18th Century Medicine and Women’s Bodies: Sentimentalism Engendered

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Introduction

Rebecca Rush’s popular eighteenth century novel, “Kelroy,” first published in 1812, provided an insightful perspective on early American genteel life and circumstance in the Atlantic seaboard region. Reissued in 1992, under the editorial direction of Dana Nelson, Kelroy has been recognized as a classic in the American Sentimentalist fiction genre. Nelson explained, “Rush’s novel, Kelroy has repeatedly provoked the interest of academics and historians from the late nineteenth century to our day, . . . a novel which has consistently been regarded as one of the finest in early America,” (Rush, 1992, p. xv). The novel centers around an upper crust mother and her daughters, touching on themes of social class, gender roles, the social conditions of women’s lives, female self-definition, and the influence of feelings and sentiment on the physical bodies of women. One daughter in particular, young Emily Hammond provides a classic personification of the sentimental personality through which Rush conveys both social themes and the state of human evolution in the late eighteenth century.

Rush applied lush literary techniques to provide a rich portrait of her characters’ inner geography. She does a particularly fine portrayal of Emily’s personality and feelings of sensitivity, integrity, vulnerability, and angelic innocence. Emily’s emotions are expertly displayed using metaphor and colorful descriptors to convey a young woman at the mercy of her sentimentalistic worldview, her feelings and her natural responses to the less than perfect world around her. The reader is invited to share the pathos of Emily’s world, her time, and her oppressions as the story of her reactions and sensitivity unfold and is expressed as a myriad of inner being and external physical manifestations.

The eighteenth century, known as the “age of enlightenment” was a notable period for the reputation and social advance of the medical profession in both Europe and America (Cunningham & French, 1990, p. 283-298; 194 - 212). An exclusively male profession, medicine reaped much of its appeal and elitism from its privileged access to the knowledge and observation of the female body. An assortment of medical historians have linked this privilege of access to both the advance of the medical career, and to the objectification of the female body. As the eighteenth century progressed, so did the field of medicine. Moving from obscurity to prominence, medicine embraced the sentimentalist genre integrating it with the developing theories of how the body worked and maintained itself.

Eighteenth century medicine was dominated by both mechanistic and animistic schools of thought, which had implications for the practice and treatment of patients, both male and female (Cunningham & French, 1990, p. 103 - 109; 129 - 134). As the century progressed, a sentimentalist approach to medicine developed, just as the sentimentalist paradigm colored the dictums of other key areas of societal life, including the literature of the era.

Sentimentalism introduced a paradigm to the eighteenth century that colored a variety of social and academic arenas, including popular fiction as well as dedicated medicine. In essence, sentimentalism was a paradigm featuring a psychoperceptual schema to describe the human nervous system, sensory feedback mechanisms, and the interlinking relation to a master consciousness. A gender specific view of the nervous system was purported, as well as a common group of exclusive emotional and physical responses, values, beliefs, virtues, and susceptibilities (Barker-Benfield, 1992, p. 21-25).

A sentimentalist perspective represented a marked expansion and modification to the established Cartesian world view of the time. The Cartesian view was, in essence, a biomedical paradigm that presented the body in terms of strict anatomy and structure, reflecting the body as a machine with columns, levers, springs, wedges, pulleys, bellows, sieves, and presses. Pathology was seen as the breakdown of these mechanistic processes. Diseases were classified as the parts of the
body were classified: diseases of solid simple parts, of the organs, of the humors and systems of solids and humors were common. (Cunningham & French, 1990, p. 98). This mechanical-structural-functional view of disease was expanded by sentimentalist practitioners, who integrated the fine working machine image of the physical structure with an animate emotional and soul-induced energy which were intrinsic in function and operation.

It is interesting to examine and illustrate the ways that the dimension of gender and the sentimentalist perspective of the human body and emotions advanced by eighteenth-century medicine have both colored and defined the emotions, behaviors, abilities and station of women. Rebecca Rush’s period novel, Kelroy exemplifies and metaphorically illustrates how genteel women’s bodies were viewed, sentimentalized and described to both color, describe and stigmatize women as a distinct social group with unique biological, affective, and cognitive functioning. The protagonist, Emily is continuously presented as a woman whose instincts and deep-felt sentiments are clearly internalized, at times exciting and at other times depressing her nervous system.

Rush wrote Kelroy at a time when great strides in the theorization of medical thought was taking place (Cunningham and French, 1990, p. 283 - 5). The experiences and reactions of the characters in Rush’s novel mirror the common lay beliefs propagated by the contemporary health and disease findings of scientists of the day. For instance, an influential vitalist, Sauvages built his general theory of the human body around Newtonian laws of motion. Francois Boissier de Sauvages, a highly respected Montpellier physician and professor, has been lauded for his vitalist classification of diseases or nosology (Cunningham and French, 1990, p. 111). In his text, Patholgia Methodica, written in 1759, he discussed the “Facilities of the Soul”, the philosophical nature of the body and defined both health and disease in terms of three dimensions. These included extreme polarities of the three attributes of a) Knowledge (instincts or sentiment; judgement) b) Desire (sensitive appetite or cupidity and rational appetite or will) and c) Movement (nature or liberty to choose) (Cunningham and French, 1990, p. 133 - 134).

In addition, a contemporary of Sauvages, Dr. George Cheyne introduced his theory of physiology and anatomy, based on a theory of the nerves and nervous system (Barker-Benfield, 1992, p. 23 - 26). Cheyne waxed eloquent in his descriptions of the human nervous system. He equated the brain or soul operator essence with the metaphor of Musician, which “occupied the Temple or Sensorium,” (p. 8). The Nerves he saw as musical Keys, which when struck or played carried the vibration of sound and harmony to the Musician for processing and response. Feelings and emotions stemmed from a subtle fluid or Aether/Spirit, culminating in a unique measure of sensibility, which apparently could be viewed by observing human responses and reactions to external stimuli, situations and the actions of others. Imminent scholars such as scientists, Cheyne and Albrecht von Haller, as well as philosopher, John Locke, supported the notion that the male and female nervous systems were distinctly different, cumulating in a richly different assortment of emotions, physical sensations and behaviors, both voluntary and involuntary (Vila, 1998, p. 13 & 30). The work of these three men, as well as several other notable scientists laid the foundation for the sentimentalist mind set to unfold. Traces of sentimentalism became apparent in various scientific, literary, and domestic publications, of which, Kelroy is a fine example.

The character, Emily in Rebecca Rush’s novel, “Kelroy”, exemplified many of the common characteristics attributed to the female autonomic nervous system (Baker-Beinfield, 1992, p. 23). Rush colored Emily with a high degree of virtue, sensibility, and refinement, which both restricted or boosted Emily’s state of bodily health. Emily’s physical reactions to the circumstances she found herself in and to the people around her were frequently described in detail throughout the narration. “Unused to these internal conflicts, her appetite failed and her color faded: and in the sorrow of her heart she would have shut herself up in constant solitude had not pride prevented her” (Rush, 1992, p. 47). Rush described the nervous system effects on Emily’s digestion, her circulation, and her emotional affect using physical descriptors summarized in a matter of fact voice, with the interjection of a hidden etheric, intangible perspective. The reader is assisted to visualize Emily’s complexion as her color became drawn and pale, and her frame too thin from her
anorexic state. These seem concrete and easy to imagine. The evidence for sorrow in the heart was more difficult to describe, unless secondary behaviors were recognized. Sorrow in Emily’s case, was manifested as an ethos bent on self- isolation and melancholia. She became susceptible to infection too easily, inviting a protective response from all those around her, including her physician.

The weakness of the female nervous system is demonstrated in the effects that a cold and Emily’s melancholia have on her health and well-being. "A severe cold with which she was attacked, afforded her an unquestionable excuse to indulge this melancholy propensity, and confined her wholly to her chamber; where, in a few days, indisposition and anxiety produced a change in her appearance that was seriously alarming,”(Rush, 1992, p. 48). A link between the emotions and the body’s ability to ward off infections and diseases was more than hinted at by Rush. A propensity for fainting spells, an aching heart, nervousness and quiet anxiety characterized the common so-called female attributes of the time, scientifically associated with a weakened female nervous system (Mullen, 1988, p. 61). The ill female had to be isolated and protected in order for the delicate nervous system to repair without lasting damage. Rush interlaced this need for protection in response to Emily’s delicate health in vivid and frequent scenes throughout the novel.

Rush often described Emily along with her other characters using an active sentimentalist voice. Rather than offering mere analysis of her characters’ actions, Rush established a working template for the readers’ observation of the sentimentalist paradigm of emotional-bodily health, especially for women. "When she grew better, her physician so strictly urged the necessity of the utmost care to prevent a relapse, which he attended he said, with fatal consequences,” (Rush, 1992, p.48).

This suggested care would come from adherence to the dictum of moderation in all things. A naturalistic approach to life, that was "simple, plain, honest, and frugal," (Barker- Benfield, 1992, p. 12) was necessary. Eighteenth century physicians, like George Cheyne placed the common lifestyle and indulgence of the upper class in opposite dichotomy to the older naturalistic model of living. “Cheyne specified the effects of all this luxury on the nerves, the body's organs and juices, laden with corrosive salts, building up and stagnating around the nerve fibers, constricting, relaxing, or hardening them, causing them to break, in accordance with Newton’s view of elasticity. The nervous system of the luxuriating consumer became as clogged and polluted as the air and streets of modern London,” (Barker-Benfield, 1992, p. 14). The harsh reality of her family’s impoverishment amidst the backdrop of affluence and her father’s passing, lauds the virtues of sensitivity and moderation. Clearly, Rush points to secondary excess as the cause of Emily’s problems. Cheyne taught that the excesses of society’s upper crust had a direct and debilitating effect on the nervous system, as understood at that time. Today, modern anatomy and physiology would link his theories to the current knowledge of the autonomic nervous system, further subdivided into the sympathetic and parasympathetic nervous systems. The study of psychoneuroimmunology adds credence to Cheyne’s initial theory of the link between emotional excess, indulgent living and the clear balanced workings of the mind and body (Goleman and Gurin, 1993, p. 3 - 19).

The autonomic nervous system (ANS) regulates the activities of smooth muscle, cardiac muscle, and certain glands (Tortora & Anagnostakos, 1990, p. 447 - 462). In the eighteenth century the differences between the operation of the sympathetic nervous system (SNS) was recognized as distinctly opposite to the parasympathetic system (PSS). Virtually every system of the human body is influenced by the ANS, in quite starkly different ways. Stimulation of the Sympathetic nerves and pathways is characterised by active cardiac activity, a paralysis of gastric functions, quicker breathing, dilation of the pupil, dry mouth, flushed skin and muscle tension. Responses of the SNS are geared toward the adaptation to conditions of stress, as well as maintain normal energy producing processes. Excitement and over stimulation are also linked with a stimulated SNS.

Rush demonstrates the observable effects that emotional excitement and intimate excitement created in Emily’s countenance through the eyes and voice of Emily’s dear friend, Helen. “Helen who had seated herself next to Emily, observed with pleasure the increased luster of her eyes,
and complexion, and Kelroy determined to be no longer checked except by Emily herself, glided, round...”(Rush, 1992, p.53). Vasoconstriction is described as, “By all except Emily, whose increased bloom at his approach was occasioned in part by again meeting him, but more by the consciousness of a mistake which she wanted courage to rectify.

In a male, the SNS activity would likely be described as vigor and enthusiasm, or a fight- or-flight response. In Rush’s novel, Emily is rarely allowed outward enthusiasm even when thrilled from Kelroy’s voiced ardor. Rush uses subtle hints to paint the picture of Emily’s excitement and animation. Blushes, sparkling eyes, dewy skin, are all observable yet passive signs of a heart aglow. The heroine is never allowed to express herself with much strength, even when she discovered that she and Kelroy were betrayed by her own mother and her cohort.

At one point in the novel, Emily discovers her mother’s forgery tools and letters from Kelroy. Emily is distraught but does not express excitement, anger or rage. Instead, “Cold drops of perspiration bedewed her face and trembling limbs, as she contemplated these cruel proofs of her own irreparable injuries; but the effort was not complete until she had read the intercepted letters from Kelroy, which were those he had written to her immediately subsequent to his departure,” (Rush, 1992, p.184). Rush describes the scene in clear, knife-edged phrases, stressing the pain and heart wrenching pangs of grief that vibrated through Emily’s body and nervous system, at the discovery of betrayal and deception.

Conversely, the PSS, is active during relaxation, and nervous system depression. This half of the nervous system regulates activities that conserve and restore body energy during periods of rest or recovery (Tortora & Anagnostakos, 1990, p. 447-462; Goleman & Gurin, 1993, 24 - 25). The parasympathetic system is basically an energy conservation-restorative system, causing muscle and nerve relaxation, heightens digestion and assimilation, and relaxes cardiac muscles. Several examples of this system in action are offered by Rush to describe Emily. “The death-like swoon into which Emily had fallen, were succeeded by a fever which reduced her to the borders of the grave, and she uncovered from it only to experience the pangs of a lingering decay, in vain was the kindness, and attention of a fond husband, and anxious friends, who ascribed her dejected languer to recent illness, exerted to relieve her , the blow was given which rendered thorn of no avail,” (Rush, 1992, p.189).

An eloquent and rhetorical voice is used by Rush to guide the reader to visualize the intense pallor and loss of spirit in Emily’s physical body and in her spirit, at the thought of being betrayed by her own mother. Her realization that Kelroy did not reject her does not thrill her, for she knows that her marriage is a binding contract, one that she was not free to dissolve, bar death. As previously mentioned, the eighteenth century women’s sensory processes were viewed as extremely sensitive to external assault and display. This sensitivity was viewed as a shut-down mechanism to protect the woman’s body from dangerous drains on her fragile energy. The combined forces of lost love, betrayal, grief, and exposure to treachery and insensitivity taxed Emily’s draining energy to the limit. Emily’s delicate spirit and body betray the obvious potential strength of her mind and will. A woman oppressed by her gender, her station, and the social expectations of her era, Emily succumbs to her melancholic depression and feelings of weakness and dejection and slowly allows her spirit to slip away from her body.

Rush’s description of how the circumstances of Emily’s life taxed her fragile body, mind, heart, and spirit seems appropriate considering the medical beliefs of the time. The current anatomical knowledge of the sympathetic and parasympathetic nervous systems was loosely reflected in eighteenth century medical texts, as well as popular novels of the time. Barker- Benfield’s description, “The flow of nerve ideas from scientists and diagnosticians into literature, illustrated by Cheyne’s influence on Richardson’s best-selling works,...” (1992, p. 15) could be equally applied to Rush’s novel, Kelroy. Cheyne’s description of ‘lowness of spirit’ was reflected many times in Rush’s literary description of Emily’s responses to her daily experiences. “Pale, and trembling, she reclined her head on her hand for support, and her mother, who had regarded her with a look of distressful admiration, was apprehensive she would faint, and hastened to assure her that all should be exactly as she desired, ” (Rush, 1992, p.173). Rush describes a delicate flower of a woman on the exterior, steeled with inner intent for composure and healing in her own
time, and in her own way. All she asks is silence about the matter of concern and space to reflect and process her inner torment at the thought of her loved one’s abandonment. Cheyne called the female spirit grieving for lost love as a "harassed spirit", a sign of the culture of sensibility embodied in human form, (Barker-Benfield, 1992, p. 19). "And when Mrs. Hammond besought her to be calm, and remember what she owed to herself, she answered by pressing into her hand the fatal letter; and then, faint and exhausted, was assisted to her bed, where she lay with her eyes closed; and her bosom heaving with convulsive sighs which she had not power to suppress, whilst her mother perused the following farewell from Kelroy:” (Rush, 1992, p.169).

Rush gives Emily a wise and reflective voice as she describes how Emily dealt with the news of Kelroy’s seeming rejection of her love. “My trials, if any, must arise from myself, not from him - for he will not dare to approach me. And, conscious of that, I have examined my own heart, where I find there is still much to be subdued before I can appear as I would wish.” Emily speaks here in a voice of calm self-authority, suggesting a resignation to her grief but also a willingness and desire to heal and move on. Although frail and fragile, Emily exudes an inner strength that does succumb on frequent occasion to tears and fainting, but also buoys her above the sea of affective torment thrust at her through Kelroy’s parting letter.

Eighteenth century medicine presented the female form, mind, and emotions as highly sensitive to sensation, with senses that processed data at a dangerously quick rate, leaving them open to psychic shock and susceptible to unpleasant scenes, feelings, and experiences (Barker- Benfield, 1992, p. 16 - 18; 23 - 25). Women were described as soft of body and intellectually inferior to men, a notion based on the heightened sensitivity of their brain nerve fibers. Medicine went further by reinforcing a sentimentalistic presentation and view of women and their bodies in medical texts, literature, anatomy graphics and posters, sculpture, and wax models. “A Doctor works behind closed doors, his calling is sacred, allows to be both priest and lover, and can see into the human condition by seeing into the body. Sexual difference is intrinsic to this vision, and is built on gendered images of the body and of medical knowledge,” (Jordanova, 1989, p.153). The medical sentimentalist view grew strong in influence, creating a picture of woman as a creature of fine tuned feelings, nervous tensions, mental softness, and moral delicacy (Barker-Benfield, 1990, p. 24).

In Rush’s novel, Emily was presented as the personification of the spontaneous goodness and benevolence of original untainted human instincts. Interjections of reflective musing help the reader to develop a compassion for her character, as well as an understanding of the dynamics that colored the world of women in the eighteenth century. Rush created a tangible image of Emily and her cohorts, using a delightful assortment of metaphor, narrative, description, and dialogue to explicitly illustrate the female physical nervous system and inherent limbic emotional response common to eighteenth century situations and challenges.

Emily’s musings and contemplations, and her seeming ability to reflect on and resolve her mental anguishes and emotional problems pose a stark contrast to the eighteenth century medical and social view of women’s intellectual abilities. “When asked in 1708 by a reader “whether women were as capable of learning as men,” the British Apollo replied that women are ‘cast in too soft a mould, are made of too fine, too delicate composure to endure the severity of study, the drudgery of contemplation, the fatigue of profound speculation,” (Barker-Benfield, 1992, p.23). The sentimentalist view would brand Emily’s cognitive musings as simple moral resolution rather than as an indication of any level of intellectual accomplishment (Barker- Benfield, 1992, p.24).

For instance, Rush uses strong colorful scenes interjected with cognitive musings from Emily’s perspective throughout the novel. One example of this was when Emily’s brother in law protectively told her, “It would be happy for you,” said Walsingham, “if you could be translated to a world filled with creatures as innocent, and undesigned as yourself; for I fear there is many a hard lesson awaiting you in this rough, and crooked one of ours,” (Rush, 1992, p.86). Her response to his observation suggested that Emily spent much time in reflection and had strong self-understanding and awareness of her own belief systems and physical tolerances. “I have frequently been told that,” said Emily, “and I believe it, so far as relates to those inevitable misfortunes in which we all must bear a part; but I shall ever change my present mode of
thinking, and adopt another, appears to me as impossible as that I should gain a new soul,” (Rush, 1992, p.88).

The characters in Rush’s novel are each fleshed out with unique levels of sentiment and vice. She attributes each with trajectories intermixed with narrative, using descriptive phrases to facilitate perception of their appearance, complete with characteristic affective and reflective, cognitive processes. Although she does color Emily, Kelroy, Helen, and Walsingham in strong shades of sentiment, she also affords Emily with strength of character that belies a healthy intellect. Unfortunately, this intelligence is also coupled with a hypersensitivity to sensation and circumstance, that eventually proves to be Emily’s undoing in response to her experiences.

Cheyne described women as inferior in nervous system design, but also in physical form, emotional stability, and mental aptitude. To be female was to be compromised. Traces of this notion can be plucked from Rush’s narrative. Emily sees no future for herself unless she is married. When Kelroy first declares his affections for her, she projects a complete shift in perspective about her life and future prospects. “But knowing that the disclosure had not yet taken place, she was apprehensive lest her confusion at those unlucky questions should be the means through which it might be made; and although in the certainty of being beloved by Kelroy, half her difficulties seemed to have vanished as if by the touch of magic,” (Rush, 1992, p.53).

Rebecca Rush wrote her novel Kelroy, at the end of the eighteenth century in a voice that superbly expressed the sentimentalist approach to viewing life, families, relationships, and financial issues. The women in Rush's novel were obviously victims of their times. Outside of a stable marriage, or dependable inheritance, a woman risked great hardship and limited social status. At the same time, women were groomed to behave in lady like ways, to contain their excess emotions, and adhere to the stigma of fragility and delicate constitutions. Emily Hammond, the heroine of Rush’s book presents a consistent view of eighteenth century women from the a medical and social vantage point. Emily was extremely susceptible to offensive displays, to heightened stress, to grief, to abandonment, and to deception and betrayal.

Eighteenth century life was a time of advances in knowledge in both science and medicine. New theories about the workings of the body and the nervous system, colored the perception of how people reacted and behaved, from a combined biological and affective perspective. Women, in particular were categorized with questionable traits considered common to the inferior half of the human species. Women’s sensory systems were viewed as vulnerable, open to any offensiveness or crudeness, thus needed to be protected from assault and negativity (Barker-Benfield, 1992, p. 24).

Rush did a beautiful job of describing Emily’s inner feelings and sentiments by skillfully painting literary descriptors which exemplified the physical and emotional behaviors caused by strong feelings and insults to a well developed sensibility. She painted Emily’s character and experiences in a way that clearly mirrored the medicalized sentimentalist approach to life, health, gender and high society in the eighteenth century. The novel, Kelroy personified the effects of the medicalization of women’s bodies, emotions and minds, which continues to some degree to this day - at the brink of the twenty-first century.