as an excuse to drink alcohol. Ward presents this as an act of female collusion, giving voice to the cunning wife: ‘Doctor, quoth she, may not my Neighbour drink a pint of mulled Sack now and then? I knew an acquaintance of mine, that was cured of a tympany with drinking mulled Sack; it warms the Bowels and sends out the cold, watry humours’.29 A correspondent of *The New Spectator* also remarked upon the phenomenon in 1784, proposing a ‘FEMALE OATH’, which included the acknowledgement that ‘It is a very great abuse, to pretend a fit of the head-ach above once a week, for the sake of a dram of strong waters; and to complain of an illness in one’s stomach any oftener that one may have the benefit of swallowing a cordial’.30 Portrayed in a humorous light, such behaviour was regarded as self-indulgent rather than immoral, and even the more critical texts discussed above generally sought to reform the small vices of polite society rather than suggesting that the use of illness as a social excuse posed a serious threat to moral order. Nevertheless, while those claiming illness in order to avoid dull company or excuse a liking for drink sought only their own enjoyment, writers also suggested that sickness might be assumed from more manipulative motives.

*Manipulation and misconduct*

Throughout the century, writers explored the idea that individuals might exploit both the social privileges accorded to invalids and the affective power of sickness to deceive or manipulate family and friends. The power of invalids to play on others’ passions has intrigued critics of the eighteenth-century novel in particular, although their work has generally focused on the exploitation of

---

real illness for such ends.\textsuperscript{31} McMaster, for instance, argues that it could be due to the authors' own experiences with illness that ‘Richardson’s characters, and Burney’s too, become adept at using their diseases as weapons, or at least as instruments of manipulation’.\textsuperscript{32} However, a survey of various publications from this period indicates that the emotional power that the sick hold over the healthy was a trope common to many novels, plays, and periodicals of this period, and reflects a broader contemporary interest in the dynamics of power between the sick and the healthy.

Eighteenth-century literature suggested that the assumption of illness to gain emotional leverage occurred within a wide range of familial and social scenarios, with characters of novels and plays often faking sickness in order to pressure friends and relatives into complying with their wishes. One common scenario of this nature was the performance or threat of illness to force individuals into forgiveness or reconciliation. In some cases this was presented as a minor form of artifice, used only to facilitate obnoxious behaviour. In Elizabeth Blower’s novel \textit{Maria} for instance, Mrs Blackwell forces Miss Hampton to forgive her for an offensive comment with a show of distress and illness, as ‘[s]he flew into a great passion of tears, and a violent hysteric fit followed it, or \textit{seemed} to follow it’.\textsuperscript{33} Despite Miss Hampton’s suspicions the ploy is effective. ‘Her tears and pretended agitation affected me; and I strove to flatter myself, that what I had imputed to ill-nature, had arisen merely from a coarseness of manners’, she explains, and Mrs Blackwell is shown to have succeeded despite the conspicuousness of her manipulation.\textsuperscript{34}

By contrast, other authors suggested that feigned sickness could be used to effect reconciliation caused by far greater offences than a simple insult. The infidelity of Melissa Westland of Elizabeth Hervey’s novel has already been shown to be the occasion of one incidence of feigned illness, and Hervey’s character also exploits this pretense in order to persuade her

\textsuperscript{32} McMaster, \textit{Reading the Body}, 20.
\textsuperscript{33} Blower, \textit{Maria}, 1:36.
\textsuperscript{34} Ibid., 1:37.
Feigned Illness and Bodily Legibility

Chapter 4

182

estrange husband to forgive her sexual indiscretions. Practicing the role of
penitent sinner ‘before her glass’, Melissa assumes ‘[a]n air of neglect in her
person, [which] she imagined would correspond with her supposed penitential
condition; but she determined it should be an elegant neglect’. When her
husband eventually visits her she falls at his feet in a pretended fit of shock,
and Hervey notes that ‘she was in reality flurried, but not to the degree she
pretended’, exploiting her genuine physiological symptoms of excitement to
good effect. Melissa’s ruse is immediately successful; ‘[a]ll the little arts of
panting, fainting and crying were successively put into play’, and ‘Lord
Westland, touched at her distress, employed a thousand tender caresses, and
as many soft words, to calm her’. Restored to her husband’s affections, she
explains away her affair as greatly exaggerated.

Novelists suggested that women were not the only sex capable of
employing this manoeuvre to achieve reconciliation, although in the case of
villainous Richard of the novel *Arpasia*, feigned illness is employed at distance
through a letter and the intercession of his son and niece. Having become
estranged from the family after trying to rape his brother’s wife many years
earlier, Richard hopes to insinuate himself back into the family in order to
obtain his father’s wealth. When the letter describing Richard’s sickness
seems unlikely to convince his father Mr Hanbury, the narrator describes how
Richard’s son ‘threw himself, to the utter amazement of Arpasia, at her feet,
and bursting into tears, intreated her intercession for forgiveness in behalf of a
dying father’. This proves a wise move, as it is Arpasia who successfully
pleads on her disgraced uncle’s behalf where her cousin and uncle have
failed, ‘painting the dreadful feelings of a dying man, labouring under the
curse of a father’, and moving Mr Hanbury to tears. Once in Hanbury’s
presence even Richard becomes caught up in the emotional scene he has
engineered. The narrator remarks that ‘in as decent a time as it would take for
him to recover from his feigned illness, a coach brought him and his three
children to the castle – the meeting was affecting – for even the iron heart of

---

36 Ibid., 1:286.
37 Ibid., 1:286.
38 *Arpasia, or the Wanderer* (London, 1786), 1:107, 111.
39 Ibid., 1:113.
Richard felt softened’. Like acting theorists of the period, discussed in Chapter 1, novelists suggested that the boundaries between performance and reality might prove permeable, complicating matters of somatic and emotional sincerity.

Feigned illness was not only visible to the narrator and reader; characters also questioned the authenticity of individuals’ somatic states, doubting the sincerity of those who benefited from emotionally persuasive illness. This was often linked to wariness of the moving powers of sensibility, as in Samuel Richardson’s popular novel Clarissa (1748). When Clarissa initially pleads with her mother not to force her into marriage with Solmes, Lady Harlowe exclaims ‘My child! My child! Restrain – said she, your powers of moving! – I dare not else trust myself with you’, showing great wariness of the strength of Clarissa’s ability to persuade others through tears and weakness. Her efforts to harden her heart against her daughter succeed, and she later accuses Clarissa of using false somatic gestures, greeting her curtsey of reverence with the words ‘Mock me not with outward gesture of respect. The heart, Clary, is what I want’. Mrs Harlowe’s final refusal to believe in the severity of Clarissa’s illness when her daughter lies dying from the emotional trauma of her rape is the product of her increasing conviction that Clarissa employs somatic simulation in order to manipulate her family.

Even where emotional manipulation was obvious and suspected by all it was presented as difficult to resist, as Agnes Musgrave’s novel The Solemn Injunction (1798) indicated. Describing the artful performance of a woman claiming to be the mother of William, his charge, Mr Blackmore remarks ‘though aware I was giving way to deception, so artfully did she counterfeit the feelings of nature, that I momentarily yielded to the illusion, and wept, so did William’. William is eventually fully convinced by her simulation of illness, and Blackmore notes that ‘[n]o one in the party but was satisfied, that the artful woman, who assumed the title of Lady Malieveren, had feigned the

40 Ibid., 1:114.
41 Richardson, Clarissa, 88.
42 Ibid., 103.
sickness which detained them at Cambray, till she had wrought upon the sensibility of poor William, in a way deemed most likely to prove his ruin.\textsuperscript{44}

The simulation of illness to engineer an emotional response in family members occurred in various other contexts within the literature of the period, being used by characters as a lure in order to entrap other individuals for example.\textsuperscript{45} In Dodd’s novel \textit{The Sisters} a misunderstanding between father and daughter is exploited by a manipulative family friend who seeks to imprison the young lady for his own enjoyment. The evil Dookalb not only convinces Caroline’s father that her genuine sickness is a sham employed to bring about reconciliation, but also attempts to feign the illness of her father in order to bring Caroline back into his power. Playing upon her emotions, he writes informing her that her father’s illness occurred when he was exerting himself to visit Caroline, explaining that ‘he was taken violently ill, and oblig’d to be convey’d to the house nearest at hand, where he lies in a dreadful condition, and I fear unless you make all possible haste, it will be too late’.\textsuperscript{46} As Dodd demonstrated, false claims to sickness need not even require the consent of the supposed invalid or the use of physical performance. In this case a letter provides sufficient proof of illness, as Caroline has no reason to believe her father likely to simulate sickness, although fortunately her admirer Mr Jaison is less easily duped, possessing less personal attachment to the scenario. Jaison convinces Caroline to let him go in her place, averting disaster.\textsuperscript{47}

As the example of Dookalb and Caroline also demonstrates, the desire to manipulate potential or current sexual partners was regarded as a powerful motive for manipulation within social and domestic settings. The simulation of illness as a source of leverage or persuasion within marriages or relationships often featured in the literature of this period, and this scenario also drew comments from contributors to periodicals. As we have seen in discussions of acting theory in Chapter 1, certain contemporary observers believed that individuals were more likely to be deceived by a performance if they had an

\textsuperscript{44} Ibid., 2:55.
\textsuperscript{45} See Agnes Musgrave, \textit{Cicely; or, the Rose of Raby} (London, 1795), 3:95-97.
\textsuperscript{46} Dodd, \textit{The Sisters}, 2:129.
\textsuperscript{47} Ibid., 2:130.
emotional investment in trusting the authenticity of the performer, and particularly if they were romantically involved. This view was supported by literary depictions of the period, which implied that simulated sickness could prove a highly effective or at least frequently attempted form of pressure for those seeking to manipulate lovers or spouses.

Portrayals of marital power play through the simulation of illness attributed different agendas to males and females, reflecting contemporary perceptions of the gendering of sexual desires and roles. The use of feigned illness as a means of controlling or manipulating one’s spouse was a theme that recurred throughout the century, yet it was rarely represented as a male tactic. Cases did occur, with one letter published in the periodical The Lay Monk in 1714 describing the miseries inflicted upon the writer by her invalid husband, with this correspondent concluding that ‘sometimes I am tempted to think he counterfeits Sickness to play the Tyrant, and enjoy the Satisfaction of tormenting his Family’. In this instance, the male character is presented as distinctly unmasculine in his use of illness, with his wife describing how her spouse is ‘so hen-hearted in Sickness, that if his Finger does but ake, a Servant is immediately posted away for the Doctor’. His enfeeblement through illness provides him with emotional leverage over his family yet his wife perceives it as detrimental to his image as a strong patriarch.

An alternative, and far more assertive use of feigned illness to manipulate one’s wife was included in the anonymous novel The Example. In this text the husband of the young and flirtatious character of Fanny fakes his wife’s illness rather than seeking to assume a position of weakness himself. He confines her to her room for weeks from jealousy, telling all acquaintances that she is ill and even calling a physician to uphold the ruse. Fanny describes how

when any cards of invitation were sent to me, he answered them unknown to me, by assuring the parties I was confined by some violent

48 John Hill, Actor, 76-77.
50 Ibid., 2.
disorder, and even entered into such minute particulars of my case, that it was impossible for them to doubt the truth of his assertions.\textsuperscript{51}

The novel echoes \textit{The Sisters} in demonstrating how an individual might falsify the illness of another character through reports of disease rather than performance. Fanny cites the level of detail as a key factor in her husband’s success, suggesting that on occasions on which the body of the supposed invalid was not available for assessment the thorough nature of descriptions of its ailments could supply authentication.

Far more frequently, however, writers indicated that the use of counterfeit sickness as a form of matrimonial power was a distinctly female behaviour, reflecting the belief that women had to rely upon subterfuge to challenge their husband’s patriarchal power. Women were often depicted making use of feigned illness in order to distress or wear down their spouses, sometimes in pursuit of attention, and sometimes with the aim of cajoling presents or money from them. They were also more likely to be portrayed engaging in direct performance, suggesting that women were regarded as both more capable of somatic simulation and more affecting in their distress. The satirist Edward Ward cited such female behaviour as one of the ‘pleasures of matrimony’, remarking upon the husband’s complaint that a wife ‘only counterfeits Sickness and feigns Distempers, a purpose to be coaxed and humoured: And then there must be a Nurse and Fire in her Chamber all Day and all Night; there must be Jelly-broths and costly Caudles’.\textsuperscript{52} \textit{The Town and Country Magazine} took a similarly humorous approach, including a comic poem in which a wife wins the right to entertain her guests with plum pudding through judicious use of simulated fits. The husband strikes his wife, ‘But woman ne’er was conquer’d yet: / Our lady well could feign a fit; / So down she fell, in speechless trance, / And left her lord the field to prance; / Then, like an ambuscade, she rose, / And seiz’d him keenly by the nose’.\textsuperscript{53}

\textsuperscript{51} \textit{The Example}, 1:19-20.
\textsuperscript{52} Ward, \textit{Pleasures}, 144.
These examples represent the performance of illness as part of the comic battle of the sexes, yet other writers were more critical of such manipulative female behaviour. *The Female Spectator* included a moral tale of an overly jealous wife who counterfeited illness in order to prevent her husband from socialising with other females. The writer described how Aurelia ‘worked herself up into such Agonies as terminated in real or feigned convulsions, which he was sure to bear his Part in at his Return’, yet while these tactics succeed in the short term her husband eventually tires of such behaviour.\(^{54}\) Discovery of Aurelia’s affair with Miramount is the final straw, and her husband renounces her, with the tale warning against both infidelity and manipulation within marriage.\(^{55}\)

It was often suggested that women employed such tactics from greed, pressuring their husbands to maintain a luxurious lifestyle or to give them presents and money.\(^{56}\) Mrs Baynard of Tobias Smollett’s novel *Humphry Clinker* (1771) uses both the performance and the threat of illness in order to pressure her husband into extravagance that he can ill afford.\(^{57}\) The unfortunate Mr Baynard is unable to see his wife’s art for what it is, telling his friend Matthew Bramble that any attempts to turn her unpleasant aunt out of the house ‘would undoubtedly be fatal to Mrs Baynard’.\(^{58}\) Bramble is less blind to this emotional manipulation however, and challenges Baynard, exclaiming ‘I shall lose all patience (cried I), to hear you talk so weakly – Mrs Baynard’s fits will never hurt her constitution. I believe in my conscience they are all affected: I am sure she has no feeling for your distresses; and, when you are ruined, she will appear to have no feeling for her own.’\(^{59}\) The conspicuous nature of Mrs Baynard’s simulation and manipulation renders it apparent to an observer with no emotional investment in the relationship, yet it is clear that her husband’s ability to judge both her somatic and general sincerity is clouded by his attachment to her.

\(^{55}\) Ibid., 2:205-13.
\(^{56}\) For further examples see Fielding, *Shamela*, 335-37, 339; *True Delicacy; or, the History of Lady Frances Tylney, and Henry Cecil, Esq.* (London, 1769), 2:86;
\(^{58}\) Ibid., 336.
\(^{59}\) Ibid., 336.
Power struggles and manipulation within established marriages were one area in which couples might resort to the use of feigned illness, but eighteenth-century writers were also interested in the role that bodily and emotional manipulation might play in bringing about or facilitating relationships. The desire to ensnare a marriage partner was predominantly viewed as a female one, and this is reflected in the number of literary references to women simulating sickness to manipulate men into matrimony. This feat might be achieved by pretending to wilt away with lovesickness in cases of unrequited love, shamming swoons and fits in horror to prompt remorse when faced with sexual predators, or using sickness as a means of heightening one’s feminine allure. The last of these tactics drew upon the sexualisation of feminine weakness discussed in Chapter 2, which G. J. Barker-Benfield has noted as a characteristic of the eighteenth-century rhetoric of sensibility. This sexualised response to sickness was exemplified in Samuel Richardson’s second novel Clarissa in which the rake Lovelace describes experiencing such sensations at the sight of the genuinely distressed Clarissa, writing ‘I beheld the charmingest creature in the world … sighing, trembling, and ready to faint, with nothing on but an under-petticoat, her lovely bosom half-open’. In line with such attitudes towards female weakness, more satirical writers implied that women might seduce potential husbands by shamming sickness. Henry Fielding’s Shamela Andrews (1741) was a parody of Richardson’s Pamela, discussed above, rewriting the servant Pamela’s successful defence of her virginity as a calculated plot to gain a good marriage. Fielding suggests that Shamela knowingly lures Mr Booby into attempts upon her virtue before shaming him with her feigned illness and distress, depicting feigned weakness as a means of social elevation for ambitious young women.

60 Examples of males employing such behaviour are less common but do exist, for example see George Farquhar, The Beaux Stratagem (Dublin, 1724), 55, first performed in 1707; in which Aimwell feigns a fit in order to hold Dorinda’s hand, with the objective of winning a rich wife.

61 Barker-Benfield, Culture of Sensibility, 345.

62 Richardson, Clarissa, 723.

63 Fielding, Shamela, 315-19.
Terms, and he promised me on quitting my hold, that he would leave the Bed’, Shamela writes, portraying her supposed fainting and weakness as part of a pre-meditated plot. The novel exposes Shamela’s use of feigned sickness as a means of both allurement and reproof, demonstrating the versatility of female fragility as a tool for manipulating men.

The trope of the female who feigns illness to manipulate potential suitors was established well before Fielding’s Shamela however, having featured within the drama of the seventeenth century. In Richard Brome’s comedy The Northern Lass, or, the Nest of Fools for example, feigned illness is represented as a tactic of predatory women, requiring study and effort to perfect. Mrs Fitchow, the ‘city widow’, intends to marry a member of the gentry, and is about to enter into a contract with Sir Philip Luckless at the opening of the play, despite his friends’ warnings against the match. Fitchow counts feigned illness among her ploys to catch a husband, explaining ‘[t]o study and practise the Art of jealousie; To faine anger, melancholly, or sicknesse, to the life. These are Arts that women must bee well practis’d in, ere they can attaine to wisedome, and ought to be the onely study of a widow, from the death of her first husband, to the second’, although ultimately she fails to catch Luckless who falls for the more wholesome ‘northern lass’ instead.

Upon occasion the use of feigned illness to force men into marriage could be represented as justifiable, yet this was a rare occurrence. George Farquhar’s comedy The Inconstant (1702) for instance, documented the faithful Oriana’s attempts to push the ‘inconstant’ Mirabel into marriage, among which is included the simulation of insanity from lovesickness. Few representations of such behaviour were as sympathetic however, and while the stratagem drew attention from novelists and various contributors to

---

64 Fielding, Shamela, 329.
65 Richard Brome, The Northern Lasse. 2nd ed. (London, 1632), [21, unpaginated]; for an eighteenth-century version see Richard Brome, The Northern Lass, or, the Nest of Fools, 6th ed. (London, 1706), 10; also see the characters of Mrs Christian and Lady Dupe in Dryden’s Sir Martin Marr-All, first performed 1667, who successfully use simulated sickness to manoeuvre Mrs Christian into an excellent marriage, see John Dryden, Sir Martin Marr-All; or, the Feigned Innocence, in The Comedies, Tragedies, and Operas written by John Dryden, Esq. (London, 1701), 192-213.
66 George Farquhar, The Inconstant, in The Comedies of Mr. George Farquhar (London, [1708?]), 34.
periodicals, most such portrayals were either ridiculous, as in the case of satirical and picaresque novels, or critical as seen in periodicals.\textsuperscript{67}

*The Lady's Magazine* included anecdotes of women who simulated sickness to persuade reluctant suitors to marry, taking a didactic tone, as befitted a publication read by an aspirational female audience.\textsuperscript{68} In one piece from 1780, pretty ‘Miss Fashion’ postpones marriage in order to enjoy her youthful dalliances, until she is forced to feign sickness as an old maid of forty-nine in order to persuade a doctor into matrimony.\textsuperscript{69} Her account of their romance is ridiculed, with the narrator exclaiming ‘Pshaw! pshaw! old maid, 'tis false as hell! / 'Twas all a flam—you feign’d unwell / To catch the doctor’.\textsuperscript{70}

Some years later, the periodical published an extract from *Emily Veronne; or, the Perfidious Friend*, in which the character of Theresa feigns illness in order to pressure Mr Norton to propose to her, rather than his beloved Emily, although ‘his mind yet shrunk from [it] with horror’.\textsuperscript{71} By presenting themselves as a victim of lovesickness or misfortune and thus appealing to male honour, women were perceived to gain the upper hand in such scenarios, yet such behaviour was not regarded as moral.

Even more troubling to commentators was the notion that women might use the pretence of illness to pursue sexual rather than marital ends. Illness simulated from sexual motives was one of the few forms of domestic or social simulation to attract interest from medical writers, in part because it could be portrayed as pathological in nature. D.T. de Bienville’s work on *Nymphomania*, which was published in English translation in 1775, discussed the idea of women feigning illness to attract men of all professions and social stations, claiming that women with the illness of nymphomania feign a greater malady – insanity – in order to excuse their sexually inappropriate


\textsuperscript{68} For discussion of the audiences of female-oriented periodicals see Shevelow, *Women and Print Culture*, 2.

\textsuperscript{69} “Delays are Dangerous,” *The Lady’s Magazine* 11 (December 1780): 716.

\textsuperscript{70} Ibid., 717; a similar scheme featured in Louis Antoine Caraccioli’s *Letters on the Manners of the French*, in which a fashionable young lady wins a rich doctor for a husband by counterfeiting ill health, see Louis Antoine Caraccioli, *Letters on the Manners of the French, and on the Follies and Extravagancies of the Times* (London, 1790), 73.

\textsuperscript{71} Extract from *Emily Veronne*, in *The Lady’s Magazine* 30 (November 1799): 492.
behaviour. Bienville was dismissive with regard to their success however, writing that their ‘piercing distractions … are not so artfully feigned as to impose on the simplicity of even the least experienced youth’, thus minimising the threat of such rampant female sexuality. The translation of this French work into English suggests that its themes of feigned illness and female desire might have been of some interest to British practitioners and readers, a view supported by the occurrences of female sexual desire in other texts of the period.

In Letters to the Ladies, on the Preservation of Health and Beauty. By a Physician (1770) the author wrote of his travels with a friend in the Ottoman empire, saying of the ladies of the harems that ‘[t]he familiarity which was allowed us by the women on these occasions, soon improved into so close a friendship, that they often counterfeited an indisposition, in order that the two foreign physicians might be called to their assistance’. Medical writers evinced little desire to suggest that their charms might provoke similar behaviour in female patients of British nationality, fearful perhaps of damaging their own reputation. Only from the perspective of the biographer does this behaviour emerge. In a description of the life of Dr. Radcliffe, William Pittis described how the ‘[a]version in him to the Female Sex, was far from creating the same in them for him, since several Ladies frequently feign’d themselves ill, to be visited by him’, telling the tale of Lady Betty who falls in love with him and pretends ill health in an attempt to seduce him. Pittis is careful to emphasise the gentlemanly behaviour of Radcliffe, who tells the young lady’s father of the situation, allowing him to ensure that his daughter makes an appropriate marriage to a nobleman rather than to her doctor.

While it was not to the advantage of the medical practitioner to suggest that patients might seek sexual rather than medical services, lay writers were less reticent on the subject, as we have seen above. Medical practitioners

72 D. T. de Bienville, Nymphomania, or, a Dissertation Concerning the Furor Uterinus (London, 1775), 37.
73 Ibid., 37.
74 Letters to the Ladies, 5.
75 William Pittis, Dr. Radcliffe's Life, and Letters, with a True Copy of his Last Will and Testament (Dublin, 1724), 34-35.
76 Ibid., 34.
were not the only targets of female desires however, and authors also represented the simulation of sickness as a useful cover for unchaste behaviour and extramarital affairs more generally. Comedies of the earlier eighteenth century made use of this device with humorous results, as can be seen in the example of Christopher Bullock’s Mrs Tagg, the adulterous wife of a haberdasher. Mrs Tagg uses feigned illness as an excuse to stay home and see her lover and then wins back her husband’s affection with further artifice, feigned distress and weeping ‘Do, dear Husband, forgive me; do my dear Tim—mo—mo—mothy ——’. This case combines the use of sickness as a social excuse and as a means of manipulation; a double dose of female duplicity that succeeds very effectively. Reconciliation of husband and wife is reached without any subsequent punishment for Mrs Tagg, with the focus being upon restoring social order and the security of the marriage rather than specifically and austerely policing female chastity.

Edward Ward, the source of many tales and comments upon feigned illness, also portrayed such behaviour in a comic light, although with a less happy conclusion. In his collection The Wandring Spy: or, The Merry Observatory (1724) he wrote of a young wife who feigns vapours as an excuse ‘T’ excuse her from that Day’s Devotion, / For something else she had in Motion’, using the time to ‘sooth her am’rous Passion’. The wife’s blushes eventually reveal her deceit, but the poem concludes that husbands should simply accept the cuckold’s horns since great men have shared them, rather than warning women against such behaviour.

Sentimental novels and periodicals of the later eighteenth century were generally less light-hearted however, depicting the facilitation of women’s sexual intrigues through illness in a very negative light, as demonstrated by the case of the unfaithful Melissa Westland among others. This divide

---

78 For another example of comic infidelity that is resolved see Colley Cibber, *The Comical Lovers* (Dublin 1750), 48, first performed in 1707.
80 Ibid., 24.
81 See examples above, and also Martin Bladen Edward Hawke and Francis Vincent, *The Ranger, a Collection of Periodical Essays* (Brentford, 1795), 165-67.
supports Ruth Perry’s argument that within literature ‘[t]he rakish heroines of Restoration drama’ gave way to ‘latter-day paragons of virtue’, a change that reflected broader shifts in perceptions of female sexuality during the eighteenth century.82 Perry suggests that the ‘desexualisation’ of literary heroines was ‘amplified by an array of unrelenting plots punishing fictional women for what was rapidly becoming improper - and tragic - sexual behavior’.83

For female characters simulated illness presented not only a means of facilitating illicit affairs, it was also portrayed as a means of concealing the unfortunate results of such unions. The physical changes and need for privacy occasioned by pregnancy could be masked as the requirements of more general ill health, exploiting the misrepresentation rather than simulation of bodily symptoms, as writers indicated. The illegitimate status of the heroine of The History of Emily Willis (1756) is indicated by the subtitle of this novel, a Natural Daughter, and during the course of the text she discovers the story of her birth. Emily learns that her mother, ‘Daughter to a Gentleman of Family and Fortune’, had become pregnant after a forbidden relationship with a young captain.84 She disguised the birth through feigned sickness, having pretended ‘to be very ill with a violent Cold and Tooth-ach, and kept her Bed’, where, ‘[b]y the Assistance of a faithful Maid-Servant, a Midwife was introduced in the Night when all the Family were asleep’.85 The narrator of this tale is Mrs Dawson, the former nurse of Emily’s mother, and her assistance in the concealed birth of this illegitimate daughter adds to the image of collusion among females of varying ranks in order to protect one of their number, a conspiracy continued years later when Emily herself agrees to keep the identity of her mother a secret, much though it distresses her.86

Medical writers also commented upon such somatic misrepresentation, with various British and European works supporting the notion that women

83 Ibid., 210.
84 Emily Willis, 1:29 31.
85 Ibid., 1:31-32.
86 Ibid., 2:60.
might assume the role of invalid to disguise their carnal knowledge.87 Gerard Freiherr Van Swieten suggested that such frauds presented a danger to the physician who might be imposed upon by women ‘pretending to have a dropsy, with the hopes of destroying the foetus by taking the strong powerful medicines given in those cases’.88 It was indicated that even women of the highest social levels might be driven to such practices, with Van Swieten making reference to concealed pregnancies in ‘some wealthy and fashionable families’ and noting the offence that physicians risked giving in questioning the virtue and sincerity of young ladies of such rank.89 Conversely, medical writers also remarked upon the frequency of women claiming pregnancy to avoid punishment for their crimes, a behaviour akin to the simulation of madness for the same ends, discussed in the next chapter.90 Medical, literary, and legal discourses thus drew upon similar concerns regarding the legibility of the female body, particularly in matters of chastity.

Men were also believed to make use of simulated illness to facilitate extra-marital sex, although they were less concerned with concealing than with facilitating it, reflecting the double standards of sexual morality noted by scholars.91 Literary accounts of libertines using the moving powers of sickness to carry out seduction and rape abounded throughout this period, warning of the threat posed by male sexuality when unrestrained by politeness and moral values. For example, Eliza Haywood’s Memoirs of a Certain Island Adjacent to the Kingdom of Utopia (1725) demonstrated the ease with which a young girl might be persuaded into yielding to a libertine if overwhelmed by an effective performance of sickness. The character of Miranda is led to believe her lover is dying of rejected love, with the narrator remarking that he ‘fell into so admirably well feign’d a Swoon, that had a Physician been present, his Art might have been deceiv’d, and he mistaken it

88 Van Swieten, Commentaries, 375.
89 Ibid., 375.
90 Mauriceau, Diseases of Women, 18; Van Swieten, Commentaries, 373.
for real’. 92 Frightened and remorseful, Miranda’s is overcome by her seducer who, ‘while he swore to die rather than attempt an injury to her Honour, undetermined it, and every moment gaining ground, at last triumph’d o’er all’. 93

This ploy continued to interest writers, and Richardson’s Clarissa provides a particularly interesting example due to its prominent position within the canon of sensibility and the level of detail with which Lovelace describes the process of feigning illness. Unlike Haywood’s rake whose skills of performance are taken for granted, Lovelace is acutely aware of the difficulties of simulating the physiological symptoms of illness. He imagines his friend Belford asking him ‘how the deuce wilt thou, with that full health and vigour of constitution, and with that bloom in thy face, make anybody believe thou art sick?’ 94 Consequently, rather than relying on his skills of performance alone, which throughout the novel are shown to be notable, Lovelace chooses to medically generate a genuine sickness, blurring the lines between simulation and reality. He explains that ‘I don’t intend to be so very bad as Dorcas shall represent me to be. But yet I know I shall retch confoundedly, and bring up some clotted blood’ due to the ‘grains of ipecacuanha’ that he intends to take. 95

The role of medical aids in producing rather than curing illness has already been highlighted in Chapter 2, which examined portrayals of imaginary invalids who created the sickness they feared through their excessive consumption of unnecessary medicines. 96 However, the character of Lovelace is notable for his fully calculated exploitation of this tactic, indicating the utility of being able to summon real physical symptoms to authenticate performances of illness. Lovelace’s own passions also aid him in his act, with Richardson’s portrayal of the blurred boundaries between performance and reality echoing contemporary theories of acting with feeling,

92 Eliza Haywood, Memoirs of a Certain Island Adjacent to the Kingdom of Utopia (London, 1725), 27.
93 Ibid., 30.
94 Richardson, Clarissa, 673.
95 Ibid., 673.
96 See Chapter 2.
as discussed in Chapter 1. Lovelace finds himself agitated even prior to his self-medication, writing to Belford:

Faith, Jack, I think I am sick already! – Is it possible for such a giddy fellow as me to persuade myself to be ill? I am a better mimic at this rate than I wish to be. But every nerve and fibre of me is always ready to contribute to its aid, whether by health or by ailment, to carry a resolved-on roguery into execution.⁹⁷

Richardson makes the emotional impact of Lovelace’s performance upon Clarissa clear through her own description of Lovelace’s ‘sickness’, which she follows with the admission to Anna that ‘I was the more affected with it, as I am afraid it was occasioned by the violent contentions between us’, indicating the power of guilt as well as sympathy upon her.⁹⁸ The trope of the male lover made genuinely sick by unrequited love for his cruel lady was relatively common to the fiction of this period, and the notion that sickness might be attributed to disturbed passions supported such portrayals.⁹⁹ A wily lover could thus blame his feigned sickness upon frustrated love as Lovelace does, furthering the emotional pressure upon the victim.

Although Lovelace appears rather exceptional in the degree of planning and range of methods of deception that he employs, the trick of feigning illness in order to win the sympathy of females and determine the degree of their affections was replicated by later characters within sentimental novels and periodicals of this period, although not always with successful results.¹⁰⁰ The heroine of Emily Willis is depicted as occupying a similarly precarious position to that of Clarissa; without dependable family support she is susceptible to the attempts of libertines such as Sir George, who makes use of pretended illness in an attempt to manipulate Emily’s feelings and persuade her to become his mistress. Like Lovelace he hopes to reveal her emotions through distress but his claims of a ‘violent Pain in his Head’ are

---

⁹⁷ Richardson, Clarissa, 676.
⁹⁸ Ibid., 212.
⁹⁹ For example see Frederic, 2:204, and also Richardson’s third novel, Richardson, The Charles Grandison, 5:473.
¹⁰⁰ For a later examples see The New London Magazine, 4, no. 11 (1788): 574-75.
initially received with calm indifference. Although ‘he watched Emily’s Looks, in order to find out how she received the News of his Indisposition … she kept her Muscles so nicely disciplined, that he could not trace the least Alteration in them, either for or against him’.

It is only an accident occurring several days later that forces Emily into revealing her true feelings towards Sir George. The narrator remarks that after Sir George’s fall from a coach ‘[a]pprehensions soon got the better of all her affected Indifference: She screamed and fainted’, giving Sir George hopes of winning her over. Seeking to capitalise on this revelation of affection he ‘continued to feign Illness, and strove, by every Art he was Master of, to excite her Compassion, well-knowing that Compassion and Love are very nearly allied’, indicating a keen awareness of the possibilities for manipulation presented by chance, even if he is not capable of engineering such situations himself. Had Emily’s initial opacity and self-control been maintained it might have formed a defence against this manipulation, raising questions about the value of total bodily legibility within a deceitful world. While her later display of concern returns her to the realm of the conventional, legible, mid-century heroine, it also exposes her to Sir George’s machinations.

The subject was not always given serious treatment, and literature of a comic nature could also represent the pitfalls of such tactics. Smollett’s *Ferdinand Count Fathom* portrayed the title character feigning illness to determine whether his desired lady loves him, and suffering for his imposture. When ‘he pretended all of a sudden, to be taken ill, and counterfeited a swoon in her apartment’ Ferdinand is disappointed by the reaction; ‘[s]urprised at this accident, she screamed aloud, but far from running to his assistance, with the transports and distraction of a lover, she ordered her maid, who was present, to support his head’. Furthermore, his imposture forces him to submit to medical treatment, with the narrator remarking that ‘all his complaints in a little

---

101 *Emily Willis*, 1:110-11.
102 Ibid., 1:111.
103 Ibid., 1:114-15.
104 Ibid., 1:123.
105 Smollett, *Ferdinand Count Fathom*, 1:34.
time [were] realized; for the physician, like a true graduate, had an eye to the apothecary.\textsuperscript{106}

Ferdinand is ‘blooded, vomited, purged and blistered’ as well as being forced to swallow ‘a whole dispensary of bolusses, draughts and apozems’, which might lead the reader to feel the young miscreant had been appropriately punished for his simulation.\textsuperscript{107} However, Ferdinand manages to convert even this ‘to his own use and advantage’ as his suffering wins the affections of the lady’s maid, Teresa, whom he takes sexual advantage of before inveigling her into his other plots.\textsuperscript{108} Ferdinand makes use of somatic simulation throughout the novel, demonstrating its utility, and John McAllister has highlighted the irony of Ferdinand’s final conversion to virtue after a near fatal illness given that ‘one of his favourite means of manipulating others has been feigned illness’.\textsuperscript{109} Nevertheless, despite the humorous nature of these exploits, Smollett was careful to stress the didactic nature of his work, explaining that in his ‘endeavours to unfold the mysteries of fraud’ he hoped ‘to instruct the ignorant, and entertain the vacant’, rather than condoning such behaviour.\textsuperscript{110}

The predominance of sexual motives for assuming sickness demonstrates the manner in which concerns about feigned illness participated in broader social anxieties about somatic artifice and sexual immorality, with the assumption of illness being cast as a particularly versatile way to facilitate, encourage or conceal sexual misconduct. The power of illness to affect the emotions was shown to be dangerous to both sexes, with writers suggesting that men were liable to succumb to a combination of guilt, sympathy and attraction when confronted with seemingly fragile females, putting them in danger of being entrapped into marriage. Women on the other hand, were vulnerable to sexual predators, who sought to play on their compassion and concern to pressure them into yielding their virginity. As such, the novels, drama, periodicals and medical works of the eighteenth century reflect the

\textsuperscript{106} Ibid., 1:35.
\textsuperscript{107} Ibid., 1:35.
\textsuperscript{108} Ibid., 1:36, 42.
\textsuperscript{110} Smollett, \textit{Ferdinand Count Fathom}, vii.
gendering of sexuality and the differing social expectations of males and females.

Concealing emotion

As the use of feigned sickness to conceal the effects of drunkenness or the signs of pregnancy demonstrates, eighteenth-century writers were interested in the idea of claiming sickness to conceal or disguise existing physiological symptoms. Contemporary texts also indicated that such misdirection could be used in order to conceal unwelcome or inappropriate emotions, a trick that could be exploited both for evil and for good.

Writers were divided as to the morality of using illness to conceal emotions, and attitudes also varied according to context. Dramatists were apt to employ this form of simulated illness in situations of high tension, treating it either as a neutral plot device on which little judgement is passed, or as a cover for other forms of artifice and sin. In Richard Savage’s play *The Tragedy of Sir Thomas Overbury* (1724) Somerset tells his wife that he is indisposed in order to hide his distress upon finding out that his friend Sir Thomas Overbury disapproves of his marriage and dislikes the countess, rightly as it transpires. Denying her accurate interpretation of his emotional state he declares ‘I told thee I had been disorder’d – / Thy Fears are the wild Coinage of thy Fancy, / A subtle Self-Tormentor!’ The idea of feigned illness occurs more than once in this text although it is implemented only on this first occasion, and in Savage’s work it functions to heighten the general air of intrigue and deception created by the scheming of the countess and the lack of trust between characters. Somerset’s excuse to his wife does not appear particularly reprehensible, especially in comparison to the various schemes she herself implements in order to bring down Overbury, and is intended to spare her distress as well as himself.

111 For further examples see *The Regent* in which Bertie Greathed depicted the character of the servant Gomez as using the excuse of illness to hide emotional distress arising from the near-exposure of his involvement in murder, Bertie Greathed, *The Regent* (London, 1788), 36.
113 Ibid., 37, The countess urges Sir Thomas to feign illness so she can see him alone once she has repented of planning his death and wishes to help him.
However, such behaviour also featured in more commonplace domestic contexts, as in Colley Cibber’s comedy *The Double Gallant* (1707), discussed in Chapter 2. Lady Sadlife, one of the two lovers of the ‘double gallant’ Atall, tells companions of how she feigned illness to cover her ‘confusion’ at the appearance of her husband while she was flirting with Atall.\(^{114}\) Sentimental novelists also depicted such behaviour, although with less humorous tolerance.\(^{115}\) The unfaithful Lady Melissa Westland, whom we have already encountered feigning illness to escape dull company and to cajole her husband, also uses this ploy to disguise her sadness at being separated from her lover. The narrator describes how ‘[h]er grief at his departure was in proportion to her expectations of happiness, and she was obliged to feign illness as an excuse for her dejection’.\(^{116}\) Lady Westland is careful not to allow the excuse of illness to wear thin however, and when the suspicious Lord Westland later forbids her from seeing his brother Clifford she is ‘obliged to swallow the big tear, check the rising sigh, and force a smile when her heart was ready to burst,’ the narrator remarking with clear moral weight, ‘[w]hat painful dissimulation does not guilt occasion!’\(^{117}\)

Within novels and plays characters were thus displayed as capable of exploiting the excuse of illness to hide the immoral deeds that their legible countenances threatened to reveal. In this sense writers subscribed to the notion that the body was a mirror of the mind; where duplicity succeeds in such cases it is because words are used to confuse observers as to the meaning of the body. While these accounts exposed the dangers of spoken artifice therefore, they still maintained the promise that the body might be read by an expert eye. For some writers however, the idea that most viewers were not equipped to distinguish emotional distress and simple illness proved troubling as it allowed women in particular to commit misdeeds without their expressive bodies betraying them.

While individuals might claim illness to obscure their confusion or shame when caught in a misdeed, writers also suggested that the excuse of

\(^{114}\) Cibber, *Double Gallant*, 22.

\(^{115}\) For a particularly tragic account see *The Relapse* (London, 1780), 2:128, 131-32.


\(^{117}\) Ibid., 2:180; for a further example see the behaviour of Countess Lamour in *The Birmingham Counterfeit; or, Invisible Spectator* (London, 1772), 37, 44-45, 64.
illness might serve a beneficial purpose when used to preserve maiden
modesty or social harmony. These differing attitudes reflect tensions in
eighteenth-century expectations of emotional and somatic sincerity. Honesty
of expression was a desirable trait in a society that claimed to value natural
feeling and sensibility, yet such openness of countenance could prove
problematic in social situations, particularly where politeness and modesty
prescribed restraint. As Jenny Davidson has noted, certain contemporary
writers criticised the hypocrisy of politeness, while others defended this form
of etiquette under the alias of ‘manners, civility, decorum, self-control’. Like
politeness, and indeed as a facet it, feigned illness might be excused as a
means of disguising the embarrassing, indecorous, or simply private passions
that the expressive female body threatened to expose.

Novelists in particular were capable of excusing recourse to feigned
illness as a stratagem very necessary for the female sex. The heroine of the
anonymous novel *The Memoirs of a Young Lady of Quality, a Platonist* (1756)
uses the excuse of illness to explain her tears to a suitor whom her mother
has commanded her to marry, describing how ‘[f]eeling myself oppressed with
the Weight of my Grief, and ashamed to let it burst out, I rose up, telling him, I
was indisposed, and had an inclination to take a Turn in the Garden’. Agnes’s
excuse shields her from rebuke or further confrontation, and also
serves the purpose of limiting the offence given to the unwelcome but
blameless marquis, thus appearing as a positive act. Indeed, the virtue of
such concealment of emotion is often made clear, as in the case of the
illegitimate heroine Emily Willis, who experiences acute emotion and anxiety
upon discovering the identity of her mother yet conceals this as illness to
maintain her mother’s reputation, or of Emilia Hampden who conceals her
sorrow at having dutifully rejected her socially superior lover.

Women were not the only characters to use illness as an excuse in this
fashion however, as *The Example: or the History of Lucy Cleveland* (1778)

---

demonstrates. When a misunderstanding distresses Lucy and her fiancé Henry they both feign illness, Henry to conceal his confused emotions at believing her unfaithful, and Lucy to hide her distress at his strange behaviour.121 Notably the complaints they claim are gendered however, with Henry pleading ‘indisposition from an irregularity of the night before’, citing the masculine culture of drinking and carousing as his excuse, while Lucy simply claims she is ‘indisposed’.122 For the most part, however, novelists depicted this as a feminine pretext, deployed by females through necessity, both to maintain their dignity and delicacy, and to shield them from social censure.

Despite the prevalence of such behaviour within eighteenth-century texts, the literature of this period still reveals a degree of unease about the use of artifice by apparently virtuous heroines, leading novelists to emphasise the proximity of such claims of ill health to the truth. Throughout this period protagonists of sentimental novels frequently displayed their emotional sensitivity and physical sensibility by becoming unwell during periods of emotional distress, their bodies conveying signals of both their mental and physical disturbance.123 This perceived relationship between strong emotion and illness, also highlighted within acting theory, allowed novelists to reinterpret occasions on which illness was used as an excuse to conceal the true cause of distress.124 By suggesting that those who were claiming sickness were in reality ill, or became so as a result of their strong emotion, writers could diminish the level of artifice employed and partially exonerate their protagonists.

122 Ibid., 2:151, 163.
123 For female examples see Emily sick with distress because she has married for duty but still loves Henry and Lucy sick at the death of her husband Mr. Arlington in *The Example*, 1:231, 2:71-73; see Emily melancholic and ill when placed with thieving and unpleasant guardians in *Emily Willis*, 37; see distress at the discovery of an unfaithful husband in *The Relapse* 2:136; Arpasia sick at believed indelicacy of her lover in *Arpasia*, 2:20; Maria feverish in terror in Blower, *Maria*, 2:149; Caroline fainting in fright in Dodd, *The Sisters*, 2:69, 241; Maria sick after emotional fright and threat of Earl of Beaumont in Edward Kimber, *Maria; the Genuine Memoirs of a Young Lady of Rank and Fortune*, 2nd ed. (London, 1765), 49; Fanny sick with grief in Marshall, *Clarinda Cathcart*, 4; Clarissa mad with distress after rape in Richardson, *Clarissa*, 1001. For male examples see Frederic becoming sick on finding Isabella has run away from home to avoid forced marriage *Frederic*, 2:82; Sir Charles becoming unwell at distress of seeing Clementina driven mad from love in Richardson, *Charles Grindson*, 5:473.
124 For discussion of the perceived relationship between illness and acting theory see Chapter 1, p. 40.
This relationship between sickness and distress is expressed in Jane Marshall’s novel *The History of Miss Clarinda Cathcart, and Miss Fanny Renton* (1766), in which Fanny explains how she used the excuse of illness to cover her unease at the unwelcome match her mother was arranging for her. Fanny relates that she ‘proposed to Caroline, that I should tell them I was a little indisposed, which would prevent them from teasing me, till I could recover my spirits by a night’s rest: and, to say the truth, it was no feigned sickness, neither; for the agitation of the mind (at least I find it so) ever affects the health’.\(^{125}\) Her mother detects emotion as the true cause of her distress however, using it to argue for the necessity of dutiful behaviour, explaining ‘[i]ndeed, Fanny, it is no wonder that both head and heart pain you. Children, who are undutiful, can’t expect to be happy’.\(^{126}\) Marshall suggests that even true illness cannot always direct attention away from the root emotional issues that a character wishes to conceal. Indeed, the widespread notion of the connection between body and mind, and sickness and emotion, could even lead observers to suspect distress as the cause of such sickness, as Fanny’s mother correctly does.

Some years later the *Lady’s Magazine* printed an epistolary contribution in which the illness simulated to cover distress takes on such authenticity that the victim dies, her unhappiness in her marriage having prompted both emotional and constitutional breakdown.\(^{127}\) The miserable wife tells of how in her distress ‘I feigned a severe head–ach, and kept my chamber; indeed I had both head and heart–ach’.\(^{128}\) While medical practitioners doubt the seriousness of her suffering, telling her that ‘the disorder was partly on my mind’, the heroine’s later deterioration and death demonstrate that the connection between mind and body was likely to render emotional disorders physical.\(^{129}\) ‘[I]n short three days violent perturbation [sic.] overcome my constitution, I fell into fainting fits, which had like to have terminated my life’ she explained, and the tale finishes with the

---

\(^{125}\) Marshall, *Clarinda Cathcart*, 1:112.

\(^{126}\) Ibid., 1:115-16.


\(^{128}\) Ibid., 181.

\(^{129}\) Ibid., 181, 183.
female correspondent describing how the young lady died in her arms.\textsuperscript{130} In this case, it appears that the assertion of sickness when in emotional distress was regarded as ‘feigned’ not because of a lack of illness, but because of the concealment of the origins of the complaint, rendering the ploy a lie of omission rather than of construction.

The use of feigned illness to conceal one’s emotions never met with wholesale approval, yet instances of characters using the excuse of illness to cover for emotional distress appear to have decreased in the final decade of the century. In addition to reflecting concerns about the artifice inherent in prescriptive codes of behaviour such as politeness and sensibility, this decline may also form part of a broader diminution in the use of feigned illness as an acceptable form of self-defence within the novel, as the following section will indicate.\textsuperscript{131} As we have seen in the case of Shamela, heroines such as Richardson’s Pamela and Clarissa came under attack in some quarters for claiming sincerity and natural expression yet employing artifice, particularly in their use of feigned sickness and sensibility. Certain authors of the later eighteenth century sought to avoid such troubles by avoiding unnecessary deception in their characters. In her novel of 1797 for instance, Mary Meeke depicts the character of Ermance as choosing not to feign illness to cover her distress, indicating Meeke’s disapproval of this literary trope and social practice. Concerned over whether her beloved Duke would be as happy with Palmira as she feels she herself could make him, Ermance reveals her unhappiness through ‘repeated sighs’ which ‘induced the Abbess to enquire if she was not well’.\textsuperscript{132} However, Meeke writes that ‘Ermance affected sleep, not choosing to feign indisposition she was totally free from, nor to acknowledge the real cause of those symptoms of sorrow’.\textsuperscript{133} Meeke presents feigned sleep as a form of artifice more defensible than simulated sickness as it allows Ermance to avoid making any false statements that might mar her integrity.

\textsuperscript{130} Ibid., 181, 183.
\textsuperscript{131} For discussion of criticism of the artifice of sensibility and politeness see Brissenden, \textit{Virtue in Distress}, 17; Goring, \textit{Rhetoric of Sensibility}, 181; Jones, \textit{Radical Sensibility}, 7; Ellis, \textit{The Politics of Sensibility}, 35; Carter, \textit{Men and the Emergence of Polite Society}, 2.
\textsuperscript{132} Mary Meeke, \textit{Palmira and Ermance} (London, 1797), 2:23.
\textsuperscript{133} Ibid., 2:23.
Sickness as self-defence

Feigned illness offered individuals both a means of concealment and an active source of power, yet neither form of simulation was wholly negative in its potential. As in the case of individuals using sickness to conceal their emotions, novelists and other writers suggested that in some situations the power derived from counterfeit illness might be used for positive and virtuous purposes, affording otherwise defenceless females a means of protecting themselves. Scholars such as Brissenden and Todd have noted the prevalence of the motif of ‘virtue in distress’ within sentimental literature of the eighteenth century, citing the suffering of women at the hands of men as a source of fascination for writers and their audiences. In such scenarios illness could provide a means to obtain leverage and emotional power over an oppressor, as Barker-Benfield has noted, remarking that, ‘throughout the century novels of sensibility suggested that women’s nervous illness could be a means of self-preservation’.

While Barker Benfield has highlighted the advantages that genuine nervous illness might hold for fictional females, an examination of the novels and drama of this period suggests that illness was often perceived to be an active rather than passive weapon of the weaker sex, deployed with full awareness of its power, and even with a degree of artifice. Richardson’s heroine Pamela remarks upon the utility of her illness when faced with a predatory master, noting at one point in her letters that ‘I am a good deal better; but health is a blessing hardly to be coveted in my circumstances, since that but exposes me to the danger [of rape] I am in continual apprehensions of; whereas a weak and sickly state might possibly move compassion for me’.

Heroines frequently faced rape and seduction threats, as demonstrated by the libertines discussed above, yet the plays and fiction of this period also indicate the distress caused to virtuous females by the threat of unwelcome

135 Barker-Benfield, Culture of Sensibility, 32.
136 Richardson, Pamela, 218.
marriages. As critics have noted, although arranged marriages retained an important role in elite and middling spheres, ‘talk about marriage for love increased’ and aggressive parental power came under criticism, particularly within certain sentimental texts.\(^\text{137}\) The fashion for sentimental literature and drama played a significant role in the development of the figure of the oppressed daughter feigning illness to avoid marriage, yet this concept had earlier precedents in the theatre, demonstrating the longstanding appeal of a love match. The plot of a maiden feigning sickness to avoid marriage features in drama of the early decades of the eighteenth century, and even in works of the seventeenth, occurring in Dryden’s *The Rival Ladies*, first performed in 1664 and still being re-issued in the following century.\(^\text{138}\)

Representations of the story of a female simulating illness to avoid marriage could take both comical and sentimental forms, but humorous versions of this plot were more common within drama, and particularly in plays pre-dating the rise of the sentimental novel from the 1740s onwards.\(^\text{139}\) Henry Fielding’s comedy *The Mock Doctor: or The Dumb Lady Cur’d* (1732) was based on Molière’s seventeenth-century play *Le Medicin Malgre Lui*, and demonstrates the early and geographically widespread origins of this trope within drama. Committed to her lover Leander and desperate to avoid being married to another man against her will, Charlot pretends to have developed an illness that prevents her from speaking in hopes of delaying the wedding, refusing to say anything other than ‘Han, hi, hon, han’.\(^\text{140}\) Interestingly while Charlot initiates the deception and is capable of holding off the wedding, it is only with the help of male co-conspirators that she is able to achieve marriage to her lover. The involvement of male figures who orchestrate or aid in the feigning of sickness is a feature of other literary works of this period, contributing to the perception of the female as helpless and in need of

---

\(^\text{137}\) Christopher Hill, quoted in Todd, *Sensibility*, 16; and Todd, *Sensibility*, 115.

\(^\text{138}\) Dryden, *Comedies, Tragedies, and Operas*, 74-74. This plot is also a feature of continental drama, occurring for example in Francesco Silvani, *Ernelinda* (London, 1715), 69-71.

\(^\text{139}\) Comic portrayals did occur in some later plays however, for example Edmund Eyre’s late eighteenth-century drama *The Fatal Sisters* in which the servant Juletta simulates madness to deter her suitor and manipulate her father into remorse for forcing her towards unwelcome marriage, Edmund John Eyre, *The Fatal Sisters; or, the Castle of the Forest* (London, 1797), 31, 32, 87.

\(^\text{140}\) Henry Fielding, *The Mock Doctor: or The Dumb Lady Cur’d* (Dublin, 1732), 21-22.
masculine aid even when attempting to escape masculine or parental oppression.

Although sentimental rather than humorous, the novel *The Memoirs of a Young Lady of Quality, a Platonist* (1756) featured a similar case of collusion. Determined to remain single and celibate, the central character of Agnes asks her brother for help in avoiding her mother's attempts to force her into marriage. He advises that ‘I believe the surest Method will be, to dissemble with her, and by that Means gain Time’, telling his sister that

> If, through the Malignity of your unlucky Stars, they should determine on a certain Day for this Wedding you so much dread, the best Contrivance, will be to feign yourself sick, and keep confined to your Chamber … it is not probable they will tear you out of your Bed to drag you to the Altar; in such a Case, the whole Family would oppose it.  

The novel supports the notion that when seeking to disobey family wishes a woman’s greatest strength could lie in assuming weakness, which would allow her to claim sympathy and support. Not all sentimental heroines of this period benefitted from the guidance and collusion of more sympathetic family members however, and many were portrayed as driven to feigning illness due to their complete lack of social support.

Where the emotional impact of feigned illness was likely to fail, writers suggested that women could employ simulated sickness to cover for more active measures, such as physical flight. Richard Cumberland’s musical comedy *The Summer's Tale* (1771) featured ‘Clara’ (Amelia), who after fleeing her family when under pressure to marry someone to whom she has an aversion pretends to be injured following a fall from her horse, using this as an excuse for her seclusion in her new neighbourhood. Her actions are condoned by the virtuous character of Olivia who declares ‘I think you justified in the Step you have taken’, encouraging the reader to take a lenient view.

---

141 *Memoirs of a Young Lady*, 2:133-34.
142 Richard Cumberland, *The Summer's Tale* (Dublin, 1771), 18.
143 Ibid., 18.
While many deemed opposition to parental tyranny justifiable, the idea that virtuous heroines must resort to lying and falsifying their previously legible bodies proved problematic nonetheless. Novelists in particular felt discomfort at this artifice. The example of Clarissa Harlowe provides some insight into the complexities of somatic authenticity in such situations, as Richardson presents his heroine as innocent and exemplary in her behaviour yet she admits to feigning or at least exaggerating her illness. Alienated from her family by her refusal to marry Soames, Clarissa explains her intention of feigning illness to her friend Anna, writing '[f]or fear they should have an earlier day in their intention than that which will too soon come, I will begin to be very ill.' This statement suggests confidence in her abilities to perform sickness, yet she follows it with the admission ‘[n]or need I feign much; for indeed I am extremely low, weak and faint’, both excusing her art and presenting her pose as near enough to reality to require little acting skill. The inclusion of the excuse of genuine illness echoes the defence used for the simulation of sickness to cover emotional distress, and draws upon the same belief in a connection between mental and physical states. Clarissa remains committed to her plan, writing in a later letter, ‘I am far from being well: yet I must make myself worse than I am, preparative to the suspension I hope to obtain of the menaced evil of Wednesday next’, now presenting her behaviour as the deliberate aggravation of an extant condition rather than outright performance.

Her family express their doubts regarding her somatic sincerity with great force, a fact that shocks and distresses Clarissa despite her earlier admissions of art. Upon Clarissa warning that the emotional distresses of these ‘trials’ are making her ill she meets with little sympathy: ‘They had prepared themselves for such an artifice as that, was my aunt’s unkind word; and she could assure me, it would stand me in no stead.’ Aunt Hervey continues,

144 Richardson, *Clarissa*, 341.
145 Ibid., 341.
146 Ibid., 346.
147 Ibid., 347.
Why my dear, said she, do you think people are fools? – Can they not see how dismally you endeavour to sigh yourself down within-doors? … – how you totter, as it were, and hold by this chair, and by that door-post, when you know that anybody sees you, interpreting Clarissa’s fragility as calculated performance. 148 Clarissa expresses hurt at such words, declaring ‘I should hate myself … were I capable of such poor artifices as these’. 149 In a comment to Anna she characterises it all as her brother and sister’s plot, ‘an aspersion to fasten hypocrisy and contempt upon me’, writing ‘I am not capable of arts so low’. 150 This might strike the reader as hypocritical given her evident calculation as to the efficacy of her illness in delaying marriage. However, it is implied early in the novel that Clarissa is capable of deceiving herself, and one could thus infer that Clarissa regards her somatic self-expression as essentially genuine due to her real distress, even when she is aware of the value of such moving weakness. 151 Indeed she often represents her sickness as genuine even when her use of it is calculated, hoping she can ‘prevail upon them, by my prayers – perhaps by fits and delirium (for the very first appearance of my father after having been so long banished his presence will greatly affect me), to lay aside their views.’ 152 Clarissa’s body is thus dependable in its responses, enabling her to plan how to use them to best effect, yet also allowing her to maintain her view of herself as somatically truthful. The necessity of artifice for the powerless female appears to render it excusable in the eyes of certain writers, and the positive response that Clarissa met with among many readers suggests that others were willing to share this view. Nevertheless, such novels highlight an uncomfortable tension in contemporary awareness that lack of social power often necessitates hypocrisy, a theme of much of Davidson’s work on politeness and patronage during this period. 153

148 Ibid., 347.
149 Ibid., 347.
150 Ibid., 347.
151 Ibid., 71, see Anna suggesting that Clarissa re-examine her true feelings towards Lovelace, suggesting that she is failing to admit her love for him even to herself.
152 Ibid., 361.
153 Davidson, Politics of Politeness, 2, 22, 107, 147-58.
Novelists also suggested that fear of women’s ability to use weakness to their advantage could result in unjust accusations of malingering when disputes over arranged marriages arose. *Frederic; or, the Fortunate Beggar* depicts an ambiguous case requiring the judgement of the reader as well as internal characters as to the sincerity of female illness. When Isabella’s sickness coincides with the unwelcome suggestion of her aunt that she should marry, a female friend of Frederic writes that ‘I think her scheme was deeply laid; but then, you know, it was consistent with female policy’, despite only being acquainted with the case by hearsay.¹⁵⁴ The countess is not the only female to suspect Isabella of simulation; Isabella’s aunt succeeds in persuading her father that ‘she had only feigned herself sick, to avoid marrying Lord L---’, upon which her brother comments ‘What unfeeling wretches are these old superannuated aunts, my dear Frederic’.¹⁵⁵ The veracity of Isabella’s sickness becomes clear to both her father and the reader when he sees his daughter, her body providing more believable testimony than her words, and he is robbed of speech by his guilt and sorrow.¹⁵⁶ Such accounts indicate contemporary awareness of the dangers of excessive concerns over simulated sickness, which could result in mistreatment of those with authentic claims to illness. Even as they simulated illness to escape troubles such as forced marriage, literary heroines were diluting the power of illness as a tool by reducing faith in somatic sincerity and physical legibility.

While the very prevalence of such cases of female simulation caused problems for sickly women, the characterisation of feigned illness as a female resource could also lead to condemnation of males who adopted the stratagem. The figure of the man who feigns illness to avoid marriage is a rare one in the literature of this period, presumably due to the greater freedom experienced by men in matters of this nature. However, Hannah Cowley addressed the topic in her comedy *The Belle's Stratagem* (1782), which focuses on Letitia and her fiancé Doricourt, who chooses to feign madness to avoid the marriage arranged by his father. Describing her as an ‘Ideot’, he tells his friend Saville ‘I think I’ll feign myself mad –and then Hardy will

¹⁵⁴ *Frederic*, 1:139.
¹⁵⁵ Ibid., 1:147.
¹⁵⁶ Ibid., 1:148.
propose to cancel the engagements’. As Doricourt is never depicted as completely lacking in social power but rather desires to avoid offending his father and his father’s friend Hardy, his situation is a comical rather than serious one. Assuming a ranting and raving form of insanity Doricourt exploits his role to mischievous effect, terrifying a foolish acquaintance Flutter with his accusations, crying ‘There! This is he! – this is he who hath sent my poor soul, without coat or breeches, to be tossed about in ether like a duck-feather! Villain, give me my soul again!’

Doricourt is punished both for his failure to appreciate Letty’s charms, and for his unnecessary adoption of such artifice by being tricked into marrying her in return. Having discovered Doricourt’s poor opinion of her, Letty agrees to the scheme proposed by her father’s friend Villers, who suggests that she should cause Doricourt to fall in love with her in disguise then force him to marry her (believing himself in love with another). He proposes that her father Hardy should pretend to be on the point of death, using feigned illness to counter feigned madness with appropriate irony. Hardy is initially reluctant to participate, exclaiming ‘I feign myself ill! I could as soon feign myself a Roman Ambassador. --- I was never ill in my life, but with the tooth-ach’. He implies that his lack of real experience will hinder his performance, a concern never expressed by female characters whose gender was perhaps perceived to supply all requisite familiarity with weakness. Nevertheless, with a little encouragement and a face paled with flour he pulls off the act and Doricourt is suitably rebuked and shamed for his behaviour.

Doricourt is less successful in his act, and is mocked by a group of the characters for his poor impersonation of madness, crying ‘I am laughed at!’ to which Mrs. Racket replies ‘Laughed at – aye, to be sure; why, I could play the Madman better than you’, further supporting the view that feigned illness was perceived to be an area of feminine rather than masculine expertise.

Nevertheless, not all accounts of masculine simulation were so critical, and males could be depicted as feigning sickness to evade the authority of

---

158 Ibid., 68.
159 Ibid., 65.
160 Ibid., 80.
161 Ibid., 75.
parents or guardians in a more active and thus appropriate fashion, seeking to achieve rather than avoid matrimony for example. In the novel *William and Charles: or, the Bold Adventurers* (1789) Charles Fortescue feigns illness in order to conceal his departure from London to visit his love Elvira against his guardian’s orders. The gravity of Charles’s deception is lightened by the fact that his older guardian selfishly wishes to marry the young Elvira himself, a fate from which Charles seeks to rescue her. Rather than risking performance, Charles makes use of a letter, writing that ‘I have been exceedingly ill these two days. The surgeon, whom I applied to, has bade me leave off study for awhile. He was afraid, I believe, it would terminate in a fever’. Using fictitious medical authority to bolster his claims, he also describes himself as afflicted with a condition arising from his studies, an appropriately masculine ailment.

While eighteenth-century interest in the use of feigned illness as a defence against constrained marriages could extend to both male and female characters, the employment of sickness to avoid rape was more exclusively a female behaviour. Nevertheless, these tropes have much in common. The utility of physical weakness as a means of awakening a would-be oppressor’s sympathies was visible in accounts of attempted rapes as well as marriages. Illness could also be used to render the female inert and thus incapable of active involvement in proceedings, whether marriages or sexual intercourse. This technique was hazardous in the case of potential rape however, particularly given the sexual allure accorded to feminine weakness. As literary accounts indicated, feigned illness was not a foolproof defence but rather the last resort of the socially and physically defenceless female.

While the previous section has indicated the prevalence of the theme of illness as a defence against forced marriage in both novels and drama of the eighteenth century, the notion of the fragile heroine exploiting weakness as a defence against sexual assault preoccupied novelists more fully. The idea that illness was a useful means of avoiding sexual intimacy was present within drama, and Henry Fielding’s comedy *The Wedding Day* (1743)

---

162 *William and Charles: or, the Bold Adventurers* (London, 1789), 2:72.
163 Ibid., 2:72.
164 See discussion above p. xxxxxx.
indicates the utility of such measures for young wives with undesirable older husbands. In this play Clarinda has married Mr Stedfast to save herself from potential ruin by the all too charming Milamour, who loves but refuses to marry her. When surprised in Clarinda’s company by her new husband, Milamour claims to be a doctor treating Clarinda for illness, once again highlighting the theme of a male orchestrating the physical simulation of a female. Clarinda enters into the deception claiming ‘I was taken in the strangest giddy manner, with such a Swimming in my Head, that every thing seem’d to dance before my Eyes’. Although her continued contact with her former lover and her deception of her new husband appear reprehensible, these deceptions are excused by Fielding on the grounds that her distress will render her truly sick, Clarinda telling her daughter-in-law that ‘The Terror I have of your Father’s Bed, put me on the feigning of this Sickness, which will soon be real’. Furthermore, it transpires that Stedfast is in fact Clarinda’s father, giving her deceptions the air of providence and excusing her from the marriage in one swoop. Nevertheless, in this example the simulation of illness is primarily motivated by the need to conceal her misdemeanour in visiting an admirer, and while Clarinda’s supposed indisposition is useful in exempting her from her husband’s attentions this plot differs significantly from the characteristic depiction of the virgin in danger of rape that featured so often in the novels of this period, not least in the comical tone of the text.

By contrast, eighteenth-century novelists focussed on situations less morally ambiguous in which virtuous young women sought to escape the threat of rape by any means possible, including manipulation of their perceived delicacy. One of the earliest and most famous literary examples of heroines successfully moving their would-be-seducers is given by Richardson’s Pamela, discussed above, whose sensibility and physical fragility prevent Mr B from carrying out his intended rape as Pamela faints in his arms and comes to three hours later unravished. Nevertheless, the simulation of sickness in self-defence laid Pamela and her creator open to

166 Ibid., 73.
167 Ibid., 83.
168 Richardson, Pamela, 96.
censure, as Tom Keymer has noted. Critics of the novel were quick to point out Pamela’s art, as we have seen in the text *Shamela*, and the criticism that *Pamela* stirred in some quarters may have made Richardson and later authors more aware of the dangers of representing seemingly innocent females as capable of calculated deceit.

Moreover, while Pamela’s use of illness allows her to dampen Mr B’s sexual ardour, not all heroines had such fortune in their use of illness as a mode of self-defence. Richardson himself indicated that although feminine weakness possessed the power to move, this force was not always strong enough to overcome the wicked intent of the libertine. His second novel demonstrated the limitations of female distress as a defence through the ultimate success of the character of Lovelace. On occasion Clarissa’s distress is capable of moving Lovelace to remorse and potential reform, the latter describing how ‘till she had actually withdrawn (which I permitted under promise of a speedy return, and on her consent to dismiss the chair), all the motions of my heart were as pure as her own’. However, Lovelace manages to circumvent the power Clarissa holds over him by drugging her into submission and carrying out the rape while she is unable to use her visible distress to persuade him otherwise. Richardson’s later heroine Harriet Byron demonstrates full awareness of the futility of employing sickness as a form of self-defence when faced by the truly wicked, writing after a foiled rape that ‘I was in a perfect frenzy: But it was not an unhappy frenzy; since in all probability it kept me from falling into fits; and fits, the villain had said, should not save me’. In the fiction of the mid- to late eighteenth century the situations in which illness is depicted as most successful in preventing rape are those in which the ability of the heroine to awakened potentially non-existent sympathy in her seducer is not put to the test and illness is instead employed as an aid to flight, as in the case of the forced marriages discussed above. Both Edward Kimber and H. Cartwright portrayed females anticipating the threat of violation

---

170 Richardson, *Clarissa*, 649.
171 Ibid., 1011.
and simulating ill health in order to gain the privacy needed to ‘decamp’ as Miss Harriot Pelham put it.\textsuperscript{173} Neither author implied criticism of their heroine for taking such measures, yet in scenarios in which the threat of rape is imminent but not immediate authors appear to have felt a greater need to excuse the artifice of feigned illness to readers and critics, as it might be deemed more calculated than in those cases in which assault gives rise to distress and sickness.

The artifice of Maria’s assumption of illness in Kimber’s novel is excused by the usual explanation that emotional distress gives rise to real physical disorder, Kimber writing that ‘[i]n the Conflict of her Mind, she had little Occasion to feign Illness; she was really in a truly pitiable Condition; torn by every painful Sensation that could arise from uncertain, yet flattering Hope, and real Fear’.\textsuperscript{174} Similarly, when encouraged to feign illness (once again by a male character) in order to eavesdrop on Lord Dorchester and discover whether his intentions are honourable, Sarah Fielding’s protagonist Ophelia feels compelled to note that her pretence matched reality.\textsuperscript{175} ‘I had no Occasion to feign myself sick, alas! I was so in Reality; my Strength, my Colour, almost my Life had failed me, from the Time my Ears had received the killing Narration’, she explains.\textsuperscript{176} Such qualification of her behaviour is very necessary given that she criticises Lord Dorchester as ‘dishonourable’ for attacking ‘the artless with Arts and Deceits’, a dubious title to assign oneself when involved in simulated sickness and eavesdropping.\textsuperscript{177}

Novelists’ awareness that the somatic sincerity of their heroines was potentially open to interrogation and criticism is indicated not only in their mitigation of artifice by blurring the boundaries of performance and reality, but also through the numerous instances in which other characters within such novels question the authenticity of females’ claims to illness. Would-be rapists sometimes objected to what they saw as feminine arts, ignoring the immorality of their own uses of deception and demonstrating the higher standards of

\begin{footnotesize}
\begin{enumerate}
\item H. Cartwright, \textit{The Duped Guardian: or, the Amant Malade} (London, 1785), 2:42; see also Kimber, \textit{Maria}, 1:171-78.
\item Kimber, \textit{Maria}, 1:177.
\item Sarah Fielding, \textit{The History of Ophelia} (London, 1760), 2:165.
\item Ibid., 2:168.
\item Ibid., 2:186, italics added for emphasis.
\end{enumerate}
\end{footnotesize}
sincerity to which females were expected to adhere. Richardson’s wicked character of Lovelace is outraged by Clarissa’s sickness, demanding ‘Does this lady do right to make herself ill, when she is not ill? For my own part, libertine as people think me, when I had occasion to be sick, I took a dose of ipecacuanha, that I might not be guilty of a falsehood’.\(^{178}\) He thus classifies his own performance as authentic although orchestrated, while condemning Clarissa for her purported simulation.\(^{179}\) Moreover, Richardson was not the only author to highlight the possibility that female illness, whether real or performed, was liable to be interpreted as artifice in situations where it might be used as a form of power or leverage. Trapped in a brothel, the heroine of William Dodd’s novel *The Sisters* (1754) is accused of feigning madness to prevent her virginity from being sold to a ‘lust-inspired, ravishing Jew’.\(^{180}\) While her distress does not quite amount to madness it is portrayed as genuine, and the interpretation that the bawd Searchwell applies to her behaviour is thus both unjustified and troubling in light of her perilous situation.

Although critical of such unjust suspicions, novelists of this period were also increasingly aware that cultural perceptions of feigned illness as a female weapon could take on a negative tone, and that even when excused by necessity, the falsification of heroines’ bodies undermined the image of these paragons as artless victims. Great importance was placed on characters’ legible bodies as both emblems of their honesty and indicators of sensibility as critics such as Deidre Lynch and Goring note.\(^{181}\) McMaster has suggested that ‘[a]s the century goes on, the emphasis shifts from a display of the significant signs, to the pleasures, problems, and varying skills in reading them’ and that ‘[t]he best body is still the most legible body; but the legibility is problematized’.\(^{182}\) While I would agree with her view that the legibility of the body becomes increasingly problematic within the novel, there are clear

\(^{178}\) Richardson, *Clarissa*, 924.

\(^{179}\) Richardson’s character of Sir Hargrave is similarly enraged with Harriet, exclaiming that ‘you are the most consummate hypocrite that I ever knew in my life: And yet I thought that the best of you all could fall into fits and swooning whenever you pleased’, see Richardson, *Charles Grandison*, 161.

\(^{180}\) Dodd, *The Sisters*, 2:52.

\(^{181}\) Lynch, *Economy of Character*, 30; Goring, *Rhetoric of Sensibility*, 143; see also Barker-Benfield, *Culture of Sensibility*, 221.

\(^{182}\) McMaster, *Reading the Body*, 173.
indications that such legibility had been implicitly questioned from a far earlier stage, with the issue of simulated illness highlighting the ability of even virtuous characters to falsify their bodily signs.

Despite the problematic tension between legibility and the need to defend oneself through dissimulation, the value placed upon innocence and complete verbal and somatic honesty was maintained until the very end of the eighteenth century and beyond, with Frances Burney describing her heroine Evelina as, ‘young, artless and inexperienced, ... the offspring of Nature, and of Nature in her simplest attire’, while Maria Edgeworth’s character Belinda declares ‘I am incapable of deceit’.\(^{183}\) One way in which novelists sought to contend with the problematic nature of protagonists’ somatic authenticity was to move away from the trope of feigned illness as the weapon of the weak. Despite the stereotype of the helpless heroine, certain novelists depicted female characters as capable of feats of bravery and active heroism throughout the course of this period. Agnes of Memoirs of a Young Lady of Quality rescues her brother from attack, describing how ‘Instead of crying out, or fainting away, as perhaps would have been the Case of many a one in my Situation, I jumped out of the Coach, and ran precipitately to the Place where they were fighting’, before seizing and holding one of the attackers.\(^{184}\) More interestingly still, after her distress fails to move her captors, Caroline of Dodd’s novel The Sisters eventually rescues herself from the brothel where she is being held, throwing down Mrs Searchwell and running from the building.\(^{185}\)

At risk of appearing too masculine in their physical activity such heroines were consequently prone to succumbing to weakness once the crisis has passed, with Dodd noting ‘that after violent exertion of the powers, a more violent languor succeeds: which was the case with Caroline; who had not advanc’d many steps into the street, before her faculties all resign’d their functions, and down she dropt in the deepest swoon’.\(^{186}\) In a later novel Evelina (1778), the title character displays similar strength followed by a

\(^{183}\) Burney, Evelina, 7; Edgeworth, Belinda, 206.
\(^{184}\) Memoirs of a Young Lady, 2:18, italics added for emphasis.
\(^{185}\) Dodd, The Sisters, 2:56-57.
\(^{186}\) Ibid., 2:60.
collapse in tears, yet Burney’s heroine is praised by her guardian, who excuses such apparently unfeminine traits, writing to her that ‘[t]hough gentleness and modesty are the peculiar attributes of your sex, yet fortitude and firmness, when occasion demands them, are virtues as noble and as becoming in women as in men’.  

Such characters, though sharing similar virtues, differed from heroines like Clarissa as authors sought to render manipulation of weakness an unnecessary form of defence by focusing on the ability of virtue to summon hitherto unexpected strength from even the most fragile of females. Lovelace himself notes the tragedy of Clarissa’s physical fragility, writing that

She is a lion-hearted lady in every case where her honour, her punctilio rather, calls for spirit ... Yet her charming body is not equally organised. The unequal partners pull two ways; and the divinity within her tears her silken frame. But had the same soul informed a masculine body, never would there have been a truer hero.

While these two modes of female self-defence had existed in parallel throughout the century, the frequency of heroines employing simulated illness as a form of self-defence declined in the later decades of the period, suggesting that such somatic falsification became too problematic for authors to seek to justify such artifice as a suitable response, even in cases of rape. Moreover, newly cautious heroines could eradicate the need for even active self-defence as certain texts began to indicate. The eminently prudent heroine of Edgeworth’s Belinda (1801) is described as diffident ‘of her own powers’ yet also displays ‘a firm resolution not to be led even by timidity into follies’, the narrator remarking that ‘Belinda’s prudence seemed to increase with the necessity for its exertion’. Nevertheless, despite the problematic nature of depictions of women feigning illness to escape rape, the repeated occurrence of this trope within novels of the eighteenth century demonstrates the willingness of certain authors to tolerate the abandonment or clouding of female somatic sincerity in the name of a higher female virtue of chastity.

---

187 Burney, Evelina, 180-81.
188 Richardson, Clarissa, 647.
189 Edgeworth, Belinda, 143.
Conclusions

Employed to play upon the passions or as a practical excuse for misconduct, sickness was consistently represented as a source of power within eighteenth-century portrayals of domestic simulation, informing understandings of the motives and identities of such performers throughout the century. Due to their perceived physical, mental, and socio-economic weakness, women were most likely to be represented simulating illness, although males were also believed to exploit the utility of sickness as a tool of emotional manipulation, particularly when seeking to gain sexual power over a woman.

The morality of domestic simulation presented something of a conundrum to eighteenth-century authors and social commentators. On the one hand, such behaviour was clearly reprehensible, facilitating immoral and criminal behaviour by allowing individuals to manipulate the feelings of others and avoid complying with normal social conventions. Writers were particularly concerned that men and women might make use of counterfeit illness to pursue extramarital affairs or seductions. Where feigned illness was simply exploited as a social excuse to avoid undesirable company or activities it received more pragmatic treatment however, particular as such claims of illness were often made with little attempt at a convincing bodily performance. Conversely, the simulation of sickness could also be used to achieve more positive ends, such as the defence of female chastity, rendering it an excusable if not wholly commendable form of artifice in the eyes of some.

Nevertheless, writers were often uncomfortable with the implication that their natural and virtuous heroines were capable of falsifying their bodily symptoms and speaking outright lies, as can be seen through their efforts to justify claims of illness with arguments of mind-body reciprocity. By blurring the boundaries between performance and realities writers complicated the morality of simulating sickness, yet they also demonstrated that the desire for bodily and emotional authenticity was a potent force in mid- to later-eighteenth-century Britain. It is thus within the context of familial and social
interactions that the morality of simulating sickness and the desirability of the legible body took on the greatest ambiguity within eighteenth-century culture.

While the hazy distinction between feigned and genuine sickness was used to justify the exploitation of sickness in self-defence, certain later texts moved away from condoning the use of somatic artifice by otherwise virtuous characters. This shift reflects contemporary disapproval towards inauthentic nervous sensibility, as discussed in Chapter 2, with commentators increasingly criticising the excessive emotional and physical displays of literary characters as false. Nevertheless, the continued exploration of the theme within literary works and periodicals indicates a sustained fascination with the ability of feigned illness to confer power and privileges upon the performer. As the following chapter will demonstrate, the power of simulated sickness was particularly feared within institutional contexts, where its cumulative impact upon national wealth and social order was deemed significant.
Chapter 5 – Institutional malingering

As the previous chapter has demonstrated, the power and privileges of the invalid were regarded as tempting incentives to simulate illness, particularly for those lacking more direct forms of social or economic power. Within a domestic context such somatic simulation was generally regarded as the preserve of women and sometimes servants, desirous of challenging the patriarchal authority of their husbands, fathers, or masters. This behaviour troubled family and friends, yet it rarely threatened the nation’s social or economic stability. Conversely, eighteenth-century commentators were strongly perturbed by the possibility that individuals of low rank might make use of counterfeit illness in order to manipulate social and state institutions, such as the courts, the military, and sources of welfare provision.

Andrew Duncan’s *Heads of Lectures on Medical Jurisprudence* (1792) highlighted a number of ‘circumstances under which diseases are commonly feigned’, including the implementation of ‘religious impostures’ as we have seen in Chapter 3.\(^1\) Among these circumstances he also included simulation ‘by beggars – by the indolent – by those desirous of escaping military duty – by those condemned to certain corporeal punishments – by those whose diseases have been induced by the violence or outrage of others’.\(^2\) Written at the end of the eighteenth century, this list echoes claims that had been made for many decades, yet which took on particular urgency during the second half of the century, as this chapter will demonstrate.

Fears of malingering within the contexts of welfare provision, the military, and the law courts were not a new phenomenon in the late eighteenth-century, or even at the beginning of it. Writers consistently suggested that individuals feigned illness to obtain resources such as charitable donations, free food and lodging, or to gain exemption from work, danger, and punishment. These anxieties reflected broader fears about the power afforded by sickness, and the difficulty of reading the body in order to

---

\(^1\) Duncan, *Medical Jurisprudence*, 14.  
\(^2\) Ibid., 14.
determine somatic authenticity. However, eighteenth-century debates were also affected by contemporary social and economic developments that rendered the simulation of sickness by the poor, soldiers, and potential criminals a more pressing concern. Examining attitudes towards the poor, the military, and the courts in turn, this chapter will argue that the growth of institutional healthcare and of medical jurisprudence augmented fears of malingering. The increase in debates over feigned illness was largely due to shifts in attitude, as later commenters warned that such institutions could be exploited on a grand scale with serious consequences for the nation. However, it was also the product of associated textual developments. Institutional growth and evolution prompted the publication of organisational guidelines, social commentary, and specialised medical and legal treatises, which provided a medium within which such fears were readily expressed, as Duncan’s *Medical Jurisprudence* demonstrates.

Within contemporary representations of institutional malingering the perpetrators were largely characterised by their lowly social rank, although this was not exclusively the case as the courts and the military could place far higher ranking individuals in uncomfortable positions, providing an incentive to feign illness. Portrayals were also shaped by attitudes towards gender, as this chapter will demonstrate. While commentators on domestic malingering were predominantly concerned with female simulators who might use sickness for purposes of emotional or practical manipulation, those writing of feigned illness in the context of welfare provision, the military, and the courts were more apprehensive of male performers. In some spheres this was inevitable, for example with regard to the male demographic of the army and navy. However, such fears were also shaped by the agenda of the commentators, who were often fearful that lazy beggars or cowardly soldiers were depleting the active male workforce by feigning illness to avoid their duties. As other chapters have indicated, the gendering of representations of simulated sickness was never fixed or absolute, yet perceptions of masculinity, femininity, and the social roles of the two sexes frequently influenced portrayals of feigned illness, and institutional malingering proved no different in this respect.
Welfare provision

One of the most enduring stereotypes within early modern and eighteenth-century accounts of feigned illness is that of the devious beggar who feigns ill health and disability in order to win the sympathy and charity of onlookers. As the work of scholars such as Jonathan Andrews and Jane Kromm has demonstrated, commentary upon the somatic insincerity of beggars stretched back for centuries with the figures of the ‘abram-men’ and ‘Toms Of Bedlam’ featuring in literary and artistic works of the mid-sixteenth century onwards. These individuals were depicted as destitute and potentially dangerous beggars who feigned madness in order to wheedle or menace donations from those they encountered. The phrases ‘Mad Tom’ and ‘Tom of Bedlam’ remained current in the later eighteenth century, featuring in Francis Grose’s *Classical Dictionary of the Vulgar Tongue* (1785), along with ‘to sham abram’, meaning ‘to pretend sickness’. As the persistence of such terms indicates, the simulation of sickness among the poor was recognised as a means of obtaining charitable assistance throughout the century, and one that was particularly troubling given the high levels of poverty. Steven King has estimated that around twenty per cent of the population of Britain could be regarded as ‘poverty stricken’ between 1700 and 1850. Regardless of the precise figure, contemporaries certainly felt that the poor were placing increasing pressure upon the resources of the nation, as we shall see.

Prior to the eighteenth century fears of deception among the poor had been augmented by social and cultural changes that prompted a more

---

4 Kromm *Art of Frenzy*, 54.
judgmental attitude towards poverty and infirmity. As social historian Donna T. Andrew has argued, discerning rather than indiscriminate charity was a priority by the end of the seventeenth century, as observers came to feel that the truly ‘impotent’ were only a small proportion of those seeking assistance, and that growing commerce and industry would provide employment for the remainder. Moreover, even the impotent were not immune to shifts in attitudes. Literary critic Lindsey Row-Heyveld has argued that negative attitudes towards the disabled poor were also a feature of English society from the Reformation onwards. According to Row-Heyveld, ‘[t]he break with Rome at the beginning of the sixteenth century shifted the responsibility for poor relief from religious to secular authorities, and with this shift came an increased emphasis on the necessity of separating the deserving poor from the undeserving poor.’ Row-Heyveld suggests that this shift removed the sense of spiritual exchange from the support of disabled individuals, with disability representing a burden upon the state, rather than an opportunity for charitable individuals to give goods in return for prayers or the ‘affirmation of salvation.’ This shift in attitudes towards the sick or disabled poor could result in more negative representations of feigned distress and disability as Row-Heyveld indicates, and it is an attitude that continued into the eighteenth century, with many writers showing marked suspicion of the authenticity of disease and disability among the indigent ranks of society.

Over the course of the eighteenth century the rise in institutional forms of welfare and healthcare provisions such as the workhouse, the voluntary hospital, and the dispensary led to further concerns regarding the sincerity of the sick poor, as will be demonstrated below. However, beggars still sought support from private donors throughout this period, and the suggestion that

---


10 Ibid.

11 Ibid.
feigned illness could be used to manipulate bystanders into charitable donations was thus a persistent feature of eighteenth-century literature. Edward Ward’s *Satyrical Reflections on Clubs* (1710) demonstrates a humorous take upon the situation, describing the fictional ‘Mendicant Society of old Bearded Hypocrites, Wooden Leg’d Implores of good Christian Charity, Stroiling Claperdudgeons, Lymping Dissemblers, sham-Disabl’d Seamen, Blind Gunpowder blasted Mumpers, and Old Broken Lim’d Labourers’. Ward’s list focuses upon feigned injuries and disabilities, intimating that lazy individuals might simulate blindness or lameness in order to prompt sympathy among observers and thus gain a few coins in charity. However, other writers also suggested that individuals might feign illnesses to similar effect, particularly those of a dramatic nature. *The Wit’s Magazine; or, Library of Momus* (1784-5) included a similarly comic poem of two beggars who, although genuinely blind, also boasted of ‘their impostures hypocritic, / Their feignings to be paralytic, / With various arts and tricks exterior / Each vaunting still himself superior / In cheating your fanatic blockhead, / And plucking pence from pious pocket’. As Tim Hitchcock has noted in his research on the poor, eighteenth-century literary representations of beggars focused predominantly on healthy, professional, male individuals, despite evidence that the greater proportion of beggars and recipients of parish charity were female and often sickly. This preoccupation, visible in the male beggars of Ward’s account, reflected concerns that healthy men would assume sickness and indigence in order to support themselves through charity rather than hard work. The tendency to represent malingering beggars as male was more common in the developed portrayals of literature than in references within social commentary, and many allusions to such behaviour did not specify the gender of the perpetrators, reflecting the fact that beggars of both sexes were a burden on society.

---

13 *The Wit’s Magazine; or, Library of Momus* (London, 1785), 152.
Nevertheless, literary stereotypes of male professional beggars such as the abram-men, Toms of Bedlam, and the ‘Bearded Hypocrites’ of Ward’s text directed attention towards concerns of male unemployment.

Within non-fictional accounts of feigned illness individual beggars were less commonly characterised in detail. Some texts such as A Supplement to Dr. Harris’s Dictionary of Arts and Sciences (1744) referred back to the long history of this behaviour, noting that in medieval times ‘[p]ersons feigned themselves leprous to be entitled to the Provisions’, while other mid-century writers such as Van Swieten complained of contemporary incidences of impoverished malingerers.\footnote{A Supplement to Dr. Harris’s Dictionary of Arts and Sciences (London, 1744), [701, unpagedinated]; Van Swieten, Commentaries, 305; also see reprints such as Thomas More, Utopia: Containing an Impartial History of the Manners, Customs, Polity, Government, &c. of that Island (Oxford, 1751), 67.} There are examples of such references throughout the century, with David MacBride noting in 1772 that ‘vagabonds’ were among those who feigned illness ‘to extort charity’, yet it is in the 1780s that we see the greatest number of references to such behaviour.\footnote{David MacBride, A Methodical Introduction to the Theory and Practice of Physic (London, 1772), 556.} During this period William Henry Hall’s New Royal Encyclopædia (1788) noted that ‘[o]ur beggars often contrive the means of these [feigned diseases] to excite compassion’, a view echoed by William Black in his general medical text A Comparative View of the Mortality of the Human Species, at All Ages (1788), while in 1789 Benjamin Rush complained of ‘the swarms of beggars which infest so many of the European countries, urge their petitions for charity chiefly by arguments derived from real or counterfeit diseases, which render them incapable of supporting themselves’.\footnote{Hall, New Royal Encyclopædia, [42, unpagniated]; Black, Comparative View, 216; Benjamin Rush, Medical Inquiries and Observations, 2nd ed. (London, 1789), 51.}

The increased incidence of such references to malingering beggars in the late 1780s appears to derive on the one hand from the high profile of somatic artifice within contemporary culture, and on the other from the prominence of debates over the poor law, welfare, and charitable assistance for the poor. As Chapters 2, 3, and 4 have indicated, bodily legibility attracted significant attention during the final quarter of the century, with disapproval of sensibility, fashionable fragility, and quasi-spiritual trends such as animal
magnetism contributing to concerns about feigned illness in the 1780s-90s in particular. Contemporary anxiety over the viability of welfare provision models was more significant in the specific context of simulation among the poor however.

While parish-organised welfare had been distributed in the form of pensions and goods since the introduction of the Elizabethan Poor Law, the early eighteenth century saw experimentation with new institutional methods of welfare provision, particularly in the form of workhouses.\(^{18}\) These were not originally conceived of as medical institutions, yet were often forced to adapt to this role by the high number of sick inmates, as Kevin Siena has argued, terming this a ‘medicalization’ of the workhouse.\(^{19}\) The economic viability of workhouses as self-supporting places of work was soon challenged, and Hitchcock has argued that the workhouses took on a largely deterrent role after the passing of the 1723 Workhouse Test Act.\(^{20}\) The act allowed parishes to require individuals to submit to entering a workhouse rather than receiving outdoor relief, relying on the reluctance of the poor to give up their independence to limit application numbers. Regarded by both officials and potential inmates as potentially undesirable locations, it was not often suggested that applicants might feign illness to obtain access to the workhouse. Indeed, a letter detailing the workings of an institution in Stroud, published in *An Account of Workhouses* explained that we send now such poor travelling People, as fall sick in our Streets, to the Workhouse, and not to Alehouses, as usual; where large Reckonings were presently run up, and such extravagant things done, that many have pretended themselves sick, for the sake of being sent


to such Quarters. But since we have taken this Course, we have not had half the Trouble as before.21

However, the ‘orders’ of workhouses often warned against ‘[p]ersons, who through Idleness may pretend themselves sick, lame, or infirm, so as to be excused their working’.22 The orders of the workhouse of St. Andrew’s Holborn explained that ‘some slothful People, when desired to do any Service in the Family, such as Nursing, Washing, and the like, pretend Ailments, &c. to excuse themselves’, highlighting the utility of sickness as a means of avoiding one’s duties even when provided for by the parish.23

As these examples show, fears that the parish welfare system might be exploited by individuals feigning ill health occurred from early in the century, yet these were augmented by growing concerns about the expense and viability of such institutions. Poor rates – paid by members of the parish to support their poor – were rising at a noticeable pace, and scholars such as Anthony Brundage and Joanna Innes have suggested that the 1770s and 80s were perceived as a time of crisis due to concerns that current provisions for poor relief were untenable.24 The publications of the time reflect this dilemma, with debates surrounding the provision of welfare services through the Poor Laws growing increasingly heated, as a number of historians have noted.25 In 1786 one anonymous individual republished an account of workhouses

---

21 *An Account of Several Work-Houses for Employing and Maintaining the Poor* (London, 1732), 133, first published 1725.
22 "ORDERS to be Observed by every Person belonging to the Work-House of St. Andrew’s Holborn, Shoe-Lane," *Account of Several Work-Houses*, 7; see also "Orders for the Regulation of the Poor in the Charity-Hall at Kingston upon Hull," *Account of Several Work-Houses*, 76.
23 "Rules and Orders to be Observed by the Officers and Servants in St. Giles’s Work-house, and by the Poor therein," *Account of Several Work-Houses*, 41.
originally printed in 1725, with the comment that ‘[i]t shews how great attention was given, at the time the book was first printed (about the year 1730) to the Management of the Poor; - it also shews the amazing Increase of the Rates, in the Course of 50 Years, and the Necessity of better Regulation in future, in Order to stop their farther Increase’. 26

Opinions over the solution to this problem were mixed, with figures such as the writer Joseph Townsend urging the abolition of mandatory contributions to poor relief, while others were more concerned with reforming the nature of the workhouse system to create a form of health insurance funded by the labouring poor. 27 Among those who favoured continuing assistance to the poor in the form of either charitable organisations or the mechanisms of the poor law, a key issue was establishing the legitimacy of individuals’ claims to relief. As Slack has highlighted, there was much concern over the possibility that relief might be given to the greedy at the expense of the ‘deserving poor’. 28 Within the context of providing health-care for the poor this translated into the suspicion that individuals might feign illness to access charitable aid or poor-law relief.

From the mid-century onwards, Britain saw the foundation of a number of voluntary hospitals, which admitted patients free of charge but usually only with the support of a hospital governor, thus imposing a level of discrimination on the selection process. 29 The primary function of these hospitals was often to treat younger workers, as Martin Gorsky and Sally Sheard have argued, demonstrating that employment concerns had a significant impact on admissions policies. 30 Consequently, it was even more important to the administrators and observers of such institutions that they treated the genuinely sick, rather than impostors. Some writers expressed concern that indolent members of the lower orders could simulate ill health in order to gain

26 An Account of the Work-houses in Great Britain, in the Year M,DCC,XXXII (London, 1786), iii; this is a reprint of Account of Several Work-Houses, which Tim Hitchcock has attributed to the Society for Promoting Christian Knowledge (SPCK) in 1725.
27 Joseph Townsend, A Dissertation on the Poor Laws (London, 1787), 98; Powell, A View of Real Grievances, with Remedies Proposed for Redressing them; Humbly Submitted to the Consideration of the Legislature (London, 1772), 141.
28 Slack, English Poor Law, 35.
30 Ibid., 3.
admittance to or continued residence in a hospital and thus obtain food, lodging, and rest for free. Writing of the difficult situation of the injured soldiers of Britain, Samuel Bever complained that Hospital places were scarce, and ‘a feigned Infirmity, assisted by Favour and Interest, too often usurps the Place, which was ordained for real Objects only’, reflecting anxiety that resources might be wasted on the undeserving, leaving true invalids to suffer unassisted.\textsuperscript{31}

The 1780s and 90s have been noted as an important period in the rise of the dispensary movement, and while voluntary hospitals had been founded throughout the eighteenth century they were rapidly rising in number, with thirty-two hospitals and infirmaries opened in Britain between 1773 and 1798.\textsuperscript{32} This increase in institutional charitable medicine during the second half of the eighteenth century contributed to awareness and concern regarding the simulation of illness among those seeking assistance on medical grounds. Even with new institutions being founded, places in hospitals were in demand, and impostors presented a threat to both the integrity of these institutions, and the welfare of those for whom they were intended. Certain organisations admitted that simulated sickness might be exploited in this fashion, with The History and Statutes of the Royal Infirmary of Edinburgh (1778) explaining that ‘[i]t sometimes happens that patients, whose circumstances at home are necessitous, and their lives laborious, wish to loiter in the house as patients, and, being cured of real diseases, would amuse the physician with fictitious feelings’.\textsuperscript{33}

By contrast, far from decrying the numbers of impostors exploiting hospitals and infirmaries many writers were keen to emphasise that such behaviour was being guarded against. Fears of exploitation might deter potential donors as David Turner has noted, explaining that those writing about the hospital movement were particularly eager to stress the careful

\textsuperscript{33} The History and Statutes of the Royal Infirmary of Edinburgh (Edinburgh, 1778), 86.
regulation of admissions in order to ensure that those who were truly sick could be treated and returned to the workforce, while lazy impostors would be turned away. This was particularly true of those involved in the voluntary hospital movement, who contrasted this form of charitable care with the more easily exploited *ad hoc* donation of money to the sick poor. Bishop Thomas Sherlock explained:

> That such are proper Objects of Charity, there is no Doubt; but when Complaints of this Nature are used to move private Charity, they are often counterfeited; and the Money intended for the Relief of a poor Cripple, is perhaps given to a sturdy Vagabond. But that Case can never happen here; for Cheats and Counterfeits never come to an Hospital to be cured; they never desire that their Complaints should be examined by the skilful Eye and Hand of the Surgeon.

He suggested that due to the ‘Rules and Orders of a Place’ designed for the care of invalids, the hospital ‘affords no Temptation to the Idle and Vicious, that they should desire to come under the Rule and Discipline of it’. This argument was similar to those used to support the function of workhouses as deterrents for the underserving, cited above.

Defences of the legitimacy of patients’ needs featured in works written throughout the British Isles, although the arguments made were not always entirely convincing. Writing in support of an institution for the blind in Dublin in 1768, Sir James Caldwell somewhat dubiously claimed that ‘tho’ other personal Injuries or Imbecilities may be feigned, it is impossible to impose upon Humanity by affected Blindness’. Likewise John Camplin preached in support of the Bristol Infirmary in the 1760s, arguing that whatever objections the idleness, licentiousness, and wickedness of the poor might have raised to other charitable foundations, they do

---

34 Turner, *Disability in Eighteenth-Century England*, 44; also see Andrew Scull, *The Most Solitary of Afflictions: Madness and Society in Britain 1700-1900* (New Haven: Yale University Press, 1993), 35, on the importance of the establishment of a market economy and the need to distinguish the able-bodied poor from the non-able-bodied, which highlights the important impact of economic concerns upon charitable health-care treatment.


36 Ibid., 262.

37 James Caldwell, *Proposals for the Relief of the Blind Poor in and about the City of Dublin* (Dublin, 1768), 7.
not affect this: A broken bone, a raging fever, and numerous other maladies, to which human nature is liable, are too serious and real evils to be feigned, or hypocritically pretended to.\textsuperscript{38}

Hospitals and infirmaries could thus be upheld as institutions free from imposture on the grounds that they only treated ‘serious’ health complaints that were more difficult to simulate, as opposed to organisations that provided monetary or material aid to any who claimed to be incapable of self-support.\textsuperscript{39}

Nevertheless, the vehemence with which such writers denied that they were wasting resources on those feigning illness indicates their awareness that such charges might be levelled at hospitals and infirmaries, particularly given the ubiquity of the sham beggar within contemporary discourses.

On the opposite side of the debate, certain writers used the risk of feigned illness as an argument against provisions for the poor, and particularly those of a mandatory nature. The Scottish writer John M’Farlan, explained that

it is known to be a very easy matter for the slothful to pretend inability, by feigning disease or incapacity. Many instances of this may be discovered amongst common beggars. I am well informed, that, in England, it is very common for labourers and tradesmen, when they conceive a disgust at their business, or cannot get such wages as they demand, to cast themselves on the parish, where they know they have a claim to be maintained. In many places, they receive a provision from the poor funds nearly equal to what they could have gained by industry.\textsuperscript{40}

In this example the slothful ways of those lowest in the social hierarchy are represented as giving a bad example to productive tradesmen and threatening to undermine economic and social stability.

As a native of Scotland where private and religious charitable care prevailed, M’Farlan criticised the English Poor law, suggesting that ‘[h]ad

\textsuperscript{38} John Camplin, \textit{The Civil and Religious Rights of the Poor to Relief and Support: A Sermon Preached in the Parish Church of St. James, Bristol} (Bristol, 1766), 16.
\textsuperscript{39} Perceptions of the ease with which particular ailments might be simulated are discussed in Chapter 7.
\textsuperscript{40} John M’Farlan, \textit{Inquiries Concerning the Poor} (Edinburgh, 1782), 170.
there been no fund affording them such a provision, there is reason to think that they would have continued in their former occupations, happier in themselves, and more useful to the public'.

Evidently, the economic impact of feigned illness was a significant concern for those writing on the subject of charitable medicine during the eighteenth century, and while commentators were far from agreeing upon the best resolution to this issue, they were generally united in their desire to discourage such forms of medical imposture.

Some observers felt that suspicion had gone too far, however, as Thomas Tod’s response to M’Farlan demonstrates. In his *Observations on Dr. M’Farlan’s Inquiries Concerning the State of the Poor* (Edinburgh, 1783) Tod criticises M’Farlan’s descriptions of ‘the arts, the devices, and long studied tricks of sturdy beggars, who have learned to make themselves blind, lame, decrepit, and can feign all the different diseases incident to the human mind and body’, arguing that these are so luridly depicted as to ‘raise a perfect antipathy and abhorrence at every poor creature, who had the misfortune to be in rags’. As the previous chapter demonstrated, certain eighteenth-century writers were keen to highlight the harm that suspicions about bodily legibility might cause to those who were genuinely sick, and Tod’s work echoes this fear.

It is noticeable that Tod does not deny the possibility of simulated illness and injury, but far from fearing imposture he scoffs at the notion that ‘our eyes could not observe the difference between decrepit paralytick old age with grey hairs, and disguised youth, health and strength, or observe one deprived of legs or arms, [p]erhaps lopt away in battle, or distinguish a starved [e]maciated body, from one plump and healthy’. Tod suggests that such accusations of feigned illness often derive from miserly motives, remarking that ‘[t]hese accusations I have often observed, are greedily received in companies, but mostly by such as are not over bountiful’.

---

41 Ibid., 170; for information on the Scottish welfare situation see Brundage, *English Poor Laws*, 7.
42 Thomas Tod, *Observations on Dr. M’Farlan’s Inquiries Concerning the State of the Poor* (Edinburgh, 1783), 78.
43 Ibid., 78-9.
44 Ibid., 78.
While the simulation of sickness was only one facet of concern within eighteenth-century debates regarding welfare provision, it was a theme that recurred with frequency, demonstrating contemporary fears that individuals might falsify their bodily states to exploit those proffering aid. The fact that Tod felt it necessary to defend indigent beggars against the suspicions of individuals such as M'Farlan indicates the prominence of negative portrayals of the poor as malingerers, and the weight that claims of malingering held in such debates.

**Military malingering**

Mirroring the longstanding suspicions directed at the indigent poor, feigned illness was a well-established theme within discussions of military life, as the historian Ian Palmer has noted. As in the case of charitable or state-led welfare provision, a key concern of those writing about military healthcare was the fear that those shamming sickness would prove an economic burden and deplete resources intended for the care of genuine sufferers. Indeed, maimed former soldiers, sailors, and their dependents formed a significant addition to the indigent poor of eighteenth-century Britain, as Hitchcock has noted, thus contributing to concerns about the somatic sincerity of beggars. However, this section will focus on representations of sick soldiers and sailors on active service, as the phenomenon provoked additional concerns among observers.

As attitudes towards the sick poor indicate, the maintenance of an efficient workforce was a key concern for eighteenth-century writers. Duplicitous soldiers and sailors presented an additional threat however, as they diminished the forces available to deploy in battle, increasing their treachery in the eyes of observers by ignoring their patriotic duties as well as their social obligations. Britain was frequently at war during the eighteenth century, particularly during the second half of the century with the Seven

---


Years' War (1756–63), the American War of Independence (1775–83), and the French Revolutionary Wars (1792–1802). As such, the depletion of forces through feigned illness was a significant issue during this period.

The term ‘malingerer’, now used to signify a person who pretends or exaggerates illness in order to escape duty or work, originated as a term specific to soldiers and sailors, and there are signs that this usage may have been developing from the early eighteenth century. The Compleat Gentleman Soldier (1702) explained that the duty of ‘rear guard’ is ‘to bring up all malingers’, and although the definition of a ‘maligner’ is not given, it seems likely to be an early form of ‘malingerer’, signifying someone who shirks their duty, whether or not through feigned illness. That the term ‘malingerer’ was linked to simulated illness by the 1760s at least, was made clear by the Duke of Cumberland’s directions to regimental surgeons, which described ‘those soldiers who have been admitted into the hospital [and] have remained there, useless to the army, during the greatest part if not the whole season; and are commonly called Maligners’. Later eighteenth-century texts were most explicit in their use of the term, and it was defined within slang dictionaries, reflecting contemporary interest in the term beyond the military. Francis Grose explicitly cited it as a ‘fashionable’ term, and included the entry ‘MALINGEROR, a military term for one who under pretence of sickness evades his duty’, in addition to alternate terms of ‘BAD BARGAIN’ and ‘KING’s BAD BARGAIN’ and ‘SKULKER’, all of which were linked to malingering and ‘feigned sickness’ among soldiers and sailors.

---

47 ‘malingerer’: a person who malings; ‘maligner’: ‘To pretend or exaggerate illness in order to escape duty or work; to feign or produce physical or psychological symptoms to obtain financial compensation or other reward. (Originally used of soldiers and sailors.)’, Oxford English Dictionary Online, accessed 19/05/13, http://0-www.oed.com.lib.exeter.ac.uk/view/Entry/112944.
50 ‘SKULKER – a soldier who by feigned sickness, or other pretences evades his duty, a sailor who keeps below in time of danger; in the civil line, one who keeps out of the way, when any work is to be done; to skulk, to hide one’s self to avoid labour or duty’, Grose, Vulgar Tongue, ii, [17, 129, 139, 186 unpaginated]; see also James Caulfield, Blackguardiana: or, a Dictionary of Rogues, Bawds, Pimps, Whores, Pickpockets, Shoplifters (London, [1793?]), [228, unpaginated].
In addition to the development of specific terminology to refer to feigned illness within the military, writers also referred to the phenomenon using more general language as in Donald Monro’s *Account of the Diseases which were Most Frequent in the British Military Hospitals in Germany* (1764), which referred to ‘counterfeit’ illness on three occasions.\(^{51}\) The Duke of Cumberland and Donald Monro were not alone in their concern that troops were feigned sickness, and the phenomenon was cited with increasing frequency from the 1760s onwards. Thomas Simon’s *Military Medley* (1767) warned of ‘maligners’, as did the *Standing Orders ... for the Nottinghamshire Regiment of Marksmen* (1778?), and *The Honest Sentiments of an English Officer* (1779).\(^{52}\) This increase in citation coincided with the sustained periods of warfare that Britain participated in during the second half of the eighteenth century, yet it was not solely the product of the higher profile of warfare within British culture; it was also a result of accompanying changes within military medical practice and military publications.

The establishment of a standing army and navy during the later seventeenth and eighteenth centuries led to the rise of institutionalised medical care for the soldiers and sailors of Britain as Geoffrey L. Hudson has noted.\(^{53}\) Eric Gruber von Arni’s research has charted the origins of British military field hospitals in the Civil War and later conflicts, and this development in institutional healthcare continued in the eighteenth century in response to the frequent wars of the period.\(^{54}\) With military and naval hospitals providing a potential refuge for reluctant combatants, observers within the army and navy expressed concerns that individuals were feigning sickness in order to avoid combat, as we will see below. This development in

\(^{51}\) Donald Monro, *An Account of the Diseases which were Most Frequent in the British Military Hospitals in Germany, from January 1761 to the Return of the Troops to England in March 1763* (London, 1764), 153, 223, 237.

\(^{52}\) Simon Thomas, *The Military Medley, Containing the Most Necessary Rules and Directions for Attaining a Competent Knowledge of the Art* (Dublin, 1767), 100; 41; *Standing Orders and Instructions to the Nottinghamshire Regiment of Marksmen, the Right Honorable Lord George Sutton, Colonel* (Hull, [1778?]), [111, unpagedinated]; *The Honest Sentiments of an English Officer on the Army of Great Britain* (London, 1779), 74-75, 101; also see James Wolfe, *General Wolfe’s Instructions to Young Officers* (London, 1768), 74-75, 101.


medical practice was also reflected in the rise of a new genre of medical work, the specialised treatise aimed at military and naval practitioners, and particularly surgeons. Standing orders and advice for officers were also published with increasing frequency, resulting in a new range of sources that were published for military personnel and reflected their experiences of somatic simulation within the army and navy.

Often written for the benefit of other medical practitioners working in the same field rather than for the perusal of the patients under discussion, medical texts such as Robert Hamilton’s *The Duties of a Regimental Surgeon Considered* (1787) were direct in their treatment of the issue of feigned illness. Moreover, due to the specialised nature of many of these medical works the subject was generally discussed in some detail, covering questions of motives and methods of malingering in addition to means of discerning and dealing with those feigning ill-health. The issue of simulated illness within the military also arose in non-specialist medical texts such as David MacBride’s *A Methodical Introduction to the Theory and Practice of Physic* (London, 1772) and William Cullen’s *Clinical Lectures* (1797), demonstrating more widespread awareness of this issue within the medical sphere, yet such references were usually more fleeting.

One of the most commonly cited reasons for simulated illness in the military was simple indolence, with Robert Hamilton complaining of ‘such as are idle; who, in order to keep from duty, feign themselves sick’, and William Blair quoting Robert Somerville’s *Memoir on the Medical Arrangements Necessary to be Observed in Camps* (1796) in his opinion that ‘in many instances, laziness is the greatest part of the disease’ of those admitted to military hospitals. Often writers noted that particularly hard conditions and unpleasant weather tended to provoke an outbreak of simulated disorders.

---

56 These issues are examined more extensively in Chapter 7.
Bennett Cuthbertson wrote of soldiers ‘pretending sickness, merely for the sake of avoiding extraordinary Duty or exercise’, while Somerville explained that ‘[w]hen troops are exposed to hard duty during bad weather, the lazy part of them see no other way of avoiding it but by pretending sickness, and being sent to the hospital’. 59

Linked to a desire to avoid the hardships of military life were the attractions offered by the comparatively leisurely life in a military hospital. Somerville explained that within the military hospital ‘it is by no means uncommon for ten or a dozen of these men [maligners], after finishing a hearty meal, to set down to cards, or even to drinking, in company with the nurses and hospital attendants’, and Hamilton warned that ‘[s]uch ought to be shewn no indulgence; but a strict watch should be held over all that are thus suspected’. 60 The pains of regular service in the army were not the only ones to be feared, and Robert Hamilton noted a further motive for simulating illness, asking ‘[w]here is the man that will not endeavour to avoid punishment, if he thinks stratagem can accomplish it?’ 61 He warns fellow surgeons that when condemned to receive lashes for misdemeanours it is common for the ‘sufferer [to] fall into a seeming deliquum animi, before receiving his first twenty-five lashes; perhaps before he is much hurt’. 62

Aside from the temporary stratagem of playing sick to gain a break from work or avoid punishment, medical writers also discussed the use of feigned illness as a means of obtaining discharge from the army altogether. Cuthbertson remarked upon this behaviour, including in a footnote the tale of how ‘a remarkable instance of one [imposition] happened some few years ago, in the LIxth Regiment’, when a soldier suspected of feigning illness by officers and medical men ‘remained resolute in his scheme above a year, was discharged, and instantly cured’. 63 Louis Rouppe and James Lind noted

59 Bennett Cuthbertson, Cuthbertson’s System, for the Complete Interior Management and Economy of a Battalion of Infantry (Bristol, 1776), 49; Somerville, Memoir, 57; also quoted in Blair, Soldier’s Friend, 141.
60 Somerville, Memoir, 58; also quoted in Blair, Soldier’s Friend, 142; Hamilton, Duties of a Regimental Surgeon, 1:49.
62 Ibid., 2:28.
63 Cuthbertson, Cuthbertson’s System, n.50.
similar behaviour in the navy, with Lind describing ‘such as feign illness with a
view to get on shore, a practice very common on such occasions’.  

When profiling the types of men who resorted to feigned illness to gain
either temporary or permanent relief from military life, Somerville wrote that
such behaviour ‘very frequently happens in new regiments’ comprised of
young and inexperienced recruits, suggesting that their lack of discipline and
the shock of hard conditions lead them to ‘avoid their duty’.  

While Somerville’s work implies that commitment to duty was weaker in newer
recruits, Ronald Hamilton’s Sketch of the Present State of the Army (1796)
was critical of the attitude of the entire army. He blamed contemporary
practices of enlisting people for life for the want of enthusiasm, writing that
‘such is the military spirit at present that every sort of trick and low cunning is
practised by the men, to avoid doing any duty, to be left behind when the
regiment goes abroad, or to get their discharge’. Among these ‘tricks’ he
numbered feigned illness and deliberate injury.  

So marked was this feature of military life, that John Williamson made
lengthy reference to malingering in his satirical work Advice to the Officers of
the British Army. While authors of strictly medical treatises concentrated upon
the problem of feigned illness among the common soldiers this work of satire
suggests that military officers were also suspected of this underhand
behaviour. The popularity of Williamson’s humorous advice on the best
means to avoid work and exploit the perks of life in command is indicated by
the fact that it had run through nine editions by 1787. The work presented
officers with a wide range of methods and motives for feigning illness, some of
which were akin to the reasons supplied by medical practitioners for the
malingering of the regular troops, while others differed. ‘If the duty runs hard,
you may easily sham sick’ Williamson suggested, demonstrating that illness

---

65 Somerville, Memoir, 58.
67 Ibid., 17.
was perceived to offer an escape from hard work for all members of the British army.\(^6^9\) However, he also recommended that officers cover up misdemeanours such as having ‘pawned or sold your necessaries’ by feigning illness on inspection days, and advises that ‘[w]hen you have been on furlough, pretend, a few days before the expiration of your time, to fall sick, and get your furlough or pass renewed by some young recruiting officer’.\(^7^0\) As in the case of the regular soldier, feigned illness was viewed as presenting officers with opportunities for extended leisure and the avoidance of punishment, although in somewhat differing circumstances.

Some writers feared that malingering was not viewed with the proper abhorrence among troops, rendering it extremely difficult to deter such behaviour. Ronald Hamilton warned that rather than being ‘looked upon as monsters, and detested accordingly’ as these malingerers ought to be in his view, ‘[s]uch tricks are only laughed at by the men’.\(^7^1\) Likewise, Robert Hamilton’s work referred to the difficulties of detecting malingering among hospital patients due to the attitude of the soldiers, implying that the high incidence of such behaviour results in collusion, ‘[f]or, so great will be the conspiracy among the patients, that they will not readily discover one another’.\(^7^2\) Nevertheless, while the simulation of sickness may have been regarded as amusing or clever by certain ranks of the army, the writers of medical and military treatises were in no doubt as to the disgraceful nature of a man who assumed the role of an invalid in order to avoid his military duty. Discussing the subject of military malingering in a broader historical context, Ian Palmer has suggested that ‘[t]he concept of maleness is important in understanding perhaps why more soldiers do not malinger’, arguing that ‘[m]en strive for pride, honour, and identity and while they may identify with what is evil, thy seldom identify with what is shameful’.\(^7^3\) While Hamilton feared that such connotations of dishonour were not sufficient to prevent malingering, the practice was clearly regarded in a dishonourable light by those writing of feigned illness in the military.

---


\(^7^0\) Ibid., 137, 145.

\(^7^1\) Hamilton, *Sketch of the Present*, 17.

\(^7^2\) Hamilton, *Duties of a Regimental Surgeon*, 1:50.

\(^7^3\) Palmer, “Malingering”, 47.
The negative and shameful connotations attached to malingering were made clear by many military texts, with the *Standing Orders, for the Eleventh Regiment of Light Dragoons* calling feigned sickness ‘ contemptible, unsoldier-like behaviour’, those of the Nottinghamshire Regiment of Marksmen entitling any malariner ‘a base-minded Wretch’, and General James Wolfe deriding such ‘female characters’. The language used in these texts is marked in its overtones of shame, with writers implying that the assumption of sickness to avoid military duty undermined one’s identity as a soldier and as a man. It is hardly surprising to find that officers and medical writers took a critical stance given the trouble that such behaviour could cause them, yet these views were also reflected in literary publications, suggesting a broader distaste for shirkers among the armed forces. The novelist Tobias Smollett attributed such behaviour to his deceitful character of Ferdinand Fathom, who feigns illness to escape the dangers of military excursions. Not satisfied with protecting his health, Fathom also seeks to protect his honour however, with the narrator remarking that

our adventurer managed matters so as to pass for a youth of infinite mettle, and even rendered his backwardness and timidity subservient to the support of his character, by expressing an impatience of lying inactive, and a desire of signalizing his prowess, which even the disabled condition of his body could scarce restrain. This artful behaviour indicates the damage that imputations of feigned illness and cowardice could do to a soldier’s reputation, and the narrator describes Fathom as ‘ naturally chicken-hearted’, confirming the dishonourable nature of his actions.

In addition to serving those who feared physical dangers, literary writers suggested that those lacking moral courage might also exploit feigned illness. *The Adventures of a Kidnapped Orphan* (1767) depicted the cowardice of a weak sea captain who is unwilling to contradict the whims of

---

74 *Standing Orders, for the Eleventh Regiment of Light Dragoons* (Dorchester, 1799), 18; *Standing Orders and Instructions to the Nottinghamshire*, [111]; Wolfe, *General Wolfe’s Instructions*, 41.


76 Ibid., 1:115.

77 Ibid., 1:115.
his unpleasant first mate for example. When forced to unjustly punish the
good sailor Manly, the captain ‘feign’d sickness and delegated the sovereign
command to the tyrannical Testy’ rather than rectifying the situation or
carrying out the punishment himself.\footnote{The Adventures of a Kidnapped Orphan (London, [1767]), 62-63.} His failure of bravery is clearly
criticised, and is further emphasised by the name of the victim in this scenario,
‘Manly’, a term which draws attention to the inability of the captain to live up to
the qualities expected of both his gender and his position.

The simulation of sickness in order to avoid military and naval duties
was evidently charged with negative connotations of dishonour and unmanly
cowardice, whether explored within literary or practical texts. Not only were
military combatants male, but the role of the soldier and sailor was also built
upon physical strength and courage. The deliberate assumption of debility
thus ran counter to their perceived role and identity as martial males, and it is
perhaps this that prompted accusations of ‘female’ behaviour, alongside the
perception that courage, honour, and patriotic duty were important and
potentially threatened elements of masculinity.\footnote{Robert Shoemaker has suggested that gender-based conceptions of honour changed over
the course of the period, with physical courage and participation in combat featuring less
prominently in conceptions of male honour, Robert Shoemaker, “Male honour and the decline
However, scholars have also noted the significance of contemporary concerns over Britain’s
military failures later in the eighteenth century, and the existence of fears that luxury was
undermining British men’s hardness and masculinity, Kathleen Wilson, The Sense of the
People: Politics, Culture and Imperialism in England, 1715-1785 (Cambridge: Cambridge
University Press, 1995), 187; and Michèle Cohen, Fashioning Masculinity: National Identity
and Language in the Eighteenth Century (New York: Routledge, 1996), 7.}

It is also possible that
accusations of femininity were linked to the perception that the feigning of
illness in order to manipulate others was a particularly female form of artifice,
as the portrayals of domestic simulation in Chapter 4 demonstrated.

While the negative image of malingering as ‘unmanly’ or shameful may
not have deterred all potential simulators, it could have alternative effects of a
problematic nature, as the military apothecary William Lempriere highlighted.
He noted that ‘good soldiers are frequently afraid of the appellation of
maligners, and hence conceal their complaints till irreparable mischief is
done.’\footnote{William Lempriere, Practical Observations on the Diseases of the Army in Jamaica, as they
Occurred Between the Years 1792 and 1797 (London, 1799), 283-84.} Furthermore, Cutherbertson warned
that ‘[m]any Soldiers have such
a dislike to the confinement of a Hospital, that they endeavour to secrete their disorders, to prevent their being sent there, by which means, the Surgeon’s assistance either comes too late, or their recovery is not so speedy, as if timely applications had been made.\footnote{Cuthbertson, \textit{Cuthbertson’s System}, 49.} In such cases medical practitioners had to be on the lookout for the concealment rather than the imitation of illness, and the soldier was presented as foolishly stoical rather than cowardly and deceptive.\footnote{Ibid., 283.}

\textit{Imposture in the courts}

While sickness provided a highly useful excuse for avoiding the duty of work, whether in the military or within a civilian role, it could also function as an excuse for anti-social or criminal behaviours, particularly when the illness claimed was madness. Although the insanity plea was not established as an official verdict within British law until the turn of the nineteenth century, judges, lawyers and jurors acknowledged diminished responsibility as grounds for deeming a defendant not guilty throughout this period, as historians have demonstrated through their examination of legal cases in both England and Scotland.\footnote{R. A. Houston, \textit{Madness and Society in Eighteenth-Century Scotland} (Oxford: Clarendon Press, 2000), 85, 89; Eigen, \textit{Witnessing Insanity}, 21, 39.}

An examination of the medico-legal works published in the eighteenth century corroborates this view, indicating both that insanity might be deemed a valid defence and that the authenticity of such madness was always a contentious issue. Edward Umfreville’s \textit{Lex Coronatoria: or, the Office and Duty of Coroners} (1761) highlighted the problems arising from counterfeit madness in the courts for instance, quoting the jurist Matthew Hale in his view that the authentication of madness is ‘a Matter of great Difficulty’ due in part to ‘the Easiness of counterfeiting the Disability’.\footnote{Edward Umfreville, \textit{Lex Coronatoria: or, the Office and Duty of Coroners} (London, 1761), 1:134.} Umfreville included the description of a case dating back to the seventeenth century, writing that ‘[i]n the Year 1668, at Aylesbury, a married Woman of good Reputation was
delivered of a Child, and not having slept many Nights fell into a temporary Phrenzy, and in the Absence of any Company, killed her Infant’. He explained that ‘it was left to the Jury with this Direction; that if it did appear that she had any Use of Reason when she did it, they were to find her Guilty; but if they found her under a Phrenzy, though by Reason of her late Delivery, and Want of Sleep, they should acquit her’, which they did, finding her ‘not Guilty; to the Satisfaction of all who heard it’.

As Umfreville’s words indicate, allowance of mental impairment as a defence raised the possibility of feigned madness. Legal writers and medical practitioners of the eighteenth century exhibited considerable concern over the possibility that criminals might escape justice through feigning mental incapacity, as Houston has noted. In some cases eighteenth-century works of law and legislation were crafted with the intent of thwarting such behaviour. Legal texts such as Matthew Bacon’s A New Abridgment of the Law (1768) commented upon means of avoiding such imposture, noting for example that ‘no Man is allowed to disable himself’, i.e. declare himself insane, ‘for the Insecurity that may arise in Contracts from counterfeit Madness and Folly’, indicating that without such clauses individuals might use feigned madness to escape contracts on the grounds that they had not been in their right mind when signing them. However, there were instances in which the forms of the law themselves could not prevent the possibility of feigned illness from arising, and as a consequence the simulation of sickness remained a concern for those involved in legal matters, a fact reflected in the writings of certain medical men.

As in the case of works of naval and military medicine, texts discussing medical jurisprudence began to emerge in the later eighteenth century, although not in such great numbers. Historians have noted that while medical practitioners were being called upon to testify on matters of health and injury with greater frequency as the century progressed, the use of such expert witnesses was far from universal and was not yet deemed a necessity by the

\[85\] Ibid., 1:132.
\[86\] Ibid., 1:133.
\[87\] Houston, Madness and Society, 85.
close of the century. Nevertheless, as the example of Andrew Duncan has already highlighted, the growth of medical jurisprudence as a new area of expertise stimulated the production of works dealing with this subject. Duncan’s *Heads of Lectures on Medical Jurisprudence* advertised his teachings on the medico-legal matters at the University of Edinburgh, following the trend established by other universities in Europe. The role of the medical practitioner as an authority on the authenticity of illness within the setting of the court will be discussed further in the next chapter, but such works are also of interest in highlighting the perception that individuals commonly used feigned illness as a means of manipulation during legal cases.

Desirous of facilitating the reading of the body within legal contexts, physicians and other practitioners involved in legal medicine produced specialised works for their colleagues with titles such as *Elements of Medical Jurisprudence*, mirroring the production of specialised medical treatises for military practitioners. In the English translation of his work, published under this title, Joannes Fridericus Faselius remarked that

> There are various causes which induce men to feign disorders to which the human body is subject, and with such fictions to impose often upon a court of judicature, or at least a civil magistrate. To this they are induced from fear, from bashfulness, or from lucre.

The inclusion of ‘fear’ in Faselius’s list corroborates the idea that, ‘those condemned to certain corporeal punishments’ were often suspected of simulating ill-health, with madness providing a means of excusing their former actions as Duncan claimed.

In contrast with concerns that madness might be deliberately simulated, the reverse possibility – that sane individuals might be falsely

---

90 Duncan, *Medical Jurisprudence*, iii.
92 Ibid., 120.
confined as mad – was also feared, particularly where relatives were eager to dispossess an individual of their property or rights. Max Byrd has suggested that disobedient wives and wealthy women were viewed as particularly at risk, while Jonathan Andrews and Andrew Scull have noted that despite the predominance of female victims in literary works 'a fair number of actual and fictional male equivalents suffer[ed] similar fates'.

Wrongful imprisonment may not have been an issue of equal concern throughout Britain however, with Houston remarking that it was less of a fear in Scotland due to '[t]he open and stringent procedures for cognoscing'.

The issue of wrongful accusations of madness was one of more relevance to civil than the criminal law, and Duncan included the issue of assessing insanity and idiotism among the sections of his lectures on the civil courts. Samuel Farr also highlighted the importance of rightly judging such cases, writing

> When the ideas of the mind are distracted, and thought and reason are confused and destroyed; it is common for the civil power, not only to take cognizance of the unhappy persons subject to such misfortunes, but to deprive them of their estates for a time, and put them under proper confinement. As the consequences are so dreadful, it is necessary then that the decision be established upon the firmest and most satisfactory proof.

Such measures might be employed to gain possession of an individual’s property or possessions, and as such proved the power of feigned illness to operate as a means of active acquisition as well as a form of self-defence.

Andrew Duncan suggested that anger or malice provided further motives for simulation in a legal context. In both his Medical Commentaries and his Heads of Lectures on Medical Jurisprudence he warned practitioners that the prosecution might also make use of somatic deceit, writing ‘[n]or does

---

94 Andrews and Scull, Undertaker of the Mind, 152, 177; Max Byrd, Visits to Bedlam: Madness and Literature in the Eighteenth Century (Columbia: University of South Carolina Press, 1974), 42.
95 Houston, Madness and Society, 55.
96 Duncan, Medical Jurisprudence, 8, 10.
97 Farr, Medical Jurisprudence, 115.
it happen unfrequently, that the person who is wounded, spurred on by hatred, revenge, and his own interest, exaggerates the injury, and counterfeits pains and disease which he does not suffer. His warning supports the notion that counterfeit sickness might be used as a weapon, exploited by those desirous of injuring others.

Imposture in the courts was not the sole preserve of the suspected criminal or prosecuting party however, and a dictionary entry from 1721 suggested that lawyers themselves might feign sickness for personal gain. ‘SILVER-Sickness /SILVER-Squinsey’ was cited as a phrase used ‘when a lawyer, brib’d by the adverse party, feigns himself sick, or not able to speak’, a term similar to ‘ARGENTAN’GINA, the silver-quinsey; when a pleader at the bar, being bribed, feigns himself sick’. Regarded as a useful and flexible excuse for avoiding obligations, simulated sickness could thus by employed to subvert justice from either side of the dock, yet the somatic artifice of lawyers does not appear to have attracted the same level of concern as feigned illness among defendants. A feigned ailment might allow a lawyer to avoid work, yet feigned madness potentially allowed an individual to get away with murder, highlighting the high stakes surrounding simulation in legal contexts.

Conclusions

In many ways, the simulation of sickness within institutional contexts drew upon the same qualities that rendered illness so useful in domestic settings. The position of an invalid provided an excuse to transgress social expectations and to avoid duties, whether of social engagements or employment. However, from the perspective of social commentators, medical practitioners and those managing such institutions, the stakes were much higher when somatic artifice was employed at an institutional level. Within the welfare system, the military, or the court system, multiple malingerers might exploit the same institution or broader organisation, compounding the level of

---

damage. As a result, the subject of institutional malingering received far greater attention within texts of a practical nature, featuring within works of medicine and law, as well as in commentaries upon the nation’s welfare, military and legal systems. Literary works also touched upon such behaviour, indicating the wide-reaching nature of such concerns, yet the dominance of professional and practically oriented works highlights the different light in which institutional imposture was regarded.

As the spheres of welfare provision, the military, and the law have demonstrated, this dominance of practical and medical texts was also related to the increasing profile that malingering assumed in these three contexts as institutions such as hospitals and infirmaries developed in number and nature, and as medical jurisprudence attracted more attention within the courts. Over the second half of the eighteenth century a rise in institutional medical provision or institutional roles for practitioners rendered somatic authenticity an issue of heightened concern, as commentators feared that resources were being wasted on the treatment of impostors, or that justice might be subverted. Equally, rising financial and practical pressures upon existing institutions such as workhouses and voluntary hospitals heightened debates over their ability to distinguish between worthy and unworthy recipients of aid. However, the developments taking place in these settings also prompted an increase in the number of texts on these subjects, which in itself provided a larger arena for debate. As such, we can regard the later-eighteenth-century debate surrounding institutional malingering as a feature of both institutional development and also as a product of the new genres that such developments instigated. Highlighting the existence of feigned illness was not the sole interest of these writers however; many were acutely concerned with the need to identify and eradicate somatic artifice within institutional contexts, as the following chapters will demonstrate.
Chapter 6 – A duty of detection?

Appearing in eighteenth-century accounts of fashionable society, religious movements, beggars, soldiers, and criminals, the threat of feigned illness and bodily opacity intrigued commentators within a range of spheres. Some writers felt it sufficient to highlight the presence and nature of this artifice within print, their words functioning as an invitation to laughter or disapproval. For others however, the issue of somatic simulation raised a more practical question of who was to judge, and potentially punish, bodily authenticity. For William Henry Hall, compiler of *The New Royal Encyclopædia*, the question was a pressing one given his belief that ‘[t]he impositions practised by feigning diseases have lately been more prevalent than ever’.\(^1\) Writing of ‘the discovery of these deceits, on which the credit of the physician often depends’, Hall presented the investigation of somatic authenticity as the responsibility of the medical practitioner, suggesting that this duty was crucial to a practitioner’s reputation as well as to social order.\(^2\)

The duty of detecting feigned illness was not always so clearly attributed to medical practitioners however, and their obligation and ability to detect and expose such fraudulent invalids was highly dependent upon context. As this chapter will argue, the socio-economic relationship between practitioner and patient was crucial to determining the necessity and viability of carrying out an investigation of potential simulation. Private patients were far from likely to desire their medical attendants to assume the role of an interrogator of somatic sincerity, and medical practitioners had little to gain from doing so. Nevertheless, such investigations were presented as possible when the patient was a child or dependant of the fee payer, or where extraordinary symptoms rendered the authenticity of their complaints suspect. By contrast, practitioners working on behalf of a third-party institution or organisation such as the law courts, the parish, or the military, were under no economic or social obligation to their patient, and thus had far greater freedom to question patients’ sincerity. Indeed, as the works examined in the

---

\(^1\) Hall, *New Royal Encyclopædia*, [42, unpaginated].
\(^2\) Ibid., [42].
second section of this chapter demonstrate, practitioners were often encouraged or obliged to seek out malingerers in order to prevent the waste of resources or exploitation of social systems.

Contemporary texts also suggested that lay people might play a role in detecting fraudulent illness, particularly within the settings of the courts where juries judged the sanity of defendants throughout the century. Within more informal encounters lay people experienced social and economic pressures that limited their ability to question the authenticity of their peers’ diseases however, as in the case of medical practitioners.

Representations of lay authentication of sickness suggest that medical knowledge was not perceived to be vital to distinguishing between genuine and simulated signs of sickness, yet the value placed upon medical expertise appears to have been gradually increasing. As we have seen in the previous chapter, the development of a range of healthcare institutions and the rise of medical jurisprudence over the course of the century prompted an increase in concern regarding the impact of feigned illness, as well as increasing the level of involvement of medical practitioners in such settings. During the final third of the century this resulted in both external and internal pressures upon the medical faculty to distinguish between genuine and feigned ill health, with institutions mandating the inspection of patients, and practitioners highlighting the necessity of vigilance in their work. As Chapter 7 will show, however, not all writers or practitioners were confident in the ability of medical knowledge to penetrate the obscurities of the human body.

*Patient-practitioner relationships: Private practice*

Scholarly debate suggests that the balance of power and the negotiation of diagnosis and treatment within eighteenth-century medical relationships depended to a significant degree upon the relative socio-economic positions of patient and practitioner, although historians are not in agreement as to the degree to which patients dictated their care. Much discussion has focused on the dynamics between physicians and private fee-paying patients. Nicholas Jewson has argued that ‘[o]ne of the most important manifestations of the
patient’s power over the practitioner was his ability to dictate the very
definition of illness itself. This view suggests that far from being inclined to
interrogate the authenticity of their patient’s disorder, a medical practitioner of
the eighteenth century would be more likely to defer to the patient’s claims of
sickness. Roy Porter has likewise noted that patients held much power in the
medical marketplace of eighteenth-century Britain and argues that ‘the
patient’s own “history” commanded a privileged status’. Supporting this view,
Wayne Wild has argued that ‘[t]he patients who engaged in medicine-by-post
[seeking medical advice via correspondence] were neither intimidated not
awed by their physicians’, observing the effect that physicians’ lower social
status usually had upon relationships with clients of aristocratic lineage.

Nevertheless, in highlighting patient autonomy we should not for
get the agency of practitioners within such exchanges. Medical practitioners claimed
a form of power through the authority of their training and knowledge, as
Porter conceded in his work with Dorothy Porter, explaining that ‘[p]ower
politics are never very far from the surface in the interplay of the sick and their
physician’. Anne Borsay has presented a similarly mixed view, writing that
‘[e]arly Georgian medicine was one of the most professionalized occupations,
doctors exerting a degree of authority over patients who increasingly sought
expert advice’, yet also remarking that ‘[o]ver those who paid for health care,
however, this control was not absolute’.

Recently the work of Andrews and Scull on John Monro’s casebook
has provided insights into the way in which medical practitioners might resist
their patient’s wishes to a certain extent. Andrews and Scull remark that their
research has generally supported Jewson’s argument as patients’ families
often dominated in the bargaining process that accompanied diagnosis and

---

4 See Roy Porter, Bodies Politic: Disease, Death and Doctors in Britain, 1650-1900 (Ithaca: Cornell University Press, 2001), 150; Porter, Health for Sale, 33.
treatment. However, they also note that such compliance was not universal, writing that ‘far from being invariably deferential to their clients, eighteenth-century physicians were often prepared to contradict their patients’ desires and whims, and doctor-patient relationships in this period had their fair share of conflicts’. The printed edition of John Monro’s casebook for 1766 that accompanies their analysis demonstrates this fact, with the case of Mr Whitehead proving particularly interesting as Andrews and Scull note. Monro wrote that

I found him full of complaints but could by no means trust to his own account of himself, with a countenance of good health he was dying, nothing would stay upon his stomach; he had no appetite, could not sleep, & was so weak he could scarce stand, these complaints the first excepted were without foundation; the sickness at his stomach was occasion’d likewise by his own management of himself, & sometimes I believe by his endeavours.

Nevertheless, such comments made in a private casebook are a different matter from the open expression of disbelief in a patient’s illness, and it is unsurprising that the published medical works studied in this chapter reveal relatively few instances of practitioners questioning the somatic authenticity of private patients.

Certain writers hinted at the difficulties of maintaining authority over the processes of diagnosis and treatment, particularly with regard to fashionable and wealthy clients. This was not simply a concern affecting issues of authenticity, but might even hinder the treatment of genuine complaints. George Cheyne wrote of the unwillingness of patients to submit to unpleasant or arduous treatments, noting that they are ‘so averse to being confin’d by disagreeable Restraints that they are prepar’d to believe every Imposter, that will take upon him to dispense with the most necessary Condition of Cure’. Cheyne advocated employing placebo medicines in order to cajole patients

9 Ibid., 49.
11 Cheyne, English Malady, 154.
into following an unexciting regimen of abstinence, presenting the patient as an individual who had to be humoured rather than commanded:

I have with Pleasure admired the Art and Ingenuity of a Physician, who, to keep up his Patient’s Spirits during the tedious Cure, and gain the Advantages of Temperance and Abstinence as much as he was able, has prescrib’d a Course of innocent, tho’ neither palatable nor appetizing Medicines, for a long time, without teasing his Patient with the dispiriting and mortifying Doctrine of Self-Denial.\(^\text{12}\)

Other medical writers warned of the capriciousness of patients in their treatises, with James Makittrick Adair cautioning in his *Commentaries on the Principles and Practice of Physic* (1772) that the practitioner ‘ought not to prostitute his judgment, nor sacrifice the health of his patient, to the ignorance or prejudices of his patients or their attendants; but with a becoming spirit and steadiness, insist on his regulations being complied with’.\(^\text{13}\) Adair did acknowledge the necessity of humouring such clients, however, adding that one should make ‘all the concessions the safety of his patient will admit of’.\(^\text{14}\) He admitted that some physicians had succeeded by ‘pitiful arts’ such as ‘servilely ministring [sic.] to the vanity or pride, the follies or vices of the great, the wealthy, the idle, and the profligate’, yet concluded that ‘men of genuine merit need not such aids; men of spirit and principle will contempt them’.\(^\text{15}\)

Despite the difficulties posed by the nature of the financial and social relationship between patients and practitioners, certain medical writers suggested that the practitioner might take on a more investigative role in the correct circumstances. Two principal factors recur within accounts of the examination of somatic authenticity; firstly the absence of a direct financial arrangement between practitioner and patient, and secondly the existence of ‘extraordinary’ features of a case.

Where the patient was not the fee-payer but related to or dependent upon this individual, the ability of the practitioner to expose feigned illness

\(^{12}\) Ibid., 158.

\(^{13}\) James Makittrick Adair, *Commentaries on the Principles and Practice of Physic* (London, 1772), xxxix; also see comments in Rush, *Medical Inquiries*, 253, 258.

\(^{14}\) Adair, *Commentaries*, xxxix.

\(^{15}\) Ibid., xl.
might be increased, although only with the acquiescence of the paying client. Children and women were less likely to hold the purse strings and therefore formed potential subjects of investigation, although the scarcity of references to such cases within medical texts suggests that such investigation was rare among private patients nonetheless. Van Swieten noted in his commentaries upon Boerhaave’s work that the physician ‘mentions a case of a young nobleman, of a naughty disposition, who, if his parents denied him any thing he wanted, immediately counterfeited this disease [epilepsy]’. In this case the physician acted as an authority upon authenticity, commanding the surgeon who was present ‘to touch his great toe with a hot iron, upon which he [the young man] immediately jumped up; and being afterwards given to understand, that upon the next paroxysm the cautery must be applied, he never durst counterfeit the disease any more’. It seems probable that Boerhaave’s clients, the parents, already suspected their son of malingering given that the physician was awarded such freedom to injure or at least threaten a young nobleman, and the case provides an interesting example of medical practitioners being used as examiners of somatic authenticity.

When dispensing of their expertise on informal grounds practitioners might also investigate suspected child performers of illness with greater ease, a feature shared with accounts of suspected malingering among women. Andrew Duncan’s medical commentaries contained the account of F. Armstrong, who described the case of a young girl ‘labour[ing] under a very extraordinary species of epilepsy’. Armstrong visited the girl, the daughter of a carpenter, after hearing of the case and becoming curious, and was thus not under any financial obligation but rather following his own inclinations. Becoming doubtful of the authenticity of the disorder he ‘tried many things, to see whether she could possibly feign the fits, but nothing had any effect’. Such investigation was only possible where the medical practitioner assumed social superiority to the subject of investigation, and in cases deemed ‘extraordinary’ and thus appropriate for medical inquiry.

---

16 Van Swieten, Commentaries, 329.
17 Ibid., 329.
19 Ibid., 323.
This view is borne out by a similar account from much earlier in the century, in which the Bath physician William Oliver examined ‘a very extraordinary sleeper’ to test the nature and authenticity of his condition, a case he found intriguing enough to include in two different works.\textsuperscript{20} This description of a man famous locally for his tendency to fall into sleeping fits for days at a time is centred upon Oliver’s desire to test the authenticity of such an unusual condition, an endeavour in which several other medical practitioners participated.\textsuperscript{21} The man was apparently of low social standing and income, and thus neither he nor his family were able to prevent such investigations successfully, although his mother attempted this, with Oliver remarking that ‘for some time after [she] would suffer no body to come near him, for fear of more Experiments upon her Son’.\textsuperscript{22}

Other descriptions of charitable or unpaid medical work featured similar accounts of suspected simulation, particularly in relation to young females. Writing on the plague in London the previous century, Nathaniel Hodges recalled how upon examining one young girl he ‘was rather inclined to think she counterfeited being sick, than really to be out of Order, until examining her Breast, I found the certain Characters of Death imprinted in many Places’.\textsuperscript{23} By contrast, William Musgrave was in the minority in believing in the authenticity of a young girl whose treatment he charitably provided, writing ‘[t]here was some of Opinion, that this young Woman counterfeited; but upon strict Examination, I could never find any Reason for that Suspicion’.\textsuperscript{24}

The particularly high status of a physician – rather than the comparatively low status of a patient relative to a practitioner’s usual clientele – might also facilitate investigations into somatic authenticity, although only with the tacit agreement of family members. Denis Diderot’s \textit{Essay on Blindness} (1773) contained another description of an ‘extraordinary case’,

\textsuperscript{20} William Oliver, \textit{A Practical Dissertation on Bath Waters} (London, 1707); William Oliver, \textit{A Relation of a Very Extraordinary Sleeper: at Tinsbury, near Bath. With a Dissertation on the Doctrine of Sensation} (London, 1707).
\textsuperscript{21} Oliver, \textit{Practical Dissertation}, 119.
\textsuperscript{22} Ibid., 119.
\textsuperscript{23} Nathaniel Hodges, \textit{Loimologia: or, an Historical Account of the Plague in London in 1665} (London, 1720), 134.
\textsuperscript{24} William Musgrave, \textit{A Periodical Palsy}, extract in Royal Society (Great Britain), \textit{The Philosophical Transactions and Collections, to the End of the Year 1720} (London, 1732), 3:34.
recounting Sir Hans Sloane’s treatment of a woman blinded by small pox who was yet able to tell colours by sense of touch, and obtained a heightened sense of smell. Diderot described how ‘it was long doubted whether she had not some faint remains both of hearing and sight, and many experiments were made to ascertain the matter’, yet initial observers were eventually convinced. As president of the Royal College of Physicians Sloane was an eminent practitioner, and appears to have drawn upon his status in order to pursue his curiosity about the case despite the convictions of others. He was also able to ignore the distress that it caused the lady herself, for whom the ‘thought of being suspected of insincerity, or supposed capable of acting so wicked a part as to feign infirmities that were not inflicted, was an addition to her misery which she could not bear’. Sloane ‘being still doubtful of the truth of facts, which were scarce less than miraculous, he was permitted to satisfy himself by such experiments and observations as he thought proper; the issue of which was, that he pronounced her to be absolutely deaf and blind.’

Religious healing miracles also provided grounds for suspicion regarding somatic authenticity as Chapter 3 has demonstrated, and certain writers appear to have viewed medical practitioners as particularly reliable witnesses or investigators in such cases. The Bishop John Douglas regarded one case of a partial healing as difficult to refute on the grounds of the subject’s attendance by medical practitioners during the time of the cure, for instance. Practitioners might also question the authenticity of textual accounts of medical miracles, with Richard Mead’s Medica Sacra; or, a Commentary on the Most Remarkable Diseases, Mentioned in the Holy Scriptures (1755) playing an important role within debates upon the subject of scriptural healing. Theological authors cited his work as a crucial source of rational inquiry when debating the veracity of scriptural miracles, with the minister Hugh Farmer arguing that ‘the authority alone of our illustrious

26 Ibid., 131.
27 Ibid., 132.
28 Ibid., 133.
29 Douglas, Criterion, 146.
countryman Dr. R. Mead, should have more weight with us, than the opinion of multitudes bred up in ignorance and superstition’.

Nevertheless, debates over the authenticity of spiritual healing were not always carried out within a medical framework, as Chapter 3 has demonstrated, and medical scrutiny was only one recognised means of authenticating spiritual states. It is possible that medical practitioners were deemed more appropriate authorities in cases of healing than of possession and witchcraft, as their knowledge could be used to indicate whether the ‘healed’ individual was actually diseased in the first instance, as in Douglas’s account. Eighteenth-century medical practitioners were involved in cases of suspected witchcraft and possession at times, as the research of Jonathan Barry has demonstrated. However, Barry has argued that ‘responses to the Lamb Inn case [of suspected witchcraft] did not contain, as might have been expected, confident claims to understand the episode in terms of natural philosophy or medical knowledge’. As such, we ought not to assume that medical knowledge was necessarily considered to be an essential tool in distinguishing between authentic and simulated spiritual phenomena.

Cases of religious healing, and the other ‘extraordinary’ ailments noted above appear to have prompted physicians to investigate somatic authenticity through both intellectual curiosity and a sense that it was appropriate to investigate the inexplicable. Private patients suspected of simulating less startling or unusual diseases were perhaps less easily questioned, particularly when paying the practitioner’s bill themselves. Thus a combination of economic independence and unusual symptoms could create situations in which medical practitioners took it upon themselves to investigate the authenticity of illness, yet this was generally a task undertaken from personal interest rather than a sense of duty it seems.

Contrasting with these instances in which medical practitioners were portrayed or presented themselves as investigators of somatic authenticity, certain writers of the period questioned whether the economic dependency of

---

30 Farmer, Demiaca, 158.
31 Barry, Witchcraft and Demonology, 203.
32 Ibid., 204, the case of supposed possession/witchcraft directed at the daughters of innkeeper Richard Giles took place in Bristol in 1762.
physicians, surgeons, and apothecaries might render them susceptible to corruption. Within a diverse range of texts the practitioner was portrayed as colluding in the simulation of illness for personal gain, although medical writers were, as one might expect, disinclined to support such a view.

As Chapter 1 highlighted, actors and actresses were often suspected of feigning illness in order to avoid work, and it was suggested by some that they relied upon medical practitioners to support their case with employers. *The Lady’s Magazine* of July 1798 included ‘Anecdotes of Garrick’, which noted both Garrick’s propensity for claiming illness and the role of the medical practitioner in such performances. ‘There are always physicians and apothecaries about a play-house, that are ready to vouch for the illness of an actor or a singer, and to aver that acting or singing on such occasions would be attended with danger’ the writer explained.33 This account suggested that a medical practitioner’s views were for sale, rather than resting upon any moral or professional obligation to be truthful, yet it also highlights the fact that the validation of a physician or apothecary could prove useful. This could only be the case if in general such practitioners were regarded as able authorities upon the nature and authenticity of disease, however questionable their neutrality and honesty in the eyes of some.

Novels and other literature also suggested that medical integrity was for sale. Rather than functioning as impartial judges called in to assess the authenticity of an individuals’ state of health, a number of British novelists indicated that the physician might actually be employed to support false claims of sickness, a feature noticeable in the novels examined in Chapter 4, including *The History of Emily Willis, The Example; or, the History of Lucy Cleveland,* and *The Memoirs of a Young Lady of Quality.* In some cases the complicity between performer and practitioner was depicted as an unspoken accord rather than an outright agreement to collude in deception. When Sir George feigns illness in an attempt to win over Emily Willis he never admits that his illness is feigned, but it is implied that his doctor is nevertheless aware of the inauthenticity of his complaints. The narrator explains that

The Family Doctor, who resided within a few Miles of Fairly-Manor, was, luckily for Sir George, a very facetious Companion, and not at all averse to a pretty Girl. Sir George, therefore, easily persuaded him that a slight Regimen was absolutely necessary for a Man in his Circumstances, without telling him directly why such a Regimen was necessary. 34

In this example the client is firmly in control of the medical encounter, with the author demonstrating the pressure that many medical practitioners may have been under to comply with the wishes of their patients. Not only does this medical man acquiesce to Sir George’s requests, he also anticipates his client’s preferences, basing his judgement on personal rather than medical factors. The narrator relates that the ‘Doctor, being well acquainted with his Patient’s Temper and Inclinations, took care to make a palatable Prescription’, and thus through unspoken understanding between client and practitioner Sir George is able to incorporate a medical encounter into his performance of sickness without the inconvenience of taking any unpleasant medicines. 35

Male characters show similar confidence in their ability to manipulate medical practitioners according to their own agendas in both The Example and The Memoirs of a Young Lady, although in these instances the employment of medical authority in order to support false claims of illness is exerted on behalf of another (female) character, and is implied to be more overtly transacted. In the former novel, as we have seen, the character of Fanny is ‘confined … to my chamber for above six weeks’ by her jealous husband, who assured inquirers that she ‘was confined by some violent disorder’. 36 Fanny highlights her husband’s employment of ‘a physician to attend me’ as one of the means by which he supported his elaborate ruse. 37 As the case of Fanny indicates, the individual with financial power within a family held the power to dictate medical treatment, even when such treatment was unnecessary or unethical, and thus women were less likely to be represented as pressuring medical practitioners into giving false diagnoses,

---

34 Emily Willis, 1:113-14.
36 The Example, 1:19-20.
37 Ibid., 1:20.
particularly when those they wished to deceive were their own kin. The situation differs somewhat within *The Memoirs of a Young Lady*, as Agnes’s brother offers his aid in helping her to avoid an unwelcome marriage rather than seeking to control her. Nevertheless, he also plans to make use of a medical practitioner as collaborator in their ruse of feigned illness, promising Agnes that if she pretends to be too unwell to marry ‘I have the Physician at my Disposal, and will dictate to him what he shall say upon the Occasion’, showing faith in the power of money and patronage to overcome any scruples that the practitioner might feel.\(^{38}\)

Such exploitation of medical authority was not only depicted in action within novels of this period, but also featured as an accusation levelled by suspicious or scheming characters desirous of undermining the illnesses of others. The wicked figure of Dookalb in the novel *The Sisters* assures Caroline’s father that this trick will in all likelihood be exploited by his daughter in order to bolster her claims to weakness, explaining ‘possibly she’ll be in bed, have her nurses and physicians about her, and every thing that can present you with a shew of real illness’.\(^{39}\) Far from being portrayed as expert authorities capable of discerning between real and feigned illness, medical practitioners rarely feature within novels and drama as trusted interpreters of somatic sincerity. In some cases writers may have selected to omit a medical encounter as unnecessary or potentially disruptive of the literary plot, and we should therefore avoid reading too much significance within this omission. However, it appears that in the eyes of certain authors the position of dependence in which many physicians and other practitioners found themselves undermined their neutrality, as they were unwilling to lose custom to maintain their integrity.

Other genres of publication of the eighteenth century highlighted the effects of patient-practitioner relationships within a real-life context, as in the case a set of trial proceedings published in 1787. The case concerned ‘a conspiracy’ against Elenor Bowes, Countess of Strathmore, relating how her husband sought to imprison his rich wife to prevent her from obtaining a

\(^{38}\) *Memoirs of a Young Lady*, 3:133-34.

In order to carry out his business Mr Bowes ‘posted off into the North; pretending he was there thrown from his horse, dangerously hurt, and confined to his bed; and to give truth to the fiction, prevailed on a surgeon to bleed him’. Later in the text the testimony of the surgeon, Robert Hobson, is included, describing how Mr Bowes told me, that his affairs required him to be secreted, which must be done in this manner. To morrow I will pretend to fall from my horse, and will send for you to attend me. Do you give out that I have broke my ribs, and am otherwise dangerously bruised. He then gave me a letter to Mr. Lee the council, who lives near, and desired me to copy and sign it. I at first refused.

Such scruples were quickly overcome however, and Hobson explained that ‘I was sent for accordingly the next day, and found Mr. Bowes lying on the road, with his head on a heap of stones. I bled him, and said his ribs were broken, and reported that he was very dangerously hurt’. The surgeon denied that he knew of Mr Bowes’s nefarious purpose, seeking to exculpate himself from suspicions of criminality, yet he provided no explanation of his complicity in Bowes’s performance of illness, perhaps regarding such acquiescence to seemingly harmless patient demands as part of the lot of the medical practitioner.

As we have seen in the case of the imaginary and fashionable invalids discussed in Chapter 2, it could also be implied that practitioners might take it upon themselves to encourage inauthentic illness in order to prolong their employment and gain custom in the form of prescriptions. The moral fallibility of medical practitioners in comedies such as Burnaby’s The Reform’d Wife and Bickerstaff’s Doctor Last is made evident to the audience, with physicians

---

40 Andrew Robinson Stoney Bowes, The Trial at Large of And. Rob. Bowes, Esq. Edward Lucas, Francis Peacock, Mark Provot, Charles Chapman, William Pigg, John Bickley, Henry Burne, and Thomas Bowes, on Wednesday, the 30th Day of May, in His Majesty’s Court of King’s Bench, Westminster. Before the Honourable Mr. Justice Buller, and a Special Jury, for a Conspiracy Against Eleonor Bowes, Commonly Called Countess of Strathmore. Taken in Short Hand by J. Johnson, of the Temple (Dublin, 1787).
41 Ibid., 6.
42 Ibid., 28.
43 Ibid., 28.
44 Ibid., 28.
and apothecaries not simply bowing to pressure from clients, but actively prompting the performance of inauthentic illness through false diagnoses and remedies. The ‘Doctor’ of The Reform’d Wife, for instance, reveals that he has ‘drain’d the Catalogue of Diseases’ in the course of his treatment of Lady Dainty, and later accepts bribery from her suitor Clermont to ‘think of some Distemper, and prescribe me to her as Physick’.  

Similarly, the physicians depicted in Anstey’s New Bath Guide are characterised by their grasping ways and willingness to diagnose healthy individuals with modish disorders and unnecessary treatments. Simkin is exploited by a whole gamut of practitioners who overwhelm him with remedies, and the character of Jenny is pronounced ‘Nervous’ despite having given no indication of experiencing ill health. She has her revenge for her family’s mistreatment however, throwing the unnecessary medicines at the practitioners from an upstairs window.

Contemporary perceptions of the duty, ability, and desire of medical practitioners to question the authenticity of their private patients were shaped by recognition of the complexities of the patient-practitioner power dynamic. While medical writers highlighted their interest in verifying cases of extraordinary illness, they also stressed the difficulties of negotiating with fee-paying clients, struggling to freely exercise any investigative inclinations if this might contravene their employer’s wishes. According to some commentators, medical practitioners were thus far from neutral authorities on somatic authenticity, but might actually be bribed to lend credence to feigned complaints, or promote inauthentic illness for personal gain. Nevertheless, the very fact that an individual might seek to gain the support of a medical practitioner in order to substantiate their claims to sickness suggests that, to a degree, medical practitioners were perceived to possess the requisite knowledge to act as authorities on somatic authenticity.

45 Burnaby, Reform’d Wife, 12, 24.
46 Anstey, New Bath Guide, 14, 16.
**Institutional and collective medical practice**

The examples of patients treated for charitable purposes by Nathaniel Hodges and William Musgrave have already indicated that the removal of the financial relationship between practitioner and patient facilitated the investigation of somatic authenticity. This relationship was also negated when physicians, surgeons, and apothecaries found themselves employed by institutional or collective organisations such as the hospital, where their services were either offered freely as a form of charity or paid for by administrators rather than patients. Anne Borsay has noted the greater freedom exercised by practitioners working within the voluntary hospitals of eighteenth-century Britain, with physicians able to trial experimental therapies and discipline patients in a manner impossible in private practice. Such freedoms also extended to the ability to investigate cases of suspected imposture, and indeed, those administrators involved in running large-scale healthcare provision were eager to detect and eradicate such artifice in order to conserve resources. The rising numbers and profile of such institutions and the increasing role of the medical practitioner within spheres such as military medicine and medical jurisprudence have been noted in the previous chapter, and these developments played a significant part in shaping portrayals of medical practitioners as authorities upon bodily authenticity.

**Medical jurisprudence**

It is in the area of medical jurisprudence that the role of medical practitioners as authorities upon the authenticity of illness has been most thoroughly researched by historians of the eighteenth century, largely due to interest in the use of the insanity defence within the criminal courts. Joel Eigen has warned against characterising the medical faculty as participating in an organised attempt to take over the authentication of madness in this sphere, noting that ‘the evolving specialisation in forensic witnessing seems to have been consumer-driven, fragmentary, and perhaps even more court-inspired

---

48 Borsay, *Middle Class,* 278.
than professionally generated'. 49 Nevertheless, Eigen, Stephan Landsman and Catherine Crawford have all suggested that with respect to insanity trials and in other areas of medical jurisprudence the role of the medical practitioner as expert witness increased in frequency and importance over the course of the eighteenth century, although the use of expert medical witnesses was far from universal. 50 One might expect that it would be the physician who would feature as the principal authority upon the authenticity of illness in legal settings, yet Eigen, Andrews and Scull have noted that in the insanity cases of the period 'it was (specialist) apothecaries and surgeons as much as mad-doctors who seem to have been seeking to enhance their income and status in this manner'. 51

The evidence of the medical treatises of this period suggests that practitioners felt an increasing need for literature on the subject of medical jurisprudence in order to support physicians, surgeons, and apothecaries in this new role as an expert medical witness. In vindication of the importance of works of medical jurisprudence Samuel Farr, the translator of Faselius’s work, noted that 'life and death are objects too important to be sported with in the manner they are sometimes: nor should the valuable connections of our fellow-citizens be ever sacrificed to the ignorance of the faculty, the caprice of a court, or the artifices of revenge and disappointment'. 52 Farr thus presented the expert medical witness as serving the interests of society, and in the translation that followed Faselius explained the value of his work, writing:

A physician, a surgeon, or a coroner, is often called upon to make a deposition of what he knows concerning some particular transactions in a court of judicature. Such persons then should be well acquainted with the animal oeconomy, and with those views of the science which,

49 Eigen, Witnessing Insanity, 4.
52 Faselius and Farr, Medical Jurisprudence, iv.
in foreign countries, have been dignified with a peculiar name, as the medicine of the courts, legal medicine, or medical jurisprudence.  

Faselius’s original work had been published in 1767, although the English translation did not make its appearance until 1788, and it represents the beginning of a trend in identifying medical jurisprudence as a unique sphere of medicine requiring particular skills from the practitioner.

Andrew Duncan was similarly convinced of the importance of educating practitioners in order to enable them to carry out their legal roles, writing in 1792 that while ‘[t]here is no branch of medical education, from which a practitioner may not derive useful information on some points, necessary for enabling him to deliver before courts of law, an opinion consistent with truth and with justice’, he had to admit that ‘it sometimes happens, that in general courses of lectures on Anatomy, Chemistry, or the Practice of Medicine, the attention of the student is less particularly directed to these points than their importance merits’. Consequently, Duncan perceived a need for specialised training, remarking that ‘in several of the foreign Universities, especially in those where the subject of law has been most attended to, their establishments have lately been increased by the appointment of a Professor medicinae forensic’, a role which he himself undertook in the University of Edinburgh. Both Duncan’s comments and the translation of Faselius’s treatise indicate that Britain was somewhat slower in accepting the role of the expert medical practitioner than her continental neighbours, a fact that Crawford has noted. However, it is clear that by the end of the eighteenth century at least, certain members of the medical faculty were pushing for greater recognition of this element of medical expertise.

Writing in 1800, John Johnstone was forthright in his praise of expert medical witnesses, writing that ‘they come as men of science and reputation to give an opinion on particular facts not easily judged by the generality of

---

55 Ibid., 9:iii.
56 Crawford, “Medical Practitioners,” 50.
men’. 57 Johnstone did admit, however, that not all practitioners are so well qualified for such responsibility, quoting Dr Hunter’s view that ‘[m]any of our profession are not so conversant with science as the world may think, and some of us are a little disposed to grasp at authority in a public examination, by giving a quick and decided opinion, when it should have been guarded with doubt’. 58 This confession of fallibility indicates that medical practitioners were very conscious of both the difficulties of authenticating illnesses such as insanity and the temptation to present oneself as a fool-proof authority on a subject that was always uncertain. The research of Andrews, Scull, and Houston into insanity cases of the eighteenth century has demonstrated that medical practitioners were willing to admit their uncertainty upon occasion, with Houston finding that ‘[s]ome testimonies from doctors were as apparently tentative and vague as those of lay people’. 59 It is thus unsurprising that Johnson views the role of medical witness as one requiring the traits of wisdom and modesty as well as good medical training.

Houston’s comment also draws attention to the fact that lay witnesses were used with great regularity in criminal and civil cases in which the jury decided upon an individual’s sanity, a fact upon which Andrews, Scull and Crawford have also commented, noting that in general ‘it was assumed that such judgments could be made by any competent citizen, and required no special expertise or insight’. 60 As such, the medical practitioner could never portray himself as the sole authority upon issues of somatic authenticity within the law courts of eighteenth-century Britain, as to do so would be to ignore the fact that untrained individuals also frequently fulfilled this role. Rather, it appears that the grounds on which authenticity was judged may have shifted over the course of the period to become more ‘medicalised’ as Crawford has argued, with ‘medical men’ becoming ‘more interested in pathological anatomy and more experienced in post-mortem dissection’. 61 It certainly seems that those practitioners involved in medical jurisprudence towards the

58 Ibid., iv.
59 Houston, Madness and Society, 354; Andrews and Scull, Undertaker of the Mind, 231.
60 Houston, Madness and Society, 354; Andrews and Scull, Undertaker of the Mind, 199; Crawford, “Medical Practitioners,” 52.
end of the eighteenth century were keen to present matters in this light, emphasising the importance of knowledge of human anatomy as we have seen.

*The poor law and charitable healthcare*

Medical practitioners also played a role authenticating illness within medical institutions. The healthcare being practised in eighteenth-century British hospitals and infirmaries was often aimed at returning individuals to the work force as David Turner has noted. It was not financed by the patients themselves but by donors, patrons, or parishes, and organisers were therefore even keener to demonstrate that they were subject to no imposture, placing great importance upon the detection of feigned illness. In her study of healthcare and the poor in eighteenth-century Bristol, Mary Fissell has remarked that reassurance of this nature was a vital component in promotion of the Winchester Infirmary, founded in 1736. She notes that the prebendary of Winchester Cathedral Alured Clarke ‘said of the hospital subscriber, “his bounty cannot be misapply’d.” Donors could rest assured that, “It is a Charity that is subject to no Imposture”’. As we have seen in Bishop Thomas Sherlock’s ‘Discourse’ on hospitals published in 1775, and in other texts discussed in Chapter 5, hospital supporters of the second half of the eighteenth century were particularly eager to offer guarantees of authenticity regarding patients. Sherlock insisted that ‘Persons admitted to partake in this Charity are real Objects … That such are proper Objects of Charity, there is no Doubt.’

As the majority of hospitals operated on a subscription basis with contributors having the right to sponsor patients of their choice, one might anticipate that it was these lay patrons upon whom the duty of choosing

---

63 Parishes sometimes paid to place paupers in hospitals or infirmaries, as Tomkins has noted, see Alannah Tomkins, “Paupers and the infirmary in mid-eighteenth-century Shrewsbury,” *Medical History* 43, no. 2 (1999): 217.
64 Fissell, *Patients, Power, and the Poor*, 76.
Feigned Illness and Bodily Legibility

Chapter 6

Worthy objects of charity fell. However, historians of the eighteenth-century hospital movement have argued that over the course of the century hospitals and infirmaries became increasingly medicalised, and Fissell has suggested that while officially the admissions process was controlled by subscribers, ‘in practice, surgeons played a large role in deciding who would enter the Infirmary by the latter half of the eighteenth century’. That at least a proportion of commentators were content to view medical practitioners as eminently capable of detecting such fraud is suggested by comments made in the Gentleman’s Magazine in 1741 in which it was written that voluntary hospitals were ‘subject to no imposture, but what must be discovered by the physicians and surgeons’. Similarly, Sherlock used the expertise of the hospital surgeons to support his claim that hospitals treated only the legitimately unwell, writing that ‘Cheats and Counterfeits never come to an Hospital to be cured; they never desire that their Complaints should be examined by the skilful Eye and Hand of the Surgeon’.

Friendly societies

Social welfare was not only provided by the parish or by charity. As Joanna Innes and Paul Slack have noted, a number of the new relief schemes proposed in the later eighteenth-century drew upon the model of the ‘friendly society’, a form of subscription-based health insurance that had been developing within Britain since the late seventeenth century. Figures such as Bishop John Ackland proposed reforming the welfare system along these lines, publishing his A Plan for Rendering the Poor Independent on Public Contribution; Founded on the Basis of the Friendly Societies, Commonly Called Clubs (1786) during the height of the debate over poor law provision. The friendly societies were viewed favourably as they encouraged self-reliance among the laboring and poorer members of society, and as a result

67 Fissell, Patients, Power and the Poor, 110, 136; also see Turner, Disability in Eighteenth-Century England, 148; Borsay, “Returning Patients,” 659.
68 Borsay, “Returning Patients,” 659.
69 Sherlock, Discourses Preached, 287-88.
70 Innes, Inferior Politics, 186; Slack, English Poor Law, 52.
privileged efficient use of resources as Martin Gorsky and Sally Sheard have noted.\textsuperscript{71}

A key facet of the maintenance of efficiency was the assurance that the contributions of members were only being employed to fund the support of the genuinely infirm or incapacitated members of the society. This goal necessitated the examination of would-be claimants in order to ascertain the authenticity of their illness and physical debility. Through the examination of the printed articles and orders of friendly societies, sources that have as yet received little attention, it is possible to gain some insight into the parties deemed responsible for such authentication.

The Friendly Society of Women of Hoxton promised a reward for those who exposed members defrauding the society, suggesting that self-policing formed an important part of such societies’ practices.\textsuperscript{72} Similarly, the rules of the United Britons of Shadwell ordained that ‘any member, seeing cause, shall have the same power as the stewards to visit [those claiming benefits from the society], and that at any time; and that if either steward or member should know any deceit in a drawing member, they shall declare it to the society’.\textsuperscript{73} However, while lay people were evidently important in raising the alarm in cases of suspected feigned illness or infirmity, such imposture still had to be verified, a role that some societies regarded as the preserve of the medical practitioner.

Gorsky has suggested that it was uncommon for such clubs and societies to employ medical practitioners before the mid-nineteenth century, although a few did so from the 1790s.\textsuperscript{74} As Gorsky notes, ‘[f]riendly societies developed in the eighteenth century not to provide medical care but to secure the family against loss of income when the breadwinner was sick’, and their financial nature meant that medical practitioners were not generally necessary.

\textsuperscript{71} Martin Gorsky and Sally Sheard, “Introduction,” 14.
\textsuperscript{72} Friendly Society of Women (Hoxton, England), Rules and Orders to be Observed by a Friendly Society of Women, United for the Mutual Support and Benefit of Each Other when under Real Afflictions (London, [1795?]), 18.
\textsuperscript{73} United Britons (Shadwell, England), Rules and Orders to be Observed by a Friendly Society, Called the United Britons (London, 1793), 13-14.
\textsuperscript{74} Martin Gorsky, “Friendly society health insurance in nineteenth-century England,” in Financing Medicine, 152.
to provide the support sought by members. Nevertheless, the articles and orders of various friendly societies published from the mid-to late eighteenth century often suggested or even mandated the use of physicians, surgeons, or apothecaries in cases of suspected simulation, indicating that such faculty members might perform an investigative rather than curative role.

The *Articles and Orders* of the ‘Amicable Society at the Rose, in Cheapside’, published in 1757 stated that

> if the Steward or Stewards should be doubtful of the Indisposition of any Member, or suspect that such Member’s Illness is feigned, with design to impose on, and receive the Benefit of the Society, in such Case (by Direction of the Stewards) the Apothecary or Surgeon of, or belonging to the Society (if any) or such other Person of the Faculty, whom the Society shall appoint, shall visit the said indisposed, or pretendedly indisposed Member with all convenient Speed, and shall strictly enquire and examine into the true State of the Affair, and make an impartial Report thereof to the Society (in Writing) at the next Club Night.

Other societies made similar provisions throughout the rest of the century, stipulating the employment of medical practitioners to investigate those members believed to be defrauding the society. In 1785 the Friendly Society of Women of Norton Falgate directed that ‘[i]f the stewardesses or assistants suspect any member who is on the box capable of business, they shall have her examined by a physician or surgeon’, while in 1790 the Friendly Society of Tradesmen of Hoxton mandated that ‘if any Member of this

---

75 Gorsky, “Friendly society,” 159.
Society declaring on the Box should be suspected to be an Impostor, an Apothecary or Surgeon of the Society, if any belong thereto, the Auditors shall have full Power to send and inspect into the same. The Hoxton society also allowed for the possibility that medical practitioners could be corrupted however, adding that if 'it be suspected the Apothecary, &c. should indulge or screen the Patient, then the Apothecary, &c. shall bring another Person of the Profession to attest the same at his own Expence'. Such provisions confirm the notion that while medical practitioners were increasingly regarded as expert interpreters of the human body they were not always considered as wholly trustworthy.

Towards the end of the century certain societies provided for the examination of all claimants by faculty members, rather than simply employing practitioners in cases of dubious authenticity, with the Friendly Society of North Shields noting that 'it is thought fit by this society, that a surgeon, doctor, or any other person duty qualified, shall inspect into the disease, ailment, or infirmity of any member receiving weekly money from the fund'.

Another common practice was to include medical practitioners among those authorities permitted to sign the certificates of claimants situated at a distance from the society, yet often these documents could be signed by parish ministers, churchwardens and overseers of the poor as well as, or in lieu of medical practitioners. The Parliament-House Friendly Society of Edinburgh, for example, required long-distance claimants to be inspected by the minister and parish elders, rather than medical practitioners, relying upon

---

78 Friendly Society of Women (Norton Falgate, England), Rules and Orders to be Observed by a Friendly Society of Women, United for the Mutual Support and Benefit of Each Other when under Real Afflictions (London, 1785), 8; Friendly Society of Tradesmen (Hoxton, England), Rules and Orders Agreed to be Performed and Kept by a Friendly Society of Tradesmen, Meeting at the House of Mr. George Cruse, at the Bacchus and Bunch of Grapes in Hoxton Town (London, 1790), 10. 79 Friendly Society of Tradesmen (Hoxton), Rules and Orders, 10. 80 Friendly Society (North Shields, England), The Laws and Orders of the Friendly Society, who Meet at the House of Mr William Forster, In North Shields, in the County of Northumberland (North Shields, 1795), 7; see also Cork Friendly Society, The Resolutions, Rules, Orders, and Regulations, for the Government of the Cork Friendly Society (Cork, 1799), 7, 11. 81 See Friendly Society (Wigton, England), Rules and Orders of the Friendly Society in Wigton (Air, 1795), 6; Friends United (London, England), Rules, 10; Brothers Friendly Society (Baswich, England), General Rules, Orders and Regulations, Agreed Upon to be Observed by the Brothers Friendly Society; Established at Weeping-Cross (Newcastle, 1794), 15; Friendly Society (North Shields, England), Laws, 10.
their moral integrity and social reputation in order to obtain an honest report of whether the individual was genuinely sick.\footnote{Parliament-House Friendly Society (Edinburgh, Scotland), \textit{Articles}, 11, 14.} However, describing the duties of the society ‘Visitors’ who checked up on those receiving payments the orders noted that ‘if the said Visitors are doubtful about his disorder, and cannot give a distinct and satisfying answer to the Preses and Committee, they are hereby authorised to call a Physician or Surgeon, at the Society’s expense, to examine his case’.\footnote{Ibid., 14.} While it was not perceived to be necessary to possess medical training to judge the authenticity of most cases of illness, it was nevertheless conceded that some instances might require more expert knowledge, presenting physicians and surgeons as higher authorities on the matter.

The use of faculty members in this fashion was far from universal however, and a number of printed accounts of societies’ rules contained no reference to medical practitioners as authenticators of illness.\footnote{For examples see Friendly Society (Old Street, London), \textit{Articles of a Friendly Society, Held at the House of Thomas Bedford, Known by the Sign of the Cock, the Corner of Golden-Lane, Old-Street} (London, 1785); Friendly Society (Putney, England), \textit{Rules and Orders, Agree’d by a Select Company of Persons, under the Denomination of a Friendly Society, Commenced the Eighth Day of July, 1751} (Westminster, 1786); Buchan Farmer Society (Peterhead, Scotland), \textit{The Constitution, Rules, Orders, and Regulations of the Buchan Farmer Society of Peterhead} (Aberdeen, 1794); Friendly Society (Godalming, England), \textit{Rules, Orders, and Regulations Agreed on Saturday the Sixth Day of September, One Thousand, Seven Hundred and Ninety-Four} (Guildford, 1795); Friendly and Charitable Society of Persons Professing the Roman Catholic Religion (Bury Saint Edmunds, England), \textit{Rules, Orders, and Regulations, for the Government of the Friendly and Charitable Society of Persons Professing the Roman Catholic Religion} (Bury St Edmunds, 1795); Duke of Cumberland Society (London, England), \textit{Rules & Orders to be Observed by a Friendly Society, called the Duke of Cumberland Society, held at the House of Mr. Charles Welch, the Sign of the Sun, near Shoreditch Church} (London, 1795); Farmer Friendly Society (Newbridge, Scotland), \textit{The Constitution, Rules, Orders, and Regulations, of the Farmer Friendly Society, at Newbridge} (Aberdeen, 1796); Glass-Makers’ Friendly Society (Newcastle-upon-Tyne, England), \textit{Articles, Laws, & Rules, of the Glass-Makers' Friendly Society, held at the House of Mr William Wilson, Sign of the Sun, in the Broad-Chare} (Newcastle, 1800).} This was even the case in some instances where simulated sickness was clearly a concern. The articles of the Friendly and Civil Society of Stanton juxta Dale stipulated that feigning illness was forbidden, but contained no explicit reference to means of verifying the authenticity of suspect cases.\footnote{Friendly and Civil Society (Stanton Juxta Dale, England), \textit{Articles to be Observed by the Friendly and Civil Society, Held at the Club-Room, in Stanton Juxta Dale, in the County of Derby} (Nottingham, 1792), 13.} Although many later eighteenth-century friendly societies recognised the utility of employing
medical practitioners to investigate the authenticity of illness, the ability to separate worthy from unworthy recipients was thus not regarded as wholly dependent upon professional medical knowledge.

**Military and naval medicine**

The comments of military and naval medical practitioners upon the frequency of malingering among military personnel analysed in the preceding chapter have already indicated that these surgeons and physicians viewed it as a significant part of their duty to detect somatic imposture. Their work as medical professionals was to ensure that the maximum possible manpower was available to their nation’s army or navy, and thus their role included not only the treatment of genuine cases of ill health but also the detection of simulated sickness. Writing on the subject of naval medicine, Louis Rouppe remarked that ‘a surgeon should make it his business to examine whether the disorder be idiopathick or symptomatick, or whether it is only feigned’, listing the consideration of authenticity as a feature of the surgeon’s role on par with analysis of the nature of the patient’s disorder.\(^{86}\) Similarly, in his work on *The Duties of a Regimental Surgeon* Robert Hamilton noted that ‘a strict watch should be held over all that are thus suspected [of feigning illness], and, if found out, proper punishment inflicted’, assigning his fellow military surgeons the task of disciplining malingerers as well as detecting them.\(^{87}\) It is notable that many medical texts on the subject of military and naval medicine were written for and by surgeons, and it appears that the frequent need for surgical and other physical forms of health-care within the dangerous circumstances of warfare placed surgeons in the position of principal authenticators of medical conditions as it was they who had most contact with the patients.

This was not simply a self-appointed role however, and various ‘standing orders’ for regiments printed in the later eighteenth century indicated similar expectations that medical personnel should maintain a watchful eye on

---

\(^{86}\) Rouppe, *Observations on Diseases*, 57.

\(^{87}\) Hamilton, *Duties of a Regimental Surgeon*, 1:49.
soldiers in order to detect feigned illness. The Standing Rules and Regulations of His Majesty’s Regiment of Fraser Fencible Infantry (1798) stated that ‘[i]f any man is detected in pretending to be sick, on purpose to avoid his duty, he will be most severely punished; and the surgeon is directed to study, by the most particular attention, to detect such malingerers, and to report them without mercy.’ Likewise, in the orders of Eleventh Regiment of Light Dragoons it was decreed that ‘[t]he Surgeon must take great care that he is not imposed upon by Malingerers; whenever he detects one, he must report it immediately’. 

However, this was a duty to be shared with non-medical officers in some circumstances, with the Standing orders for the Norwich; or, Hundred and Sixth Regiment decreeing that

*Any Man sick in Barracks, and obliged to keep his Bed, should be immediately reported to the Officers of Companies visiting Messes, or the Orderly Officer must report, if the Sick in Barracks have not been seen by the Surgeon previous to that Time, as it is the Duty of every Officer to pay the greatest Attention to the Sick, so it is his Duty to punish all pretended Diseases, when any Man can be found to disgrace his Profession by throwing his Duty, by a feigned Illness on his Comrades.*

Here it is assumed that regular military officers are also capable of assessing the authenticity of soldiers’ ailments, and in this case the duty of punishing malingerers also falls to them.

The necessity of punishing malingerers was well recognised. In his memoirs, Robert Somerville suggested that while the hospital should be ‘a

---

88 For a comparable French example that was of interest to British readers see “Reglements concernant la Propretê des Vaisseaux, & la Conservation des Equipages. Vid. Journal de Medecine, Juillet, 1780. 12mo. Paris,” cited in Society in Edinburgh, Medical Commentaries for the Year 1780 (London, 1783), 7:186.
89 Standing Rules and Regulations of His Majesty’s Regiment of Fraser Fencible Infantry, Issued by Colonel Simon Fraser, at Tuam, 1798 (Dublin, 1798), 17.
90 Standing Orders, for the Eleventh Regiment of Light Dragoons, 18.
91 The Standing Orders for the Norwich; or, Hundred and Sixth Regiment (Waterford, 1795), 61.
92 Standing orders might also be ambiguous regarding whose duty it was to detect simulation, see Standing Orders and Instructions to the Nottinghamshire, 3 [111 as counted from the first leaf].
place of comfort an relief to those who are really distressed; so, on the other
hand, it should be converted into a place of punishment and confinement for
such as only pretend sickness'. 93 Although Somerville was in favour of
detecting simulated sickness, his words presented the possibility that the strict
conditions of medical institutions themselves might serve the purpose of
punishing healthy individuals masquerading unnoticed among the invalids, an
idea explored further in the next chapter. On the whole however, works of
military medicine, standing orders, and military memoirs presented the
medical practitioners of the military as responsible for detecting feigned illness
among their patients, as they formed the main point of contact with would-be
invalids. The clustering of these texts during the final third of the century
reflects both the growing importance of military practitioners as authorities on
bodily authenticity and the urgency that frequent and extended periods of
warfare lent to the matter.

Smaller-scale organisations: The theatre

The use of medical practitioners as authorities upon the authenticity of claims
to illness features most frequently in texts relating to medical jurisprudence,
welfare provision, and military medicine as these were all areas in which
medical practitioners were regularly or increasingly involved in this capacity.
However, the concept of employing practitioners to examine suspected
invalids on behalf of organisations could also be applied to smaller-scale
companies. The belief that actors and actresses frequently feigned illness has
been noted in Chapter 1, and as we have seen it was suggested that these
individuals might hire physicians or apothecaries to support their pretence.
However, the suggestion was also made that medical practitioners might be
used to confound such malingering, with the writer of The Theatrical Monitor
suggesting that one could use apothecaries or physicians to authenticate or
dismiss the claims of performers and remarking that it would have been

93 Somerville, Memoir, 58-59.
'prudent to have sent a physician to Mr. Garrick, to know whether he was ill or not'. 94

The writer warns that it is wise to be wary of over-suspicion however, citing the example of Miss Davies who was wrongfully accused of feigning illness and forced to perform by a cruel manager, to the detriment of her health. The writer does not retract his assertion that medical authentication of illness is necessary yet he advocates moderation, writing that ‘sending the apothecary to find out whether she was really ill, might be prudent, but it was carried to an excess of barbarity’. 95 It unclear whether he believes that the apothecary misdiagnosed Miss Davies or that he was pressured into declaring her well by the manager, but the implication remains that even medical authority could not always provide infallible proof of the authenticity or falsification of illness, either due to their susceptibility to pressure from their fee-payers, or to the opacity of the human body.

**Lay people as experts on authenticity**

As the published works of eighteenth-century Britain demonstrate, while medical practitioners might be called upon to investigate somatic authenticity, or indeed assume this role themselves, they were not consistently regarded as an essential or infallible authority upon the simulation of illness. With opinions on this matter divided, there was still a place for the lay person to participate in the detection of feigned illness.

Fissell has argued that ‘[i]n the eighteenth century, popular health texts and practices reiterated that a person’s external self, his or her body surface, revealed important inner truths’, a statement which supports the notion that lay people could have viewed themselves as equipped to interrogate the authenticity of disease. 96 Certain forms of illness were regarded as particularly legible through physical symptoms, and Roy Porter has written that ‘[a]ll agreed that it was the essence of lunacy to be visible, and known by its

---

94 *The Theatrical Monitor* 7 (1767): 5.
95 Ibid., 5.
96 Fissell, *Patients, Power and the Poor*, 35.
Feigned Illness and Bodily Legibility

Chapter 6

appearance’. Porter is not alone in this view and the work of eighteenth-century legal historians has corroborated the notion that madness was deemed easily legible; demonstrating that lay witnesses gave testimony as to the sanity of defendants in court on a regular basis. As T. R. Forbes has remarked, it was unusual for medical witnesses to be called upon to assess a prisoner’s sanity until late in the eighteenth century, a point also made by Stephen Landsman.

Gliserman Kopans has argued that even after the summoning of medical witnesses became a more regular occurrence, ‘the common sense understanding of madness retains a legal currency’, and the willingness to use the testimony of friends and neighbours to decide upon the sanity of an individual in the important context of a criminal trial suggests that, at least where the condition of madness was concerned, lay people were regarded as capable of detecting simulated illness. Nevertheless, research suggests that at least among medical men opinion was shifting, and Roy Porter has asserted that the ‘public transparency of madmen’ came to be contested as professional psychiatry developed in the nineteenth century.

In accordance with this shift in medical understandings of madness the use of lay witnesses to assist in judging matters of sanity and other health issues was in gradual decline over the course of the period as such scholars have demonstrated, and this coincided with the increased importance placed upon medical expertise in other areas of society.

In her work on the medical care of the poor in Bristol, Fissell has suggested that belief in the practice of reading the body through external signs came under attack by reformers during the mid- and later eighteenth-century due to its association with ‘forms of deviant “enthusiastic” popular

97 Porter, Mind-Forg’d Manacles, 35.
98 For discussion of the perceived legibility of madness through physical appearance and behaviour see also Eigen, Witnessing Insanity, 83; and Andrews and Scull, Customers and Patrons, 76.
101 Porter, Mind Forg’d Manacles, 35.
102 Landsman, “One Hundred Years,” 455.
religion’. She remarks that ‘[t]he body, the disease, began to become the focus of the medical gaze rather than the patient’s version of his or her illness’ as within the hospital ‘medical men closed ranks and defined themselves as the products of a dissection-oriented anatomical training’. The various published accounts of friendly societies’ rules and orders discussed above suggest the continuation of mixed views on the importance of medical training for reading the body. As we have seen, many later eighteenth-century societies relied upon mutual observation to detect imposture, yet medical practitioners might be required in more difficult cases.

Medical texts of the later eighteenth century certainly suggest that practitioners were keen to project the view that only the medically trained professional was capable of diagnosis, and perhaps by extension, of authenticating claims to illness. Adair’s Essays on Fashionable Diseases (1790) was strongly critical of the practice of ladies and gentlemen interfering in health-care through their charitable work, writing that ‘no general description of diseases, or rules of practice, which can be derived from books, will avail’ due to the ‘difference of constitution’ which affects the appearance of illness in different individuals. However, although physicians and other medical writers may have wished to present themselves as the only legitimate interpreters of the human body it is evident that they wrote with a personal and professional agenda and their views were not necessarily representative of the views of lay people on this matter.

While it is clear that lay people were formally involved in the detection of simulated illness within legal and welfare contexts, the duty, desire or responsibility of individuals to expose counterfeit complaints within a social setting is also of interest. As we have seen, the economic relationship between patients and practitioners had a significant effect upon the likelihood that a physician or surgeon would express their view on the authenticity of an individual’s illness. One might presume that lay people had greater freedom to challenge somatic authenticity, as their medical opinions were not being purchased. Nevertheless, the literature of the period suggests that social

---

103 Fissell, Patients, Power and the Poor, 10, 198.
104 Ibid., 149, 11.
105 Adair, Fashionable Diseases, 108.
constraints might also operate to limit an individual’s willingness to suggest that someone was simulating ill health.

The authenticity of Mrs Languish’s fashionable sickliness in the novel Emily Willis is doubted by many of the other characters, as noted in Chapter 2. Nevertheless, social etiquette and hierarchy are shown to affect the ability of visitors and acquaintances to question the authenticity of her claims to illness. Emily, as the companion and thus dependent of Mrs Languish, is required not only to refrain from critiquing her benefactor’s behaviour but also forced into ‘humouring her Capriciousness’. 106 This position is far from comfortable for Emily despite the luxurious lifestyle that it provides her with, and she laments that ‘she was doomed to spend a great Part of her Time with this fanciful Creature, and speak and act continually in a Manner her Reason could not approve of’. 107 The combination of Mrs Languish’s position as ‘a Lady of exceedingly good Family, and […] great Fortune’, and Emily’s place as dependent of no social standing or family results in Emily’s unwilling participation in a performance of illness that is blatantly false, and highlights the role that social standing could play in facilitating the simulation of fashionable illness. While sickness might not be believed, it could be tolerated in those of appropriately elevated rank and position as a whim permissible and even expected. Emily reflects at one point that ‘[h]ad I been brought up in the same Manner, and with the same Expectations, I might have been addicted to the same Foibles, or others perhaps equally ridiculous’. 108

Nevertheless, those of equal or superior social standing to the performer were less constrained by such social considerations. In one scene in the novel Lady Betty Racket and Miss Wriggle pay a visit to Mrs Languish, who immediately engages them in conversation about her health. Lady Betty is portrayed as rather dismissive of Mrs Languish’s folly, demanding ‘what is your Distemper? I vow you don’t look in the least sick’, and pointing out that if her current physician is unable to cure her she should seek alternative help ‘if you really find yourself so ill’. 109 By contrast, the less high-ranking Miss

106 Emily Willis, 3:29.
107 Ibid., 3:29.
108 Ibid., 3:33.
109 Ibid., 3:25.
Wriggle is far more accommodating of Mrs Languish’s artifice, demonstrating the sycophantic behaviour suggested by her accommodating name. She exclaims ‘O but I beg your Pardon, Lady Betty, […] Mrs. Languish looks sadly; I think she’s vastly alter’d.’ Their parting words to the invalid confirm their different approaches to her performance. Lady Betty concludes ‘So, dear Languish, adieu, I long to see you better, but indeed you have a Set of strange Notions in your Head’, while she is followed by the far more respectful Miss Wriggle who tells her ‘I wish you well, Madam, … with all my Heart; but you look as pale as Death, you had better go to Bed, indeed you had’.

The responses of these two individuals to Mrs Languish’s performance of illness bear interesting comparison to those of Mr Lovel and Lord Merton’s reactions to Lady Louisa in Evelina, described in Chapter 2. In the case of Lady Louisa, neither gentleman is rude enough to express doubt as to the authenticity of her illness, yet it is the less socially elevated Mr Lovel who is shown to be most keen to actively encourage and support Louisa’s act, much like Miss Wriggle. These novels suggest a culture in which the aspirations of individuals less socially secure prompt or even necessitate their encouragement of fashionable posturing in their social superiors. Sycophantic characters such as Mr Lovel and Miss Wriggle seek approval from those at the upper end of the social scale in return for which they willingly tolerate follies that receive less validation from the performers’ social equals and superiors, and even usually genuine characters such as Emily Willis can be forced into complicity with artifice by their position of dependence.

Fiction was not the only genre in which these issues were explored. Jane Collier’s satirical Art of Ingeniously Tormenting (1753) commented upon the prevalence of feigned illness within polite society, as we have seen in previous chapters. Assuming the role of a seasoned social performer, Collier implied that feigned illness of the fashionable or self-indulgent kind was easily discerned, yet claimed reluctance to reveal the means of doing so lest she spoil the schemes of her fellow impostors. ‘[T]here are as many certain marks by which to distinguish a sister of our science, a brother of the Masonry’,

\[\text{\footnotesize 110 Ibid., 3:25.} \]
\[\text{\footnotesize 111 Ibid., 3:25.} \]
\[\text{\footnotesize 112 Burney, Evelina, 248.} \]
she explained, ‘but, far be it from me to divulge these arcana; I too much revere this our noble art, to expose its inmost mysteries to vulgar eyes’. Collier’s text thus presented the simulation of illness as an act of collusion among fashionable society ladies. While contemporaries evidently felt a desire to expose such practices through cutting works of satire such as Collier’s Art of Ingeniously Tormenting, and Anstey’s New Bath Guide, it is debateable to what extent they felt willing to challenge such behaviour in person. It is beyond the scope of this present study to answer such questions, yet this could prove an intriguing area for future studies.

Conclusions

The medical and literary works of eighteenth-century Britain conveyed a rather mixed image of the role of the medical practitioner as an authenticator of illness. Within certain spheres physicians, surgeons, and apothecaries were increasingly portrayed as experts in somatic authenticity, being required to distinguish between genuine and counterfeit cases of sickness within contexts of military, legal, and welfare-related medicine. Nevertheless, the detection of feigned illness was not limited to members of the medical faculty, and lay people might also perform the role of social policing in order to expose frauds. However, both medical and lay observers were limited in their ability and incentives to challenge somatic authenticity as a result of the pressures of social status and economic dependency. Particularly in the case of those practitioners employed by private patients, it was acknowledged that the need for patronage might prompt physicians and their colleagues to ignore, or even collude in cases of simulated sickness.

In those situations in which the medical practitioner was permitted or even encouraged to question the authenticity of patients’ claims to illness, there was still the question of how bodily artifice was to be detected however. As the next chapter will indicate, distinctions between genuine and counterfeit disease could prove difficult to pin down, particularly in the case of those

---

113 Collier, Art of Ingeniously Tormenting, 202.
ailments diagnosed through patients’ words and actions rather than through the physical signs of the body.
Chapter 7 – Detecting simulation

‘We confess that there are doubtful cases, where a surgeon is unable to ascertain whether the complaint be feigned or real’, wrote Robert Somerville in his 1796 memoirs of military medicine, explaining that ‘we have observed numberless instances of this kind, where the regimental surgeon has been completely duped by listening to feigned complaints’. Somerville’s admission highlights the uncertainty over bodily legibility that still plagued many medical writers by the end of the eighteenth century. While works of general medicine often asserted the ability of the medical practitioner to decipher the secrets of the body, medical texts produced for use within contexts where the authentication of illness was a high priority were more frank in their acknowledgement of the difficulties of distinguishing between genuine and feigned sickness.

The chief problem facing those who wished to expose somatic artifice was the dependence of the practitioner upon patient narratives, as this chapter will demonstrate. Medical writers were particularly conscious of the difficulties of authenticating those ailments that manifested themselves though internal or mental symptoms requiring description by the patient, or through behavioural symptoms that might be performed. Complaints such as madness, epilepsy, and rheumatism were frequently alluded to as conditions susceptible to imitation. Nevertheless, observers also noted that disorders characterised by physiological symptoms, such as rashes or swelling were also liable to be assumed, sometimes through the deliberate production of genuine although superficial damage to the body. Such behaviour blurred the boundaries between feigned and genuine illness, yet the perpetrator was still regarded as a reprobate.

While practitioners were not wholly confident in their ability to accurately read the body for indications of imposture, various methods for detecting deception were noted and shared through treatises of medicine. These ranged from the observation of symptoms and behaviour, to

---

1 Somerville, Memoir, 59-60.
consideration of motives and character or even the use of pain and punishment to test sincerity; tests that underlined and sought to circumvent the limitations of simply reading the visual signs of the body. Practitioners were particularly eager to discuss the detection of feigned illness within the field of military medicine, where the development of practical manuals aimed at fellow military surgeons encouraged the inclusion of tips for contending with problematic patients. The writer William Blair noted that military practitioners could be duped in some cases, particularly in the case of ‘young and less experienced medical attendants’, and such medical treatises thus provided a valuable guide for those entering the field.\(^2\) Despite the aid offered by investigative methods however, somatic sincerity remained difficult to judge, as a number of medical writers conceded. Not only was imposture tricky to prove, certain texts warned that unwarranted suspicion or erroneous judgements could also lead to mistreatment of genuine invalids. Although practitioners could hope to identify many instances of feigned illness, complete success was not deemed realistic given the opacity of the human mind and body.

\textit{Medical expertise and bodily opacity}

Various eighteenth-century medical works on the duties of physicians and the causes of disease included references to the ability of practitioners to detect deceit, offering warnings to those patients inclined to insincerity. In his \textit{Essay upon the Duty of Physicians and Patients} of 1715, Samuel Parker stressed the importance of honesty in patients, writing that “tis the Patient’s Duty, in the next place, to represent his Condition as distinctly and fully to him [the physician] as he can”.\(^3\) Parker presented the medical practitioner as virtually omniscient in matters of the body, explaining that

\begin{quote}
A Cheat will not easily pass upon Science. The Heart is the only Part of the Body a good Physician can’t see into. Some features and Indications of Imposture will be peeping out, and ‘scape Prevention. A
\end{quote}

\(^3\) Samuel Parker, \textit{An Essay upon the Duty of Physicians and patients, the Dignity of Medicine, and the Prudentials of Practice} (London, 1715), 33.
Dissembled Case lies open to a Professor, as a Counterfeit Coin to an Antiquarie.\textsuperscript{4}

This admonition was directed at those who would conceal the nature of their complaint ‘or dress up the Distemper in false and flattering Colours’, rather than those simulating disease in its entirety.\textsuperscript{5} Nevertheless, the very fact that Parker felt it necessary to alert his patients to such powers highlights his desire to deter any insincerity. Parker warned of the wrath of the practitioner deceived, threatening those who concealed embarrassing complaints and thus ‘may have Reason to fear the Physician will revenge Distrust with Discovery; whereas if he had been confided in, he would not have been provok’d to betray’.\textsuperscript{6}

His contemporary Edward Strother also insisted upon the ability of the physician to detect fraud, focusing specifically on assumed diseases. ‘As for Fictitious Diseases; as many there are who, for private Views, do feign Disorders, so we shall be enabled to discover the Cheat by a perfect Knowledge of the Signs of Diseases’, he explained, placing faith in learning and the correct interpretation of bodily signifiers as weapons against imposture.\textsuperscript{7} Although practitioners such as Strother were eager to promote the value of medical knowledge as a framework for assessing somatic authenticity others were more forthcoming regarding the difficulties of detecting imposture.

Practitioners were increasingly drawn into authenticating illness within military, legal, and charitable fields as the century wore on, yet this appears to have heightened consciousness of the difficulty of discrimination rather than increasing conviction in the infallibility of the medical observer. William Henry Hall’s belief that it was the duty of the physician to detect simulation has been noted in the previous chapter, yet he was not wholly convinced in their ability to do so. Writing in 1788, he explained that ‘[t]he cheat of feigning diseases, for idleness, or profit sake, or for other occasional purposes, has been too

\textsuperscript{4} Ibid., 35-36.
\textsuperscript{5} Ibid., 33.
\textsuperscript{6} Ibid., 36.
\textsuperscript{7} Edward Strother, \textit{Euodia: or, a Discourse on Causes and Cures}, 2nd ed. (London, 1718), 51.
common in all ages, and is too difficult to be discovered in all cases’, although he notes that ‘in many [cases], there are ways of coming at the truth’. According to Hall some instances of imposture might only be discovered by chance. He recounted a recent case of ‘a young lady, who puzzled several of our best physicians, to account for the nature of a disease, which showed itself in a singular kind of excoriations’, explaining that ‘the secret perhaps had never been discovered, had not a bottle of aqua fortis been accidentially found in her chamber’, which was discovered to be the means by which she induced her skin complaint. As Hall’s anecdote indicates, the body was regarded as a complex and confusing text, and this principle stood even when bodily signifiers were not being falsified.

It was the role of the medical practitioner, and especially the physician, to read and interpret the signs of the diseased body, as medical authors were keen to establish, emphasising that it was only with extensive learning and experience that the human form could be accurately deciphered. Thomas Coe explained that it was ‘the business of the physician, to judge from the patient’s complaints, and from all the circumstances of the case well weighed and considered, what part of the body is out of order, and in what manner it is affected’. However, practitioners were not always in agreement as to how to interpret the signs before them. Scholars such as Joel Eigen and Heather Beatty have remarked upon the potential for confusion caused by disagreements among writers, with Beatty noting that ‘treatises intended for medical professionals also reported varying and frequently discrepant descriptions of disease aetiologies’. This phenomenon was evident in the diverse symptoms associated with the condition of hypochondria or spleen, as we have seen in Chapter 2. Coe himself admitted that from a ‘variation of the symptoms’ of biliary concretions ‘there sometimes arises an obscurity and uncertainty in judging of particular cases’, while specialists in nervous disorders were quick to highlight the confusion surrounding their subject

8 Hall, *New Royal Encyclopædia* [42, unpaginated].
9 Ibid., [42].
10 See the description of branches of knowledge related to physic in Adair, *Commentaries*, xx-xxiii.
matter.\textsuperscript{13} John Gregory’s \textit{Lectures on the Duties and Qualifications of a Physician} (1772) explained that ‘[f]acts depending upon the animal economy, must be difficult to ascertain’, noting that ‘[a] heated imagination, therefore, may easily magnify them, and fraud may easily counterfeit them, while, at the same time, it is difficult to detect the error’.\textsuperscript{14}

At the heart of this uncertainty lay the opacity of the human mind and body, which formed a key impediment to the detection of feigned illness. Practitioners were forced by their resources and inclined by tradition to rely upon patients’ descriptions of their pains and sensations, or upon observation of behaviours that might or might not be prompted by mental and physical disease. A number of historians have highlighted the ‘hands-off’ nature of medical examinations by physicians during the eighteenth century, arguing that ‘they diagnosed essentially by symptoms rather than signs, rarely performed physical examinations, and avoided, as far as possible, the laying of hands on patients’, relying instead on visual cues and the narrative of the patient and their family.\textsuperscript{15} Michael Stolberg has questioned the extent to which physicians abstained from touching their patients, noting that ‘already in the sixteenth and seventeenth centuries frequently resorted to physical examination and palpitation to establish, confirm or reject a diagnosis’, yet he also concedes that ‘[t]raditional bedside medicine has quite rightly been described as relying heavily on the patient narrative’.\textsuperscript{16}

The published works of physicians demonstrate that they were aware of the difficulties that might arise from such methods when attempting to diagnose or authenticate the illnesses of their patients. As the physician Nicholas Robinson remarked in the earlier eighteenth century, ‘as no Man can transfer the Pains and Uneasinesses he labours under to another; so it is impossible that any Person can make another sensible, and consequently judge of the Pains and Uneasinesses he labours under’.\textsuperscript{17} In the view of

\textsuperscript{13} Coe, \textit{Biliary Concretions}, 146.
\textsuperscript{15} Andrews and Scull, \textit{Undertaker of the Mind}, 19; Porter and Porter, \textit{Patient’s Progress}, 74.
\textsuperscript{17} Robinson, \textit{New System}, 184.
Robinson, symptoms such as pain and mental torment were extremely difficult to communicate, a fact that could prove problematic for the medical practitioner. Within the literary sphere differing opinions were sometimes expressed. A letter published in Samuel Johnson’s *Idler* series suggested that vocal but non-verbal exclamations might serve to communicate pain, writing that ‘Man has from nature a mode of utterance peculiar to pain’. 18 The correspondent explained that ‘[t]he torments of disease, and the grief for irremediable misfortunes, sometimes are such as no words can declare, and can only be signified by groans, or sobs, or inarticulate ejaculations’. 19 Sufferers rarely restricted themselves to moans however, and the writer did admit that ‘many pains as well as pleasures are heightened by rhetorical affectation, and that the picture is, for the most part, bigger than the life’, highlighting the difficulties of determining linguistic sincerity. 20

The unreliability of self-reported pain and sensation had clear implications for those seeking to detect simulation. Faselius’s work of medical jurisprudence, for instance, highlighted the difficulties that dependence upon patient narrative could pose in the specific context of detecting feigned illness. He remarked that ‘there are many cases where artful people, by a specious tale, and by feigning disorders where much is to be known from their own confession, may cause a good deal of difficulty to discover the truth’, admitting the fallibility of the medical practitioner in such situations. 21

Nevertheless, despite the unreliability of patients’ descriptions of their condition many practitioners remained convinced of the importance of such accounts as an essential, if imperfect, window into the human mind and body. The various medical treatises on the treatment of children that developed during the eighteenth century clearly indicate the importance of patient narrative in the process of diagnosis and treatment. Both of the medical brothers John and George Armstrong stressed that an inability to voice complaints was often seen as a barrier to the treatment of young children by medical practitioners, with George explaining that ‘they are not capable of

---

19 Ibid., 282.
20 Ibid., 282.
21 Faselius and Farr, *Medical Jurisprudence*, 120.
telling their ailments; and therefore, say some, it is working in the dark, and while you endeavour to relieve them, perhaps you may do them a mischief, instead of any service'. Some years later in 1784, Michael Underwood reiterated this point, writing that

One principal cause of so strange a neglect [of child medicine] has arisen from an idea some people have entertained, that the complaints of infants being imperfectly understood by medical people, from their inability to give account of themselves, it is safer to entrust them to the care of old women and nurses.

All of these medical men stressed that an inability to speak need not prevent medical intervention however, with George Armstrong pointing out that a man ‘delirious in a fever’ poses similar problems and is not rejected by physicians, despite the fact that he ‘can no more answer properly any question that is put to him, than if he was an infant’. Both George Armstrong and Michael Underwood focused on diagnosis through observable symptoms, with the former arguing that ‘the very symptoms themselves will, for the most part, speak for them, in so plain a manner as to be easily understood’, while Underwood later wrote that ‘[e]very distemper may be said, in some sense, to have a language of its own, and it is the business of a physician to be acquainted with it; nor do those of children speak less intelligibly’. Significantly they both employ a linguistic metaphor, representing observable symptoms as another form of narrative to be listened to and interpreted by the practitioner. By shifting the emphasis away from verbal narrative these medical writers sought to remove barriers to the treatment of young infants, yet the continuing discussion of this issue indicates that many practitioners perceived narrative as crucial to the diagnosis of illness in most circumstances. Such an attitude has clear implications for the simulation of

---


24 Armstrong, Diseases Most Fatal, 4.

25 Ibid., 6; Underwood, Diseases of Children, 8.
illness, as reliance upon the word of the sufferer placed the practitioner in a challenging position when it came to detecting deceit.

Suspicious conditions

The two methods of simulation that most frequently concerned those involved in medical diagnosis were the performance of illness through words and behaviour, and the artificial manufacture of bodily symptoms. Ailments commonly diagnosed by patient narrative and behaviour were viewed as particularly susceptible to simulation. Faselius explained that illnesses might easily be feigned, ‘particularly by a person who has before suffered from them, and especially if they be devoid of fever, and depend upon his own relation’.26 Fever is portrayed here as a physiological symptom difficult to imitate, whereas Faselius regards disorders dependent upon patient narrative for diagnosis as easily assumed, particularly when the performer had the benefit of prior experience of the symptoms. By comparison, illnesses featuring physiological lesions to the body often required a deliberate production of ill-health through self-injury rather than a simple claim of sickness and were thus of greater inconvenience to the sufferer.

In his encyclopaedia entry of 1788 on feigned illness William Henry Hall discussed the distinction in methods of simulation, writing that

In the first [case], the sickness is pretended by words only, and really is not: of this nature are the pretended head-ach, colic, and the like; which, as the patient can only know, the physician may be always deceived. In the second, there are not only words for testimonies of the sickness, but there appear signs and marks of it on the body, which yet are only counterfeited to serve certain purposes.27

Hall’s account does not indicate into which category conditions manifested through behavioural symptoms might fall, yet from the texts discussed below it appears that medical practitioners often placed these on a par with those diagnosed through words, as either could be voluntarily assumed.

26 Faselius and Farr, Medical Jurisprudence, 122.
27 Hall, New Royal Encyclopaedia, [42].
While considerations of the practicalities of performing and detecting particular diseases prompted medical practitioners to regard certain conditions as especially suspect, they also noted the importance of considering the social implications of diseases. Faselius illustrated the importance of the advantages to be gained from feigning particular disorders in his work on medical jurisprudence, writing that ‘[t]here are many diseases which may be feigned […] yet there are but a few which are generally objects of imposition’. Focusing on his particular area of interest – the legal case - he implied that individuals simulating ill health usually selected conditions recognised to confer advantages on those in the dock, explaining that ‘[t]hese are epilepsy, melancholy, foolishness, possession by evil spirits, and fascinations’. Mental impairment or mitigation of personal responsibility was regarded as an advantage in this setting, while in contexts such as the military, physical impairments less visible to the eye such as rheumatism might prove equally useful, as we will see. Combining ease of simulation and utility as an excuse for avoiding duty or punishment, or prompting sympathy, conditions such as madness, epilepsy, catalepsy, and rheumatism, for instance, were cited by a range of medical writers as being particularly susceptible to simulation.

The utility of madness as a means of avoiding punishment and prompting sympathy was well recognised by writers of legal texts, works of medical jurisprudence, and social commentary, as Chapter 5 has shown. Concerns over the simulation of insanity also stemmed from the ease with which this disorder might be assumed, and the limited means available for authenticating it. John Monro, the physician of Bethlem, defined madness as a disruption of the judgment alone or sometimes both the judgment and the imagination, while William Battie, his rival, viewed it as ‘a praeternatural state or disorder of Sensation’. As such, the symptoms of this disorder were expected to manifest in unconventional words, actions, and appearance, allowing any willing individual to attempt a performance of insanity provided

28 Faselius and Farr, Medical Jurisprudence, 122.
29 Ibid., 122.
they possessed some acting skill and knowledge of social expectations of the insane.

Although physical symptoms were sometimes described these were either susceptible to imitation or ambiguous in nature, with John Haslam writing that ‘[a]mong the bodily particularities which mark this disease, may be observed the protruded, and oftentimes glistening eye, and a peculiar cast of countenance which, however, cannot be described’.\textsuperscript{31} As Joel Eigen has remarked, ‘[e]ven if judges in the late 1700s and early 1800s had tried to supply juries with explicit criteria for “finding” insanity, they could hardly have looked to the contemporary medical literature for consistent definitions and universally accepted “symptoms”’.\textsuperscript{32}

Concern over the authenticity of madness in legal contexts persisted and even grew over the course of the period. As the eighteenth century drew to a close, public interest in the issue of the authenticity of madness was piqued by the trial in 1800 of James Hadfield, who was acquitted of treason on the grounds of insanity having attempted to assassinate King George III.\textsuperscript{33} Works of medical jurisprudence relating specifically to the issue of madness were published in response to this incident, with John Johnstone explaining that he chose to have his \textit{Medical Jurisprudence. On Madness} (Birmingham, 1800) published separately from his other more general writings as the trial of Hadfield had rendered the issue of insanity in criminal trials a particularly current topic.\textsuperscript{34}

In addition to the perceived utility of madness as an excuse for criminal behaviour, contemporaries were also interested in the simulation of madness by beggars as a means of provoking sympathy and charity from onlookers, as has been noted. However, while historians have highlighted the prevalence of this theme within the literature of the period, medical works were more likely

\textsuperscript{32} Eigen, \textit{Witnessing Insanity}, 58.
\textsuperscript{33} Forbes, \textit{Surgeons at the Old Bailey}, 177; Eigen, \textit{Witnessing Insanity}, 50.
\textsuperscript{34} Johnstone, \textit{Medical Jurisprudence}, i.
to represent vagrants and beggars as simulating physical sores, disability, and epilepsy, as discussed below.\textsuperscript{35}

Nevertheless, while medical practitioners were suspicious of the authenticity of madness within contexts of legal difficulty and perhaps poverty, they were less liable to question the insanity of those with no immediately apparent motive for simulating mental derangement. Despite the presence of feigned lunatics in literature, medical treatises were not concerned with the simulation of madness among the general populace, and works by successful mad-doctors such as William Battie and John Monro focused on the causes and treatment of insanity rather than upon distinguishing feigned from authentic madness. It seems likely that this absence of suspicion regarding the majority of insanity cases was due to the severe implications of this disorder, which prevented it from being viewed as a desirable state by any but those in desperate straits. As Andrews and Scull note, madness was seen as a shameful condition among the more respectable members of society.\textsuperscript{36}

Moreover, it prevented the sufferer from being regarded as capable of carrying out normal social interactions and from holding responsibilities such as property ownership, rendering the imitation of madness a serious decision.

Of all the disorders and diseases that eighteenth-century medical writers highlighted as liable to simulation, epilepsy was the most common, attracting interest from authors in a variety of fields of medicine. Allusions were not limited to British medical texts but also featured in works translated into English such as Van Swieten’s \textit{Commentaries}, indicating that feigned illness was a concern extending beyond the British medical sphere.\textsuperscript{37}

As in the case of madness, it was the ease with which the symptoms of epilepsy might be simulated that worried medical writers. William Black’s \textit{A Comparative View of the Mortality of the Human Species, at All Ages} (1788) described the highly distinctive appearance of an epileptic convulsion at length, noting that

\textsuperscript{35} For example see Kromm, \textit{Art of Frenzy}, 54.
\textsuperscript{37} Van Swieten, \textit{ Commentaries}, 305.
the muscles of the head, face, eyes, and mouth, are particularly agitated; the head is tossed in every direction, the teeth grind against each other, the eyes roll, the mouth emits froth and slaver; the tongue, thrust out of the mouth, is often wounded and lacerated by the teeth; the respiration is as if through a noose on the neck; the fingers are clinched into the hand; there is perpetual involuntary deglutition, palpitation of the heart, and sometimes involuntary excretion of urine, semen or feces; the motions of the heart and of respiration are hurried but not otherwise interrupted nor injured.\(^{38}\)

Recognised, by and large, by behavioural rather than physiological symptoms, epilepsy was thus open to imitation, a fact that Black himself notes.\(^{39}\) The work of Van Swieten makes this connection explicit, stating his view that ‘we can imitate the said motion [of an epileptic fit] at our pleasure’.\(^{40}\) As such, epilepsy proved a troubling disorder for certain medical practitioners, and the later eighteenth-century physician George Wallis acknowledged that even the medically trained could be taken in by a successful performance, writing ‘[s]ome people have been so expert, as to counterfeit these fits so well, that inattentive observers, though medical practitioners, have been deceived’.\(^{41}\) However, by stressing their inattention Wallis intimated that any skilled and fully attentive medical practitioner would detect such imposition, preserving the reputation of the profession as a whole.

Likewise, medical writers of this period were inclined to suspect individuals of feigning other disorders marked principally by behavioural rather than physiological symptoms. Illnesses such as ‘catalepsy’, the cessation of voluntary movement, and ‘carus’, or unnatural sleep, were also highlighted as open to imposture, with the physician William Cullen going so far as to call the entire condition of catalepsy into doubt in his work of nosology.\(^{42}\) He remarked in a footnote that

\(^{38}\) Black, *Comparative View*, 214.
\(^{39}\) Ibid., 216.
\(^{40}\) Van Swieten, *Commentaries*, 305.
\(^{41}\) George Wallis, *The Art of Preventing Diseases, and Restoring Health* (London, 1796), 578.
\(^{42}\) Van Swieten, *Commentaries*, 195, 211.
I have never seen a case of Catalepsis that was not counterfeited, as I believe those have frequently been which have occurred to others. I can therefore scarcely consider as a real disease what has been so seldom seen, so differently described, and what is so commonly feigned; but I am convinced that it by no means differs from Apoplexy, and I have accordingly placed it here.\(^{43}\)

Others were less sceptical; the anonymous author of *The Edinburgh Practice of Physic and Surgery* (1800) made reference to Cullen’s view but followed this with the note that ‘[a] medical gentleman about fifteen years ago, had certainly a true cataleptic attack; arising, as he supposed, from the absorption of lead into the system’.\(^{44}\)

While suspicion regarding such disorders may not have been universal it appears that it was a longstanding feature of eighteenth-century medical culture, and authors occasionally included anecdotes of their incredulous encounters with unusual disorders of the mind and body. As noted above, William Oliver published an account of an ‘extraordinary sleeper’, while at the other end of the century F. Armstrong described the case of a young girl ‘labour[ing] under a very extraordinary species of epilepsy’.\(^{45}\) For Armstrong it was the discrepancy between the girl’s symptoms and those that he had come to expect of epilepsy that prompted his investigation of her authenticity, yet it also seems probable that medical practitioners were more inclined to doubt the sincerity of individuals laying claim to disorders that manifested themselves solely through dramatic behavioural symptoms.

Indeed, the dramatic nature of epilepsy and related disorders is implied to be a common incentive for their simulation, particularly among those desirous of gaining attention, sympathy, and perhaps charity. Numerous writers of the eighteenth century mention the belief that beggars feign epilepsy, and this idea was so prevalent that general medical works such as Black’s *Comparative View* often mentioned the fact in passing without the

---

\(^{43}\) Cullen, *Nosology*, n.101.

\(^{44}\) *The Edinburgh Practice of Physic and Surgery; Preceded by an Abstract of the Theory of Medicine, and the Nosology of Dr. Cullen* (London, 1800), 382.

apparent need for further explanation. ‘To conclude,’ Black wrote, ‘this convulsion is sometimes feigned by begging impostors’, while Van Swieten also wrote of ‘beggars who feign epileptic fits’.\(^{46}\) David MacBride was very slightly more forthcoming, explaining that counterfeit epilepsy was often practised by ‘vagabonds; to extort charity’.\(^{47}\) Competition for charity rendered the visibility of disability or disease an important factor when begging on the street, as David Turner has noted, and it seems very probable that medical writers and other observers understood it to be the drama of the disorder that caused impoverished individuals to imitate epilepsy.\(^{48}\) Literary authors were certainly conscious of the dramatic value of epilepsy to those seeking charity, with Ward’s *Satyrical Reflections on Clubs* describing a beggar who ‘clinches fast his Hands, foams at the Mouth like a French Prophet in a Fit of Inspiration, and beating his Head against the Floor, most artificially dissembles the Falling-Sickness’, as we have seen in Chapter 3.\(^{49}\)

In addition to its utility as a highly theatrical means of generating sympathy and charity, epilepsy was also recognised as a disorder valued for its ability to exempt a man from military duties. Louis Rouppe remarked of epileptics that ‘such men are unfit for all service, besides their being a shocking sight, they are also in the way of the others’, and the disorder thus provided an excellent excuse to leave active service.\(^{50}\) This was recognised by authors of general medical texts; MacBride, for example, remarked upon the importance of discerning ‘whether the disease [of epilepsy] be counterfeited; which impostors in military hospitals … are often found to do’.\(^{51}\)

Specialised works on military and naval medicine also expressed the opinion that soldiers and sailors feigned epilepsy, as one might expect. In the course of his account of the most commonly suffered disorders in British military hospitals Donald Monro warned that ‘before Men are discharged for Fits, they should be watched very narrowly for some Time; for there is no

\(^{46}\) Black, *Comparative View*, 216; Van Swieten, *Commentaries*, 305.
\(^{48}\) Turner, *Disability in Eighteenth-Century England*, 82.
\(^{50}\) Rouppe, *Observations on Diseases*, 59.
Disorder which Soldiers are more apt to counterfeit than this'.\(^{52}\) Like Monro, Rouppe also presented epilepsy as a means of obtaining discharge from service, writing of sailors who ‘tho’ they never had a real stroke of the Epilepsy, pretend that they have, in order to gain their discharge more easily under this pretence'.\(^{53}\) These authors were both writing from their own experience of serving in military and naval health care. Donald Monro, the second son of Professor Alexander Monro primus of Edinburgh University, served as Physician to the British army in Germany, and Louis Rouppe had ‘practised both Physic and Surgery many years in the French Army, and after that in the Dutch Navy’ according to his translator.\(^{54}\) As such they had a strong motive to promote vigilance among their fellow medical practitioners, having experienced the aggravation of somatic deception themselves.

In the face of what appears to be general suspicion regarding those laying claim to epilepsy, medical writers with a special interest in epilepsy even felt it necessary to defend the authenticity of the condition. William Threlfal, in his *Essay on Epilepsy* (1772) sought to explain the apparent tendency of sufferers to be prompted into convulsions by lesser and lesser stimuli, and even to spontaneously enter a fit. Following analysis of the brain and nerves and ‘mobility’ of the epileptic’s body Threlfal remarked that

> Those Systems inclined to Epilepsy, are generally endowed with increased mobility […] This mobility is encreased by repetition, and, after sometime, become habitual, and almost natural […] – This explains the reason why, after one paroxysm others can be produced by less active and weaker stimuli, and seems as if they were produced even spontaneously; for which reason it has been called a voluntary and feigned disease.\(^{55}\)

His work highlights the possibility that even when fits were deemed physically authentic they might be considered to be ‘voluntary’, and thus be regarded as a form of malingering. Medical writers of the eighteenth century also raised

\(^{52}\) Monro, *Account of the Diseases*, 239.

\(^{53}\) Rouppe, *Observations on Diseases*, 57.


this possibility in relation to fits deriving from other conditions, with Nicholas Robinson writing of a young woman who ‘had got such a Habit, that, by summoning her Passions, she would fling herself into these Agitations at Pleasure’.  

Although condemning such deliberate provocation of illness Robinson suggests that the lady in question was never wholly in control of her ailment, explaining that ‘though she could begin these Fits upon the least Warning, yet she could not stop them when she pleas’d’.  

This remark underlined the dangers of deliberately seeking the role of the invalid and offered the reader some reassurance that fashionable hysterics, and presumably other forms of fit, could not simply be turned on and off with complete precision.

Returning to Thelfal’s defence of the authenticity of epilepsy, it is clear that he is not only writing with the reputation of his patients in mind. As the author of an entire work on the topic of epilepsy, Thelfal himself was invested in establishing the authenticity of the disorder. If epilepsy were to come to be regarded as a feigned disorder his own claims of expertise would be undermined, and thus his defence of epilepsy is self-serving as well as to the benefit of sufferers. Similarly defensive behaviour was visible among physician-authors specialising in fashionable conditions such as hypochondria, as highlighted in Chapter 2, indicating that medical writers’ attitudes towards the topic of feigned illness were often influenced by personal as well as medical considerations.

Despite Threfal’s concern to vindicate sufferers of epilepsy, it seems probable from the focus of most eighteenth-century medical works on the subject that suspicion was generally directed at those seen to have most to gain from the condition; namely those seeking charity or discharge from the military. Accounts of such behaviour among the general populace are far less common, although the case of the young nobleman cited in the previous chapter indicates that such behaviour was not unheard-of.

Another commonly referenced disorder in works of military medicine was that of rheumatism. The condition differed slightly from epilepsy and

---

57 Ibid., 222.
madness in that diagnosis occurred through description of pain rather than (or in addition to) medical observation of behaviour, but it shared the problematic absence of visible and incontrovertible signs of sickness. As a result, medical writers often warned fellow practitioners of the dangers of accepting soldiers’ claims of rheumatism at face value.

Donald Monro went as far as to claim that ‘[t]here is no Disorder which Soldiers are so apt to counterfeit as the Rheumatism’, a comment which he also made in relation to epilepsy, yet one which emphasises his belief in the prevalence of this practice. 58 His later work, Observations on the Means of Preserving the Health of Soldiers; and of Conducting Military Hospitals published in 1780, contained details of the cases that he had encountered during particular periods of work. He wrote that on one occasion four of the patients undergoing treatment were rheumatic, ‘two of whom complained of violent pains in the back, which were suspected to be feigned’. 59 The difficulty of proving the inauthenticity of such complaints was noted by Somerville, who explained that ‘[t]he complaints generally feigned by such men, are rheumatisms, head-achs, and the like. These, while they afford a plausible pretext for excusing them from duty, at the same time exhibit no symptoms by which they can be detected’. 60

Given the common assumption among medical writers that soldiers and sailors feigned rheumatism and epilepsy in order to gain discharge from their military obligations it initially appears surprising that British medical works contain no similar references to the simulation of nostalgia, a disorder believed to be prevalent among soldiers and sailors fighting far from home. Nostalgia was firmly established in European medical nosology by the mid-eighteenth century, and, as the scholars George Rosen and Helmut Illbruck have both noted, the French physician Guillaume Mahieu de Meyserey’s 1754 treatise on military medicine identified the condition as one commonly feigned

58 Monro, Account of the Diseases, 153.
60 Somerville, Memoir, 59.
by soldiers. In line with much discussion of military malingering, de Meyserey remarked that soldiers feigned illness from laziness, desiring either a temporary rest in the military hospital or permanent discharge. Presented as manifesting predominantly through behavioural symptoms, as in the case of madness, nostalgia was thus susceptible to emulation through performance.

However, British medical writers discussing military and naval diseases failed to highlight nostalgia as a disorder commonly simulated by their patients, and where more general medical texts referenced the disorder they too contained no inferences that nostalgia was susceptible to imitation. The reason for this discrepancy between British and French attitudes towards nostalgia as a disorder lies in perceptions of its relationship to particular nations. Originally believed to be a Swiss disorder, British medical writers were slow to view nostalgia as a threat to British individuals, whether in its genuine or simulated forms. Illbruck suggests that ‘[a]s late as 1782, Thomas Arnold classifies nostalgia as a “pathetical insanity” occurring among foreigners but unknown in England’, and this is a view borne out by my own research. Very few references to the disorder appear in medical works before this period, and no British medical writers of the period suggested that the ailment was commonly simulated. William Falconer’s A Dissertation on the Influence of the Passions upon Disorders of the Body (1788) drew no such connection between nostalgia and simulation despite strong references to the practice of feigned illness elsewhere in the work. Falconer simply remarked that ‘[t]he last, and perhaps the most remarkable instance of the effects of the passions of the mind upon the body, is that of the nostalgia, or that desire of revisiting their own country when estranged from it, so particularly prevalent among the Swiss, and to a certain degree among all nations’. The case of nostalgia demonstrates that while European medical writers shared the concern that individuals might feign illness the specific nature of their

63 Illbruck, Nostalgia, 115.
suspicions could vary in response to the relative importance of particular medical conditions among different nations.

It is evident from contemporary attitudes towards epilepsy, madness, and rheumatism that medical writers were particularly liable to suspect ailments manifested solely through easily imitated words and behaviour, and, as we shall see below, they often shared tips for separating the imposters from the genuine sufferers. However, medical works of the eighteenth century also displayed an interest in the simulation of disorders that were visible through physical sores or products of the body, discussing the various means by which individuals might recreate these misleading symptoms. Most frequently this discussion occurred in relation to the malingering ways of soldiers. Ronald Hamilton remarked that 'common and very general' deceptions were

neglecting or irritating sores in the legs, till they are shocking to look at, the men themselves apparently objects of pity, and certainly a burthen upon their regiment; cutting their hands on a field day with their flints or bayonets, gives them the enviable privilege of being for some time exempted from exercise; and, to render themselves unfit for service, they have been known to have shot off their fingers, when sentries and their pieces loaded with ball, which from circumstances, and happening several times in a few nights, could not be the effect of accident.  

This list includes a mixture of apparent disorders of the skin and minor to semi-serious injuries, indicating that malingering was viewed as including genuine physical injuries intentionally inflicted as well as the imitation of non-existent ills. John Williamson made similar references to the deliberate provocation of genuine illness and injury in his satirical work on the army, writing

65 Hamilton, Sketch of the Present, 16-17; for similar descriptions within a naval context see also Thomas Trotter, Medicina Nautica (London, 1797), 1:36-37, discussed in Brian Vale and Griffith Edwards, Physician to the Fleet: The Life and Times of Thomas Trotter, 1760-1832 (Woodbridge: Boydell Press, 2011), 91-92.
If the duty runs hard, you may easily sham sick, by swallowing a quid of tobacco. Knock your elbow against the wall, or your tent-pole, and it will accelerate the circulation to the quickness of a fever. Quick lime and soap will give you a pair of sore legs, that would deceive the surgeon-general himself.\textsuperscript{66}

While the satirical nature of this text raises the possibility that Williamson’s proposed methods of malingering are exaggerated, it seems likely from the similarity of his account to that of Hamilton’s that soldiers and even officers were believed willing to employ similar if not more extreme tricks to avoid their duties. The methods noted in Williamson’s work are interesting as they demonstrate a perceived need to mimic less obvious physiological symptoms such as an elevated pulse, in addition to the more apparent markers of ill health such as sores on the skin. Nevertheless, the medical writer Hamilton makes it clear that he regards many forms of feigned ill health as far from sophisticated, citing the coincidence of multiple similar mishaps within a short space of time as a clear sign that such circumstances ‘could not be the effect of accident’.\textsuperscript{67}

Physicians were also inclined to suspect illnesses diagnosed on the basis of products derived from the body, as Van Swieten’s work demonstrates. In his commentaries he discussed various cases in which individuals had pretended to have bladder stones and had consequently produced enormous specimens that they claimed to have passed, in order to achieve notoriety.\textsuperscript{68} Following the description of one such imposture practised on the king of Denmark, Van Swieten wrote ‘[w]e hence may also conclude, that there is just reason to suspect an imposition when stones are offered to us as extracted from the human body, which greatly exceed the specific and usual weight of human calculi. However, it does not seem absolutely ascertained, that this never happens’.\textsuperscript{69} He justified this view with the inclusion of a further case in which a woman produced enormous stones while under the observation of the physician Konig and others, remarking that she

\textsuperscript{66} Williamson, \textit{Advice to the Officers}, 138.
\textsuperscript{67} Hamilton, \textit{Sketch of the Present}, 17.
\textsuperscript{68} Van Swieten, \textit{Commentaries}, 173.
\textsuperscript{69} Ibid., 180.
'could not have procured stones and flints to carry on the imposture'. Van Swieten appears to trust physical signs on the body more than items claimed to be the product of it, explaining

nor could she have feigned those exquisitely painful blisters which arose in different parts of her body, nor have counterfeited the suppression of urine, for which there was a necessity of introducing the catheter so often; nor the viscid mucus that obstructed the neck of the bladder, not the vast quantity of urine, that sometimes came away in the presence of the physician.

Nevertheless, although Van Swieten’s work suggests that medical commentators viewed physiological symptoms as far more convincing that those verbally expressed or observed from behaviour, the works of military medicine discussed above have indicated that not all medical men were convinced by such signs. Indeed, Hamilton and others implied that if the malingerer was willing to genuinely suffer the pains of ill health and injury then the avoidance of work and duty through voluntary ill-health could not be prevented. Although the symptoms exhibited might not match the stories told to account for them or the ailments from which individuals claimed to suffer, their state of debility was genuine. As such, these forms of ‘feigned’ illness were a concern for medical writers in a very different although perhaps equally pressing manner to the illnesses feigned through performance. While the latter were easier to assume, the culprits could be returned to their proper work or position once detected, while those generating physical symptoms could not be immediately restored to health even if their tricks were uncovered.

Methods of determining somatic authenticity

Medical writers dealing with the issue of feigned illness during the eighteenth century were not only concerned with highlighting its existence; they often shared their views on the best methods for detecting and exposing such
fraud. Various techniques recurred in the work of many practitioners, suggesting that these methods were regarded as efficient and acceptable. Nevertheless, as the previous chapter has demonstrated, medical practitioners generally sought to detect feigned illness only in specific circumstances, and the techniques described for exposing fraud reflect this fact. The use of painful or complex tests of an individual’s claims to ill-health was, as a rule, only feasible with the consent of the practitioner’s employer or patron and the methods discussed below are therefore largely derived from works of naval or military medicine, or those dealing with the ailments of the poor. This fact highlights once again, the importance of social status in determining attitudes towards the simulation of illness during the eighteenth century.

The most commonly cited means of detecting feigned illness was the infliction of pain upon the would-be invalid, a practice described by medical writers from the very beginning to the close of the eighteenth century. This trick was generally mentioned in reference to the detection of feigned madness or forms of illness in which the sufferer is apparently insensible, as in cases of epilepsy or unconsciousness. William Oliver’s anecdote of ‘a very extraordinary sleeper near Bath’, mentioned previously, is an early and particularly lengthy account of his experiments to test the authenticity of a man famed locally for falling asleep for days on end. In his text Oliver displayed no scruples in describing how he initially held ‘Spirit of Sal Ammoniac’ under the sleeper’s nose, and receiving no response threw it up his nostrils to see if the pain would prompt a reaction. Oliver wrote that as this failed to awake him or expose his sleep as fraudulent he then ‘cramm’d that Nostril with Powder of White Hellebore, which I had by me, in order to make my farther Tryals, and I can hardly think any Impostor cou’d ever be insensible of what I did’. It appears that Oliver’s only motive for such behaviour was curiosity as the man in question was not his patient and he would gain nothing from proving the case genuine or fraudulent other than the satisfaction of demonstrating his own expertise.

---

72 Oliver, Practical Dissertation, 117.
73 Ibid., 118.
The allure of testing authenticity in this fashion is indicated by the participation of other medical practitioners who learn of the case and accompany Oliver on later visits. One of these ‘ran a large Pin into his arm to the very Bone unknown to me, but he gave us no manner of tokens of his being sensible of any thing we did to him’.\(^{74}\) The use of pins to test insensitivity in this fashion may have been drawn from early modern witch-testing methods, with the practice of ‘pricking’ marks on the body to test for the insensitivity believed to pertain to marks of the devil. This method proved very popular in Scotland well into the seventeenth century, and was sometimes used in England, as Orna Alyagon Darr has noted.\(^{75}\) For some the threat of being pricked may therefore have held additional fears, being associated with witch hunting as well as with pain.

In his commentaries Van Swieten cited what seems likely to be this very case of the extraordinary sleeper, describing in some detail the various tests carried out by a doctor who appears to be Oliver.\(^{76}\) His repetition of the anecdote corroborates the notion that such accounts of experimentation upon unusual cases were of some interest to those in the medical sphere, and that the use of such harsh measures was not looked upon with condemnation either at the time or later in the period. Other medical writers recommended or reported using almost identical technique to test the authenticity of epileptic patients. In 1772 David MacBride noted that ‘[t]he total loss of sense is what distinguishes the true epilepsy; and, by attending to this circumstance, we may always be able to know whether the disease be counterfeited’, explaining that imposters ‘may be detected, by applying somewhat extremely stimulating to the nostrils, such as the strongest spirit of sal ammoniac; or by slightly puncturing some very sensible part’.\(^{77}\) This recommendation echoes almost exactly the tests described by Oliver. Furthermore, the use of pricking in cases of epilepsy heightens the association of the practice with witch hunting.

\(^{74}\) Ibid., 120.
\(^{76}\) Van Swieten, *Commentaries*, 189.
as early modern authors often linked epilepsy with spiritual possession, as Chapter 3 has shown. It seems probable that the use of strong powders in the nostrils and sharp implements were recognised tests of insensibility during the eighteenth century, as George Wallis’s 1796 treatise also recommended ‘the application of strong volatile substances to the nose, or suddenly pricking some sensible part’ in suspect cases of epilepsy.\textsuperscript{78} Clearly attitudes towards the acceptability of inflicting pain upon potential malingerers had undergone no dramatic change over the course of the eighteenth century.

Eighteenth-century medical writers also referenced other means of testing illness through pain and hardship, demonstrating a willingness to adapt to the resources at hand. Rouppe explained that ‘[a]s for pretenders [of epilepsy], I have often cured several of them very happily by the means of a lighted candle applied to the ends of their fingers’, and Faselius wrote that ‘[a] feigned epilepsy may be known from a real one … When the patient is soon roused by sternutatories, or burning coals applied to the hands’.\textsuperscript{79} Similarly, Boerhaave’s stratagem of the hot iron has already been noted in the previous chapter, but this case differs in that Boerhaave is reported only to have used the threat of pain to expose the young nobleman’s simulation, while writers such as George Wallis made it clear that the subject should have no warning so that their reaction was spontaneous. Wallis recommends that pain should be inflicted ‘without mentioning the intent, that may put the patients upon their guard, they shew evident signs of feeling, the deception may be made obvious’.\textsuperscript{80}

Although the majority of medical writers expressed no qualms about openly inflicting injury upon suspect patients, Van Swieten did offer a rather more subtle means of testing the authenticity of cases of epilepsy among street beggars, perhaps due to a fear of appearing too callous in circumstances that potentially called for charitable assistance. He wrote that ‘deceit is easily detected, if, when you are feeling the pulse, you pinch the skin pretty hard with your nails: For then, if they counterfeit the disease, you will

\begin{itemize}
\item \textsuperscript{78} Wallis, \textit{Preventing Diseases}, 578.
\item \textsuperscript{79} Rouppe, \textit{Observations on Diseases}, 59; Faselius and Farr, \textit{Medical Jurisprudence}, 122.
\item \textsuperscript{80} Wallis, \textit{Preventing Diseases}, 578.
\end{itemize}
presently observe them shew symptoms of pain'.\textsuperscript{81} It was also suggested that suspected imposters might prove their authenticity without any interference from a medical practitioner through their voluntary endurance of pain and hardship. This was a view often expressed about madmen, who were believed to possess abnormal powers of endurance. One medical text of the late eighteenth century concluded that

this resistance of hunger, cold, and sleep, affords perhaps the best test for distinguishing cases of real insanity, from cases where the disease is only feigned, and appearances of it put on, to answer particular purposes; at least where this power of resistance is present we have good reasons to conclude that the affection is not feigned.\textsuperscript{82}

The infliction of pain and hardship could also be carried out under cover of treating a patient for their disorder, as various authors noted. Those writing on the subject of military medicine suggested that the hardships of the military hospital and an invalid’s low diet might be used to dissuade individuals from feigning illness, using similar arguments to those promoting the deterrent value of workhouses, as highlighted in Chapter 5. Robert Somerville wrote that in cases of uncertain authenticity the individual ‘should be confined to a low diet, consisting chiefly of broth and bread, and entirely debarred the use of butcher’s meats, fish, spirits, or fermented liquors, and all those gratifications that are so agreeable to idle people’, implying that individuals feigning illness from laziness would soon tire of such treatment.\textsuperscript{83} Such a course of action had the dual advantage of discouraging imposture while causing no harm to those genuinely suffering from ill health. William Blair approved of this advice so much that he quoted it in his own text along with much of Somerville’s advice on feigned illness.\textsuperscript{84}

Although medical practitioners were not in a strong position to question the authenticity of their private patients, it is possible that they employed such techniques to surreptitiously test cases they thought suspect. Discussing an interesting case of obstructed menses, William Cullen noted that ‘a variety of

\textsuperscript{81} Van Swieten, \textit{Commentaries}, 329.
\textsuperscript{82} \textit{Edinburgh Practice}, 470.
\textsuperscript{83} Somerville, \textit{Memoir}, 59.
\textsuperscript{84} Blair, \textit{Soldier’s Friend}, 144.
her former symptoms appearing, I concluded that they arose from some degree of fever, or were feigned (as I had some reason to suspect); and therefore I prescribed a blister’. Although this painful treatment could be justified as appropriate in cases of fever, Cullen’s wording implies that he decided to apply a blister hoping to dissuade his patient from continuing her supposed simulation.

Rather than taking risks with inflicting pain upon potentially innocent individuals, the method of observing symptoms and comparing them to those expected of certain illnesses was an alternative possibility. This technique served the dual purpose of aiding in diagnosing a genuine ailment and also of determining whether the sufferer was faking. Certain authors expressed a straightforward belief in the utility of observing symptoms in order to detect illness. Writing early in the eighteenth-century, Edward Strother explained that ‘[a]s for Fictitious Diseases; as many there are who, for private Views, do feign Disorders, so we shall be enabled to discover the Cheat by a perfect Knowledge of the Signs of Diseases: Because ‘tis impossible the pretended Sick should long impose on a Person well skill’d in the OEconomy of a Humane Body’. Strother was careful to point out the necessity of training in interpreting these symptoms, presenting the medical practitioner as an authority on both the nature and authenticity of illness. As the author of an early-eighteenth-century general medical work Strother probably had less concern about the practicalities of detecting illness than later military practitioners. Nevertheless he was not wholly convinced of the infallibility of this method. He concluded his remarks with the observation that imposters ‘must fail in some material Point of the Disease feign’d, unless well instructd by Designing Men’. While later eighteenth-century medical writers were more conscious of the dangers of deceitful appearances, their predecessors were not ignorant of the potential for bodily signs to be falsified.

Despite the difficulties of determining the authenticity of physical symptoms, or even of interpreting genuine ones, practitioners writing later in the eighteenth century continued to cite the interpretation of symptoms as a

85 Cullen, Clinical Lectures, 283.
86 Strother, Euodia, 51.
87 Ibid., 51, italics added for emphasis.
means of detecting malingering. In his directions on the detection of feigned illness among prisoners to be put on trial Faselius recommended that practitioners obtained a thorough knowledge of the medical background and condition of the patient, stipulating the assessment of ‘the urine, age, pulse, hereditary disposition, way of living, condition of the person, and the disorders to which he has been subject’. 88 While such information might not provide infallible proof of authenticity, it could highlight any glaring improbabilities. Donald Monro explained, for instance, that the absence of expected symptoms could indicate the simulation of rheumatism among soldiers, writing that ‘while there is no Fever or Size in the Blood, or other evident Marks of the Distemper, and the Men look healthy, there is always Reason to suspect Imposture’. 89 Similarly, Louis Rouppe’s Observations on Diseases Incidental to Seamen noted that ‘[t]he real Epilepsy may easily be known by the countenance of the sick person, which is never florid’, but he also advised checking whether the patient was known to have previously suffered from the disorder on shore, evidently regarding the sudden acquisition of an illness when most convenient to the suffer as a sign of malingering. 90

In his advice on medical jurisprudence Faselius included long and detailed lists of the symptoms expected in particular disorders, remarking that suspected cases of feigned illness should ‘be submitted to a physician upon such an occasion, he can only judge from the symptoms of the disease, and determine by their presence and absence’. 91 However, as noted above, Faselius also recommended the use of pain to detect imposture in cases of epilepsy, indicating that he felt symptoms alone could not always provide sufficient evidence of authenticity given the ability of individuals to perform certain conditions. Likewise, Andrew Duncan, another expert in medical jurisprudence, also took an interest in both technical and alternative methods of assessing the authenticity of illness. His Heads of Lectures on the Theory and Practice of Medicine Duncan focused on the utility of assessing symptoms to authenticate illness, and provided no further clues as to what

88 Faselius and Farr, Medical Jurisprudence, 121.
89 Monro, Account of the Diseases, 153.
90 Rouppe, Observations on Diseases, 57.
91 Faselius and Farr, Medical Jurisprudence, 120.
should be attempted if interpretation of external signs failed, despite Duncan’s acknowledgement of the difficulties of distinguishing false from genuine sickness. The summary of a lecture on ‘Mania’ and ‘Melcholia [sic.]’ reads as follows: ‘Observations on the symptoms by which these diseases are chiefly characterised – Difficulty of distinguishing whether insanity be feigned or not – Marks by which this is chiefly to be done’. Duncan does not detail what these marks for distinguishing genuine insanity might be but implies that his lecture will furnish students with all the necessary knowledge; hardly surprising given the function of this work as an advert for his lectures.

In his medical commentaries, however, he included a case described by the physician F. Armstrong in which the limited reliance placed upon codified symptoms by the medical practitioners of the period was demonstrated. The ‘Account of singular Convulsive Fits in three Children of one Family. By Dr F. Armstrong, Physician at Uppingham’ begins with a description of the unusual symptoms exhibited by the children in question:

They are not seized with such appearances as generally attend common convulsion or epileptic fits, no farther than from the violent and involuntary motion, the constant attendant of every species of convulsion; no cough, vomiting, or diarrhoea; no delirium or sleepiness; no blueness appears about their eyes and upper lip; no twitchings or startings, as forewarners of the approaching fit. They never fall suddenly prostrate on the ground, as is usual in the common epilepsy. Armstrong attempted to assess the authenticity of their ailment through observation, feeling one girl’s pulse, which he found ‘very little altered from the standard of health, beating about eighty in a minute’. However, this was not enough to convince the physician that imposture was taking place, and he fell back on other methods, writing that he ‘tried many things, to see whether she could possibly feign the fits, but nothing had any effect’. Eventually Armstrong decided that the disorder was genuine, writing that ‘I think there is

---

92 Duncan, Medical Jurisprudence, 178-79.
93 Duncan, Medical Commentaries, 1783-1784:317-18.
94 Ibid., 9:322.
95 Ibid., 9:332.
not the least doubt of their being truly epileptic, though they put on a different aspect as to appearances’, seemingly basing this decision upon her reaction to his undisclosed tests rather than upon his observation.\(^{96}\) This response to an uncharacteristic presentation of epilepsy reflects the prevailing view among physicians that differences in constitution caused disorders to manifest in varied fashions, indicating that set symptoms were not always regarded as a reliable measure of authenticity.

A variant upon the assessment of authenticity through the observation of symptoms is suggested by Armstrong’s account of feeling the young girl’s pulse, and medical writers also noted that scientific tests could be conducted in order to ascertain whether simulation is being practised.\(^{97}\) William Cullen noted differences in patients’ blood in his lecture on rheumatism, explaining that ‘the blood is not fizy in the chronic. Dr. Pringle at first supposed that it was so in every rheumatic case, and considered it as a test of the soldiers being really sick, or only feigning themselves so. He is now convinced that this is not the case; and I am certain of it from experience’.\(^{98}\) His example of Dr Pringle gives us a glimpse into the desire of one medical practitioner to discover a fool-proof test to distinguish feigned cases of a particular complaint from the genuine, but Cullen is less interested in this application than in the utility of blood samples as a means of more accurate diagnosis in general.

Military medical practitioners’ appreciation of the utility of such tests is demonstrated by the work of the surgeon Robert Hamilton however, who described various checks to be carried out on individuals suspected of simulating fainting or epilepsy. While some relied upon the threat of pain ‘such as making an attempt to rush the finger into them, and the like’, others were more scientific in nature, with Hamilton noting that in genuine cases ‘[t]he eyes will remain motionless, nor will the pupil contract and dilate by stimuli that were wont to affect them. For instance, if the head be now turned up towards the sun, the light, though too great for a healthy eye, will not induce any contraction in the pupil’.\(^{99}\) As with other medical writers, Hamilton’s work

---

\(^{96}\) Ibid., 9:325.
\(^{97}\) See also Royal Infirmary of Edinburgh, 86.
\(^{98}\) Cullen, Clinical Lectures, 234.
\(^{99}\) Hamilton, Duties of a Regimental Surgeon, 2:34-35.
expresses the view that a mixture of methods was most likely to aid the practitioner in distinguishing feigned illness from genuine. Hamilton based his assessment on his medical knowledge of the operation of the human body and of particular diseases, but also on his beliefs about human fear and emotional response, indicating that a truly skilled authority on somatic sincerity depends upon more than mere medical expertise.

According to a number of commentators, detection of malingers depended on observation of character and behaviour, in addition to observation of medical symptoms. William Henry Hall, was explicit on this point, remarking that

> it is not mere medical knowledge that will succeed, but there must be added to it a sagacity in exploring all circumstances and outward accidents, and especially those things which relate to the genius, temper, and state of the person suspected.

Some writers presented this investigation as a contest in which the medical practitioner was required to outwit suspected impostors. Faselius, for instance, suggested that ‘[t]he pretended sick person is to be visited frequently, and when he least expects it’, and ‘[t]he questions which are to be put to the sick person, or the by-standers, are to be so framed as to confound them’. Intelligence and cunning thus featured alongside medical experience in the detection of simulated sickness. Nevertheless, even such observation could be outwitted, and the author of the *History and Statutes of the Royal Infirmary of Edinburgh* argued that ‘it may be of use to cause the clerks, and particularly the nurse, observe their [suspected malingerers’] behaviour when the physician is absent: For such patients frequently affect an air of depression in his presence, and tell their complaints with a whining tone of voice’. The perception of the physician as an examiner of somatic authenticity could thus hinder him in some contexts.

The detection of feigned illness not only depended upon observation of the individual’s present behaviour, but might also be founded upon knowledge

100 Hall, *New Royal Encyclopaedia*, [42].
102 *Royal Infirmary of Edinburgh*, 86.
Feigned Illness and Bodily Legibility

Chapter 7

... of his or her character and reputation. Practitioners could dismiss the possibility of feigned illness on the grounds of lack of motive, as in the case of William Oliver, who remarked of the extraordinary sleeper that ‘I have no reason to suspect this to be a Cheat, because I never heard of any gain to the Family by it’. However, in certain contexts such as the criminal courts, the military, and in charitable institutions, all individuals might be deemed to have a motive for malingering and practitioners were therefore inclined to condemn or acquit individuals based upon their reputation. David Turner has remarked upon the importance of character for admissions to hospitals during the eighteenth century for example, as the majority of institutions dictated that ‘inmates needed to be recommended for admission by a subscriber’, a policy designed to ensure the exclusion of ‘lazy Drones, or reproachful Vagabonds’. In a similar fashion, a reputation for honesty was important in legal cases, and Houston and Eigen have remarked that the criminal courts used character witnesses as well as seeking information regarding whether an individual had previously show signs of insanity.

Examples of legal and charitable institutions demonstrate the dependence of adjudicators upon external witnesses to an individual’s reputation, but the surgeon Robert Hamilton noted that personal knowledge of a patient’s character could be of great use to practitioners in assessing the authenticity of their claims to illness. Such first-hand knowledge was not possible in all contexts, but Hamilton suggests that in the closed community of the military this could prove extremely useful. ‘A man’s behaviour on these occasions should be judged of from his general character: if he has been any time in the regiment this is easily known’, he states, adding that ‘[a] surgeon should take some pains to know the characters of the privates. He will find his account in it. Nor is it so difficult a task under the strict discipline of the army’. Here again we find that medical writers viewed the art of detecting feigned illness as one dependent not only upon the assessor’s honed medical skills but also upon their ability to judge human character and motive. The

103 Oliver, Practical Dissertation, 122.
104 Turner, Disability in Eighteenth-Century England, 44.
105 Houston, Madness and Society, 263-64; Eigen, Witnessing Insanity, 10, 83.
106 Hamilton, Duties of a Regimental Surgeon, 1:52.
body was not regarded as wholly legible, yet knowledge of the character might supply sufficient hints to allow a correct interpretation.

The dangers of excessive suspicion

Despite their complaints about inauthentic illness medical authors were wary of error, and practitioners in both the military and the navy represented the dangers of being too quick to condemn individuals as lazy malingerers. Robert Hamilton remarked that ‘though the lazy and imposing should in this manner [of feigning illness] prove troublesome, a soldier should never be turned out on the invidious tale of another, or from an hasty fit of passion, lest a man really unable to undergo the fatigues of his duty should thence be subjected to it, at the hazard of his life’.\(^{107}\) Although ‘unwilling’ to blame his ‘brethren’, he repeats a tale told to him about a case in which ‘[t]wo men came, it seems, into the hospital, one of whom the surgeon, after some slight examination, pronounced an impostor, and dismissed him to duty; the other was admitted’, resulting in the death of the supposed malingerer from fever.\(^{108}\) Hamilton remarks that it was probable that he had received a hint that one of them was a sconcer; but the consequence was not so trivial – he mistook the person – and received him whom he might have dismissed without danger! it would have been more for his credit had he admitted both; for, like giving charity to an impostor, lest we should mistake, and injure a deserving object, it would have been better to have acted in a similar manner, till a more proper opportunity had presented to discover the cheat.\(^{109}\)

This account shocked a reviewer writing in the *British Critic* of 1793, who remarked that ‘[w]e can conceive, that the surgeon may sometimes be imposed upon by a lazy fellow; but to reject a man in a fever, and receive a sconcer! it seems necessary only to be sober to avoid such a mistake’.\(^{110}\)

---

\(^{107}\) Ibid., 1:50.

\(^{108}\) Ibid., 1:51.

\(^{109}\) Ibid., 1:51.

In his *Observations on Jail, Hospital, or Ship Fever* (1789) Robert Robertson made an even more persuasive case against being over-zealous in one’s suspicion, relating how his own mistrustfulness led to the death of a patient. Robertson described how in 1776 he treated ‘Wm. James, marine, aged about 36, naturally slothful, and a tippler’, who ‘complained of being weak and faint, which I imputed to his natural indolence’. 111 When symptoms worsened Robertson was still unconvinced as ‘from his bad character, and so little appearance of disease about him, I suspected that his illness, in a great measure, was counterfeit’. 112 Unfortunately, two days later these suspicions were proved incorrect, and James died of the fever. Robertson explained that ‘[f]ew having had the fever before this man, and these having been relieved by very simple means, I did not think the infection had been received, or that he was in danger, until the 8th, when it was observed too late’, excusing his misjudgement through lack of experience of the disorder and the patient’s bad character, which led him to be suspicious in the first instance. 113

Literary authors of the period also chastised those medical practitioners unable to distinguish real from feigned illness. Matthew Nimmo’s late eighteenth-century tragedy *The Fatal Secret* built upon the literary trope of a female character making use of feigned illness in order to avoid marriage, depicting (in an exotic setting) the terrible consequences that such perceptions of female mendacity could have for young women. Under the guidance of court physicians Zatira’s male relations deem her illness to be a ploy designed to help prevent the marriage of her friend Belraizia, who refuses to be wed while Zatira is unwell. Belraizia tells Zatira that ‘[y]our physicians have given in their verdict, that nothing but melancholy afflicts you; and the king and my father already begin to execute their authority, and have agreed that your feigned illness shall not be any longer a pretence for affronting a prince whose alliance is an honour to our family’. 114 The physicians’ diagnosis of melancholy is proven correct to a degree, but far from being simulated Zatira’s distress is such that she stabs and kills herself in

111 Robert Robertson, *Observations on Jail, Hospital, or Ship Fever, from the 4th April, 1776, until the 30th April, 1789, Made in Various Parts of Europe and America* (London, 1789), 229.
112 Ibid., 229.
113 Ibid., 229.
Feigned Illness and Bodily Legibility

Despair, highlighting the danger presented by a medical practitioner too ready to suspect somatic insincerity. These tales of erroneous judgments, fictional and real, emphasised that even when willing to assess somatic authenticity medical practitioners were not always capable of judging correctly.

Conclusions

Determining the authenticity of patients’ claims to illness was a difficult business for eighteenth-century medical practitioners, and one that concerned those involved in legal and military medicine with particular urgency. Writers of both medical and lay backgrounds acknowledged the problematic opacity of the human mind and body; diseases might manifest themselves through legible physical symptoms but this was not the case for all conditions, and even physical signs might be misread. In many instances practitioners were forced to rely upon the explanations and behaviours of sufferers, who might be less than trustworthy. As a result, a number of medical texts of this period highlighted the ease with which conditions such as epilepsy, madness, and rheumatism might be simulated.

Those texts intended to provide practical advice for surgeons and physicians working in the military hospital or called as medical witnesses in court were particularly detailed in their enumeration of such means of deception and the measures that might be taken to deter and detect malingerers. This may indicate the greater frequency of counterfeit illness within these settings, yet it also reflected the priorities of medical practitioners and their employers. The absence of discussion of authentication techniques within more general medical works underscores the limited power of practitioners to question the sincerity of fee-paying patients.\footnote{See Chapter 6 for more detailed analysis of this restriction.} Within the hospital or courtroom, however, the practitioner was not merely at greater liberty to interrogate somatic authenticity but was required to do so. Such practitioners recognised the limitations of the resources at their disposal, acknowledging the difficulties of distinguishing between genuine and feigned sickness. Nevertheless, they often shared the belief that a combination of
close medical observation, consideration of character and motives, and, if necessary, the threat or use of pain and punishment might be used to expose the majority of suspected impostors, thus challenging if not overcoming the opacity of the body and the mendacity of mankind.
Conclusions

From Lady Dainty’s assumption of ‘the Elegant, Nice State of Sickness’ in Burnaby’s comedy of 1700, to Tod’s protestation in 1783 over the damaging characterisation of ‘sturdy beggars, who … can feign all the different diseases incident to the human mind’, eighteenth-century texts bear witness to the persistence of concerns regarding the simulation of sickness, but also to the diversity of responses to the phenomenon. At an immediate level, fears that illness might be feigned were prompted by the social and material benefits perceived to reside within the state of sickness. On the one hand ill health might operate as a signifier of social or spiritual importance, signalling fashionability, high rank, or religious contact as we have seen in Chapters 2 and 3. Conversely, sickness also functioned as a source of practical power, enabling emotional manipulation, exemption from the usual social duties and conventions, and access to resources, as Chapters 4 and 5 have demonstrated. The varied advantages accessible to invalids inspired the development of numerous distinct debates over the dangers of feigned illness, with those interested by elite society expressing distaste for the practice of self-fashioning through modish diseases for instance, while writers working within institutional contexts feared the exploitation of medical, military, or legal institutions by lazy or criminal individuals.

At the root of concerns over feigned illness lay the issue of the legibility of the human body however. As we have seen in the work of acting theorists, medical practitioners, novelists, and theologians among others, eighteenth-century commentators expressed ambiguous and often conflicting opinions regarding the reliability with which the body conveyed information about interior and intangible states of being. Many wished to portray the body as a natural and thus authentic signifier, in part due to its intimate and reciprocal relationship with mind and soul. However, from the very beginning of the century there were writers who questioned the correspondence between exterior and interior realities. If the signs of the body were open to manipulation, as many believed, then sickness could be convincingly

1 Burnaby, Reform’d Wife, 11; Tod, Observations, 78.
simulated, opening the way to the assumption of undeserved power, status, and privileges. By examining the causes of eighteenth-century concerns regarding feigned illness across a diverse range of social and literary spheres, this thesis thus illuminates a broader cultural preoccupation with the legibility of the body and its potential to mislead or even deceive.

Tensions within contemporary attitudes towards bodily legibility have been noted in earlier studies of eighteenth-century literature and culture, from Fissell’s *Patients, Power, and the Poor in Eighteenth-Century Bristol*, to McMaster’s *Reading the Body in the Eighteenth Century Novel*.

However, by comparing texts from literary, medical, social, and theological fields, I have been able to demonstrate the manner in which such debates drew upon and in turn influenced one another, perpetuating an enduring eighteenth-century fascination with the reliability of bodily signs and behaviour. It is hoped that future studies in the fields of eighteenth-century literature, medicine, and culture more broadly, will take into consideration the extremely varied and ambivalent nature of contemporary thought on this subject, and the relationships that could exist across very different textual traditions.

Comparisons between debates in fields such as theology and theatre, or military and fashionable medicine can prove very fruitful by highlighting the elements that are shared or unique to the treatment of bodily legibility in these different areas.

In addition to examining the concern over bodily legibility that lay at the root of eighteenth-century interest in the phenomenon of feigned illness, this thesis has also analysed the development of debates over the course of the period. The level of concern expressed about the possibility of feigned illness and the nature of debates varied, revealing much about social concerns in different spheres. To date, scholars of fashionable diseases have tended to focus on the significance of the rhetoric of nervous sensibility from the 1730s onwards, noting the influence that this had upon contemporary interest in modish disorders.

By pursuing the issue of feigned illness, however, this thesis has pointed to the earlier emergence of this theme, demonstrating that

---


3 For discussion of this, see Chapter 2.
eighteenth-century writers were commenting upon fashionability as a motive for simulating illness from the very beginning of the eighteenth century. While the advent of nervous sensibility as a literary and medical fashion of the mid-eighteenth century evidently contributed to debates around fashionable diseases, interest in the body as signifier of social status and fashionability was founded upon earlier fears about medical commercialisation and the artifices of elite lifestyle and manners.

By contrast, concerns about feigned illness within the context of welfare provision were longstanding, but became more prominent during the second half of the eighteenth century, reflecting fears about Britain’s ability to meet the rising costs of poor rates. Scholars such as Innes have noted the perceived ‘crisis’ in welfare provision during the 1780s, but examination through the lens of feigned illness highlights its relationship with contemporary discourses of bodily legibility, confirming the value of studying debates surrounding the poor laws and institutional healthcare from a cultural as well as social or economic perspective.⁴

Each area of literature and culture studied in this thesis is marked by particular chronological patterns, yet broader trends in attitudes towards bodily legibility and feigned illness are also visible. Many early-eighteenth-century writers of theology, social commentary, and medicine displayed a certain scepticism regarding the authenticity with which the body conveyed interior states of being, portraying beggars, religious enthusiasts, and fashionable invalids in a satirical light. By contrast, in many areas of culture the middle decades of the century were marked by an expression of faith in the natural legibility of the body, as demonstrated by the fashion for the literature of sensibility, acting through feeling, and the medico-literary rhetoric of nerves. Nevertheless, faith in bodily legibility was never universal, and even during the mid-century there were those who expressed doubts, as we have seen in the case of theological debates over the authenticity of healing miracles and religious inspiration. As the century wore on, this scepticism increased, and the later eighteenth century witnessed growing suspicion regarding the legibility of the human body, and a corresponding rise in

⁴ Innes, Inferior Politics, 179, 181; Brundage, English Poor Laws, 5, 25.
accounts of simulated sickness across various social and literary spheres. With commentators growing wary of the performative nature of nervous sensibility, and the detection of simulation becoming the subject of urgent debate in the fields of institutional welfare, healthcare, and legal provision, writers expressed the sense that feigned illness was an ever-growing phenomenon. This manifested itself in heightened debates about the duty of medical practitioners to detect feigned illness, and the methods by which this might be accomplished, as Chapters 6 and 7 have shown.

Scepticism about bodily legibility also undermined faith in the ability of observers to distinguish between genuine and feigned bodily symptoms however, and many writers acknowledged the difficulty of the task. Those tasked with doing so could seek to read the body itself but often recommended the use of supplementary techniques for detection, advising the use of deterrence, pain, or character assessment to circumvent the difficulties of relying upon patient narratives and the potentially deceitful human frame. The intimate relationship between bodies, behaviour, and narrative that is brought to the fore in many eighteenth-century portrayals of feigned illness emphasises the importance of language to contemporary interpretations of illness and bodily signifiers. Historians and literary critics have long been aware of the role of language in the social construction of illness, yet contemporary treatment of feigned illness indicates that we might also consider the extent to which eighteenth-century writers were conscious of the role of language and culture in shaping interpretations of the body.5

As a result of concerns about the simulation of sickness and other bodily states, certain writers sought to move away from reliance upon external bodily symptoms, as can be seen in the case of military and medical authors advising on the detection of deceit. Issues of bodily opacity also troubled those concerned with sickness as a sign of social or spiritual import. Among theological writers who questioned the authenticity of miracles, possession, and inspiration, there were those who condemned reliance upon bodily signs of spiritual contact. Similarly, within fashionable literature of the later

eighteenth-century, various novelists and writers suggested that virtue and status should be judged by actions, rather than on the basis of bodily delicacy. However, a move away from the use of bodily signifiers was not possible in all cases, and was not deemed desirable by all. While late eighteenth-century debates over fashionable diseases were marked by an increasingly satirical and sceptical tone, there were still writers and practitioners who supported the view that sickness was indicative of high rank and femininity for example.

Furthermore, as this thesis has highlighted, the role of the medical practitioner was gradually evolving over the course of the eighteenth century. Building on existing scholarship on medical professionalization, this thesis demonstrates that while medical practitioners began to take on more centralised and authoritative positions within institutional medical care, their authority over patients was still contingent upon social and economic position. In the realm of private medical care the practitioner was far from being portrayed as the ultimate authority on bodily legibility, and practitioners themselves often acknowledged their fallibility as readers of the body. Nevertheless, the growing profile of practitioners in institutional contexts such as the hospital, the military, and the law courts, ensured that the question of their expertise in reading of the body was a particularly important issue at the close of the eighteenth century. In light of the continued uncertainties over bodily legibility that have been highlighted by this examination of feigned illness, future studies of medical professionalization could delve further into representations of practitioners as expert readers of the body.

It is also important to note that debates around feigned illness and bodily legibility are marked by continuity as well as change. The level of debate varied over the course of the century and across different social and cultural spheres, but viewed as a whole this thesis demonstrates that certain themes appeared time and again. Gender and social status repeatedly emerged as factors influencing eighteenth-century portrayals of feigned illness, although writers’ interpretation of the relationship between these factors and bodily sincerity varied. Scholars of fashionable illnesses have

---

6 For examples of the discussion of this issue see Jewson, "Medical Knowledge," 376; Porter and Porter, Patient’s Progress, 85; Borsay, "Middle Class," 278.
often remarked upon the role of sickness as a signifier of status or gendered characteristics, as noted in Chapter 2, but this thesis has highlighted the wider relationship between sickness, gender, and status within eighteenth-century society. Due to the power that sickness was believed to confer upon an individual, commentators often suggested that individuals could use sickness to confirm or augment their position within society. This might take the form of using sickness to assert high status, or femininity, as in the case of fashionable diseases, or alternatively to combat the disadvantages of low status. Awareness of the utility of misleading bodily signals meant that eighteenth-century observers were inclined to judge the legibility and sincerity of an individual’s body in light of their gender, social status, and consequent incentives for simulation.

A further point to which eighteenth-century writers often returned was the permeable boundary between authentic and feigned sickness. Belief in the ability of the mind and body to mutually influence one another raised the possibility that feigned sickness might blur into genuine ill health, whether mental or physical. The blurring of the borders between performance and genuine sickness allowed blame to be mitigated in certain circumstances, as in the case of women who used their weakness as a form of self-defence, or imaginary invalids. However, this ambiguity also heightened concerns about the legibility of the human body, as such mutability rendered the distinction between artifice and authenticity even harder to determine.

**Future directions**

Potential directions for the development of this research are numerous. The most immediate question that arises is that of how debates over bodily legibility and feigned illness related to and influenced social practice. While it is evident that the topic provoked significant comment and concern among writers, it does not necessarily follow that feigned illness was more than a literary and theoretical preoccupation. Within certain spheres of society it seems likely that suspicions of feigned illness proved a matter of practical importance, as indicated by the development of medico-military treatises.
containing guidance for practitioners as to how feigned illness might be detected. In the case of military medicine the literature debating bodily authenticity appears to have arisen from a practical demand, and it might be surmised that textual discussions influenced attitudes and behaviour in their turn. It is harder to speculate about the relationship between debate and practice within other social spheres discussed in this thesis, as in the case of fictional portrayals of domestic malingering for example. Consequently it would be very interesting to compare the development of textual debates around feigned illness and bodily legibility with the treatment of these subjects in manuscript sources.

Such a comparison has already been carried out within certain fields of eighteenth century scholarship. Beatty’s monograph on *Nervous Disease* explicitly set out to compare representations of nervous patients in ‘popular discourse’ with the experiences recorded in manuscript sources, asserting that rather than being ‘eager sufferers’, ‘most patients seeking medical assistance were in genuine misery’. Further research is necessary however, to establish how eighteenth-century individuals responded to the aspersions of insincerity that this thesis has highlighted in portrayals of fashionable disease, and how observers, whether lay or medical, behaved in cases of suspected simulation. Personal and professional manuscript documents such as diaries, correspondence, medical case notes, and institutional records would provide an interesting counterpoint to printed texts, indicating the extent to which textual debates influence social practice.

In certain sectors of society it seems very probable that printed portrayals of feigned illness and bodily legibility both reflected and informed contemporary attitudes and behaviour. In her research into Sir Hans Sloane’s medical correspondence for instance, Lisa Smith has noted the case of one Mrs A. Smith, who wrote to Sloane from Bath that ‘some body has told Mr Smith that I am very well and I only pretend illnes [sic.] to stay in Towne’, an accusation that caused her much distress. Mr Smith’s reported suspicions of

---

his wife’s motives in visiting Bath for her health are closely aligned with the satirical portrayals of fashionable female spa-visitors in contemporary fiction and social commentary. If such suspicions were found to be echoed in further contemporary correspondence this would provide significant evidence that within fashionable society at least, textual portrayals of feigned illness were closely linked to social beliefs and behaviours.

Nevertheless, even personal manuscript sources such as correspondence cannot provide an unmediated insight into contemporary attitudes towards feigned illness and bodily legibility. As Claire Brant and Wayne Wild, have noted, eighteenth-century familiar correspondence was not always a private form of communication, with readers passing letters among friends and acquaintances for the purposes of news sharing and entertainment. As such, the contents might be shaped by the knowledge that they would not remain fully private, restricting freedom of expression. This in itself could provide interesting evidence of how social etiquette and status may have affected the interrogation of bodily authenticity among family, friends, and in medical consultations however.

The influence of intended audiences and the form may also limit the utility of other forms of manuscript sources. Institutional records such as the Old Bailey court records often cite instances of feigned or suspected feigned illness, yet these can be very brief in their detail, providing little insight into opinions of such behaviour. In the murder trial of John Simpson in 1786 for instance, the witness George Wood is recorded as stating that ‘on the Sunday afternoon, when I went to New Prison, the man was frantic in my opinion, and Mr. Yardley observed to me, that he thought it feigned; I said, I did not think it was’, yet we are left to speculate as to why these witnesses differed in their opinion. Nevertheless, these records could provide evidence of a different kind, indicating the frequency and contexts within which considerations of bodily legibility and feigned illness were raised within institutional settings.

In addition to considering alternative source types, further research could also expand the chronological scope of this thesis. The continued relevance of themes of feigned illness and bodily legibility at the close of the eighteenth century also suggests that a chronological extension of this research into the early nineteenth century could prove intriguing. As the exploration of simulated sickness in texts such as Jane Austen’s unfinished seaside satire *Sanditon* (1817) and the American physician Thomas Blatchford’s *Inaugural Dissertation on Feigned Diseases* (1817) indicates, many of the matters raised by eighteenth-century observers continued to interest writers of the early nineteenth century. Like writers of the late eighteenth century, Blatchford viewed simulated sickness as a widespread phenomenon, concluding his work with the remark that ‘we think enough has been said, to show, that from the highest circles of affluence, to the lowest grade of poverty; from the decrepitude of age, to the helplessness of infancy, are to [be] found those who feign diseases’.\(^{11}\) His treatise alludes to feigned illness within many of the spheres highlighted in this thesis, from fashionable society to the ranks of beggars, the military, the law courts, and spiritual movements, and also highlights new subjects of suspicion, including a particularly lengthy discussion of simulation among children.\(^{12}\) Such texts indicate that while nineteenth-century debates may have maintained much continuity with those of the preceding century they also developed along new lines, providing fascinating material for further research.

Alongside the various French texts discussed in this thesis, Blatchford’s American treatise also highlights the potential for exploration of geographical variation in attitudes towards feigned illness. Evidently the subject was not restricted to British discourses, but it is as yet unclear whether discussions of bodily opacity varied significantly between different nations. Equally, it would be valuable to consider the matter of regional variation within Britain in greater depth. The majority of the sources considered in this thesis were printed in the capitals of London, Edinburgh, and Dublin, or in fashionable resort towns such as Bath. In order to gain a more nuanced

---

\(^{11}\) Thomas W. Blatchford, *An Inaugural Dissertation on Feigned Diseases* (New York, 1817), 76.  
\(^{12}\) Ibid., 9, 11, 20-22, 14-19.
picture of eighteenth-century debates sources from provincial towns might therefore be sought out, perhaps combining printed texts with manuscript sources.

Finally, the relationship between eighteenth-century debates about feigned illness and those provoked by other forms of artifice might be analysed in more detail. Fears of bodily opacity extended beyond matters of health and sickness, as scholarship on subjects such as eighteenth-century clothing, cosmetics, masquerades, and politeness has indicated. As such, concerns about mankind’s ability to read the body for signs of illness were intimately bound up in wider debates about the wisdom of judging matters of character and identity on the basis of exterior appearances. Research on the performance of illness might thus be linked to current scholarship exploring eighteenth-century concerns over the use of body modifiers such as clothing and cosmetics, and even the performance of behaviours such as politeness, to help elucidate attitudes towards the reading of the human exterior as a whole. As this thesis has demonstrated, eighteenth-century commentators were often ambivalent or conflicted in their estimations of the legibility of the human body, yet they were largely united in their desire for greater transparency.

---

For discussion of masquerades see Terry Castle, Masquerade and Civilization: The Carnivalesque in Eighteenth-Century English Culture and Fiction (Stanford: Stanford University Press, 1986); Barker-Benfield, Culture of Sensibility, 188; and Wahrman, Modern Self, 205-207.
For discussion of cosmetics and deceit see Gwilliam, “Cosmetic Poetics,” 144-159.
Bibliography

Primary Sources

A Supplement to Dr. Harris's Dictionary of Arts and Sciences. London, 1744.


First published in James Makittrick Adair, Medical Cautions, for the Consideration of Invalids; Those Especially who Resort to Bath: Containing Essays on Fashionable Diseases. Bath, 1786.


Allen, John. Dr. Allen's Synopsis Medicinæ: or, a Brief and General Collection of the Whole Practice of Physick. London, 1730.


An Account of Several Work-Houses for Employing and Maintaining the Poor. London, 1732.

An Account of the Work-houses in Great Britain, in the Year M,DCC,XXXII. London, 1786.

Feigned Illness and Bodily Legibility


Anti-Canidia: or, Superstition Detected and Exposed. London, [1762?].


Armstrong, John, ed. A Full View of All the Diseases Incident to Children. London, 1742.


Arpasia, or the Wanderer. London, 1786.


Bage, Robert. Man as He Is. London, 1792.


The Bath and Bristol Magazine. Bristol, 1776.


*The Birmingham Counterfeit; or, Invisible Spectator.* London, 1772.


Blackmore, Richard, and John Hughes, eds. *The Lay Monk* 25 (January 1714); 35 (February 1714).


Blackmore, Richard. *Dissertations on a Dropsy, a Tympany, the Jaundice, the Stone, and a Diabetes.* London, 1727.


Blower, Elizabeth. *Maria.* London, [1785].


*Brief Remarks on a Late Pamphlet, Entitled "A Letter of Exhortation and Edmonition to all who Receive the Testimony of Emanuel Swe Denborg [sic.]"*. Manchester, 1783.

*Britannic Magazine; or, Entertaining Repository of Heroic Adventures and Memorable Exploits* 5, no. 65 (1797).


Brothers Friendly Society (Baswich, England). *General Rules, Orders and Regulations, Agreed Upon to be Observed by the Brothers Friendly Society; Established at Weeping-Cross*. Newcastle, 1794.


Cibber, Colley. *An Apology for the Life of Mr. Colley Cibber.* London, 1740.


Cullen, William. *Clinical Lectures, Delivered in the Years 1765 and 1766.* London, 1797.

Cullen, William. *Nosology; or, a Systematic Arrangement of Diseases, by Classes, Orders, Genera, and Species.* Edinburgh, 1800.


Duncan, Andrew. *Heads of Lectures on Medical Jurisprudence; or, the Institutiones Medicinælegalis*. Edinburgh, 1792.

*The Edinburgh Practice of Physic and Surgery; Preceded by an Abstract of the Theory of Medicine, and the Nosology of Dr. Cullen*. London, 1800.


*The Example: or the History of Lucy Cleveland*. London, 1778.


*Frederic; or, the Fortunate Beggar*. London, [1773?].


Friendly Society (Godalming, England). *Rules, Orders, and Regulations Agreed on Saturday the Sixth Day of September, One Thousand, Seven Hundred and Ninety-Four*. Guildford, 1795.

Friendly Society (Old Street, London). *Articles of a Friendly Society, Held at the House of Thomas Bedford, Known by the Sign of the Cock, the Corner of Golden-Lane, Old-Street.* London, 1785.


Friendly Society of Tradesmen (Hoxton, England). *Rules and Orders Agreed to be Performed and Kept by a Friendly Society of Tradesmen, Meeting at the House of Mr. George Cruse, at the Bacchus and Bunch of Grapes in Hoxton Town.* London, 1790.


Friendly Society of Women (Hoxton, England). *Rules and Orders to be Observed by a Friendly Society of Women, United for the Mutual Support and Benefit of Each Other when under Real Afflictions.* London, [1795?].


Gildon, Charles. *The Life of Mr. Thomas Betterton, the Late Eminent Tragedian*. London, 1710.


Graves, Richard. *An Essay on the Character of the Apostles and Evangelists: Designed to Prove that They were not Enthusiasts*. London [i.e. Dublin?], 1798.


Hervey, Elizabeth. *Melissa and Marcia; or the Sisters.* London, 1788.


*The History and Statutes of the Royal Infirmary of Edinburgh.* Edinburgh, 1778.


*The Honest Sentiments of an English Officer on the Army of Great Britain.*
London, 1779.


Hutchinson, Francis. *A Short View of the Pretended Spirit of Prophecy.*
London, 1708.


*The Hyp, a Burlesque Poem in Five Canto’s. Including the Adventures of Sir Valetude Whim, And his Retinue*. London, 1731.


*The Lady's Magazine; or Entertaining Companion for the Fair Sex, Appropriated Solely to their Use and Amusement* 4 (April 1773); 6 (June 1775); 7 (August 1775); 7 (April 1776); 8 (January 1777); 12 (March 1781); (September 1794); 26 (June 1795); 26, Supplement for 1795 (December 1795); 29 (July 1798); 30 (November 1799); 3 (October 1800).


Lavater, Johann Caspar. *Essays on Physiognomy; Calculated to Extend the Knowledge and the Love of Mankind*. London, 1797.


*The Lounger* 1, no. 8 (1785).

M'Farlan, John. *Inquiries Concerning the Poor*. Edinburgh, 1782.


Monro, Donald. *An Account of the Diseases which were Most Frequent in the British Military Hospitals in Germany, from January 1761 to the Return of the Troops to England in March 1763*. London, 1764.


More, Hannah. *Sacred Dramas … to which is added, Sensibility, a Poem*. London, 1782.


Mrs Crackenthorpe, [pseud.] ed. *The Female Tatler* 23 (1709); 25 (1709).

Musgrave, Agnes. *Cicely; or, the Rose of Raby*. London, 1795.


*The New Spectator; with the Sage Opinions of John Bull* 7 (April 1784).


Oulton, W. C., ed. The Busy Body; A Collection of Periodical Essays 2, no. 19 (1787).


Parker, Samuel. An Essay upon the Duty of Physicians and patients, the Dignity of Medicine, and the Prudentials of Practice. London, 1715.


Parsons, Eliza. Women As They Are. London, 1796.

Parsons, James. Human Physiognomy Explain’d: In the Crounian Lectures on Muscular Motion. London, 1747.


*The Pocket Magazine; or, Elegant Repository of Useful and Polite Literature* 3, no. 16. (1795).


Priestley, Joseph. *Letters to the Members of the New Jerusalem Church, formed by Baron Swedenborg*. Birmingham, 1791.


Robertson, Robert. *Observations on Jail, Hospital, or Ship Fever, from the 4th April, 1776, until the 30th April, 1789, Made in Various Parts of Europe and America*. London, 1789.

Robison, John. *Proofs of a Conspiracy Against All the Religions and Governments of Europe*. Edinburgh, 1797.


The Spirit of the Public Journals; Being an Impartial Selection of the Most Exquisite Essays and Jeux d'Espirit etc. London, 1799.
Standing Orders and Instructions to the Nottinghamshire Regiment of Marksmen, the Right Honorable Lord George Sutton, Colonel. Hull, [1778?].

Standing Orders, for the Eleventh Regiment of Light Dragoons. Dorchester, 1799.

The Standing Orders for the Norwich; or, Hundred and Sixth Regiment. Waterford, 1795.

Standing Rules and Regulations of His Majesty's Regiment of Fraser Fencible Infantry, Issued by Colonel Simon Fraser, at Tuam, 1798. Dublin, 1798.

Steele, Richard, ed. The Tatler 16 (1709); 79 (1709); 248 (1710).

The Stolen Marriages; or, Trips to Scotland. [London?, 1760?].


The Temple Beau; or the Town Coquets. London, 1754.


Theatrical Monitor; or, Green Room Laid Open, 2 (1767); 7 (1767); 8 (1767).


Thomas, Simon. The Military Medley, Containing the Most Necessary Rules and Directions for Attaining a Competent Knowledge of the Art. Dublin, 1767.

Tod, Thomas. *Observations on Dr. M'Farlan's Inquiries Concerning the State of the Poor*. Edinburgh, 1783.


*The Trial Wherein Miss D--v--s was Plaintiff, and the Rev. Dr. W-I-n, Defendant. In an Action of Ten Thousand Pounds, Brought by the Plaintiff against the Defendant for the Non-Performance of a Marriage-Contract: When the Plaintiff had a Verdict, and Recover'd Seven Thousand Pounds Damages*. London, [1747].


*True Delicacy; or, the History of Lady Frances Tylney, and Henry Cecil, Esq.* London, 1769.


*Tunbridge Epistles, from Lady Margaret to The Countess of B***. London, 1767.


Wesley, John. *A Check to the Delusive and Dangerous Opinions, of Baron Swedenborg.* High Wycombe, 1797.

Whytt, Robert. *Observations on the Nature, Causes, and Cure of those Disorders which have been Commonly Called Nervous, Hypochondriac, or Hysteric.* Edinburgh, 1765.


*William and Charles: or, the Bold Adventurers.* London, 1789.


Feigned Illness and Bodily Legibility


Young, Arthur, and John Seally, eds. *The Universal Museum. Or, Gentleman's and Ladies Polite Magazine of History, Politicks and Literature*. 1, no. 4 (1762); 2, no. 6 (1763).


**Secondary Sources**


Hamlin, Christopher. “Chemistry, medicine, and the legitimization of English spas, 1740-1840.” In The Medical History of Waters and Spas, edited


Keel, Othmar. “The politics of health and the institutionalisation of clinical practices in Europe in the second half of the eighteenth century.” In


Lawlor, Clark. “Fashionable Melancholy.” In Melancholy Experience in Literature of the Long Eighteenth Century; Before Depression, 1660-


