PART I

APOLLO’S POET

I am ambitious of doing the world some good... 

Keats, Letters, 1:387
In February 1815, while still apprenticed at Hammond's surgery and seven months before beginning formal medical training at Guy's Hospital, Keats wrote an "Ode to Apollo," that was to be the first of numerous invocations declaring fealty to the "God of Bards." The "God of the meridian," Keats knew from the start, was also the "God of the golden bow, / And of the golden lyre, / And of the golden hair, / And of the golden fire" (1–4), and his powers included both the ability to impregnate "the free winds" with "music's kiss" "And with a sympathetic touch" unbind "Eolian magic from their lucid wombs," and the ability to afflict with "misty pestilence" and thereafter purify with therapeutic fire (End., I, 784–86; Fall of Hyp., I, 205). The legendary energy of Apollo has always extended broad and tutelary sway over the parallel domains of poetry and medicine, music and disease, prophecy and prognosis; any declared and lifelong commitment like that of Keats to the myth would therefore have to encompass the manifold associations of Apollo’s power.

Lepriére’s Classical Dictionary, Tooke’s Pantheon, and Spence’s Polymetis were Keats’s primary sources for mythological lore concerning Apollo and the related deities of poetry and healing. Lepriére describes Apollo as "the god of all the fine arts, of medicine, music, poetry, and eloquence, of all which he was deemed the inventor," and he notes further that Apollo "received from Jupiter the power of knowing futurity." Tooke, also, declares that Apollo "advanced to the highest degree of honor and worship" through the parallel "invention of physic, music, poetry, and rhetoric," and that the god presided over the nine Muses and "taught the arts of foretelling events." Spence, meanwhile, describes the symbolic implications of the laurel tree, the bow and arrow, and the lyre in artistic representation of Apollo and discusses the portent of these symbols for the "fine arts" that Apollo is reported to have invented, taught, and patronized. Through the figure of Apollo, Western mythology has connected poetry and the making of music with the creation of medicine and that power of life and death inherent in the practice of physic; in Apollo’s legendary foresight amid his arts it has allied, furthermore, the physician’s tasks of diagnosis and prognostication with the basic powers of divination and prophecy. We know
from Charles Cowden Clarke that Keats virtually memorized Lemprière while still a schoolboy in Enfield and can presume that knowledge of the mythic connections of medicine and poetry came to Keats early. Certainly, it preceded his conscious decision to become, first, a physician, and then, a poet.

The Hippocratic oath familiar to all generations of physicians, including those of the Romantic period, swears fealty to duties in the restoration of life “by Apollo the physician, and Asclepius, and Hygeia, and Panacea, and all of the gods and goddesses” connected with the discipline of health. Asclepius, as Keats would have learned from his mythologies, was the son of Apollo by Coronis, the brother of Artemis or Diana, and the father of Hygeia and Panacea; as the most commonly invoked deity of healing of the ancient world, Asclepius was known to have studied herbal knowledge and the art of medicine from the centaur Chiron, Prometheus’s teacher; the god’s usual attributes in representation were a laurel wreath signifying the potency of his physic, a knotted staff signifying the complexity of his discipline, and a serpent coiled about his staff and wrist, which signified herbal wisdom and foresight; Asclepius’s specific reputation, derived from the legend of Glaucus’s resuscitation, focused not simply in the ability to restore health but in a power to resurrect from the dead. In Greek and Latin mythology, moreover, Asclepius or Aesculapius stands at the vortex of a tradition of true or sacred medicine whose life-giving power is derived directly from Apollo and whose followers as paenii (physicians) belong to the race of Paeon; this tradition of altruistic healing precedes and is quite distinct from a later but otherwise parallel tradition of false or profane medicine, a self-interested and often deadly magic practiced by chthonian deities like Circe, Pluto, and Hermes. Many of the names and emblems from this medical mythology recur, as we know, in Keats’s poetry from Endymion to Lamia. The connection between poetry and medicine in Keats’s mind, far from being distant and incidental to the poetic homage to Apollo, was thoroughgoing, obvious, traditional, and ever present in his consciousness.

Although students of Keats have noticed the importance of Apollo in the poet’s self-fashioning, only a few scholars among them have marked Apollo’s “dual nature” as the god of medicine and poetry and its place behind Keats’s individual sense of the poet as healer and declared resolve to be a physician of the soul of suffering humanity. But Apollo’s powers are multiple, not dual, and none of Keats’s critics has noticed that the poet’s presiding deity is also and simultaneously
the author of pestilence, the god of disease, and, as the teacher of
prophecy and foresight, the patron of a special kind of perception or
interpretive sight that is common to the physician and the poet as
conceived by the early nineteenth century. It is through these less
familiar natures of Apollo that we must comprehend the traditional
ties between Keats’s chosen disciplines, the inextricability of these
associations in the poet’s understanding, and their consequence for
his evolving sense of his duties and concerns as a Romantic physician.

In Lemprière, Apollo is described as “surrounded with beams of
light” when active as the patron of healing and future sight, and when
he is “the deity who . . . inflicted plagues . . . in that moment he ap-
ppear[s] surrounded with clouds”; in support of the latter representa-
tion, we are given the stories of Apollo inflicting the Trojan subjects of
Laomedon with pestilence and striking the Greek soldiers of Agamem-
on with plague-arrows. Tooke says Apollo “is called Paeon, either from
allaying sorrows, or from his exact skill in hunting” and striking down
with arrows, darts, or rays; thus, spectators at the god’s combat with
the Python encouraged him with the cry “Strike him, Paeon, with thy
darts,” even as the diseased invoked Apollo with a cry for aid, “Heal us,
Paeon.” Spence, describing the plague-arrows or fiery darts employed
by the Apollo-Phoebus of the ancient artist, proposes the Apollonian
afflictions to be actual and imaginary:

The wounds, the arrows, and the deities themselves, were sometimes sup-
posed to be all visible; and sometimes, to be invisible. But even in the latter
case, the effect was plain: the dead body lay before them; and their
credulity helped out all the rest. The artist therefore . . . did very well in
generally omitting the wounds too; which they [Apollo and Diana] were
supposed to make sometimes in the vitals, without leaving any mark on the
outside of the body; as it often happens in the strokes given by lightning.6

Apollo’s power of pestilence is invariably represented as a purging or
cauterizing influence,7 a swift penetration beneath the skin and en-
trance into the body, an intent to possess or know first and then force
out and dispel from within.

At the center of the god of healing’s physic resides an intimate
knowledge and power of affliction, and his power to treat any disease
presumes an internal comprehension or illumination of that disease.
The two characteristics common to all representations of Apollo, ac-
cording to Spence, are an intense physical perfection that makes him
the standard of beauty and a “certain brightness beaming from his

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eyes”; Tooke connects the characteristic “penetrating gaze” of Apollo with the healing attributes of the sun in “darting” its rays to dispel disease and cauterize wounds so that “by its light it dispels darkness and makes manifest” hidden disease and concealed truth. The Apollo- nian gaze of futurity and divination conflates thus into the physician’s vision into the darkness of disease and, beyond that, of the future course of invisible pestilence. Those who would swear allegiance to Apollo must read the signs of the disease they would treat from within with an illumination or interpretive vision that combines diagnosis with prognosis, and prior knowledge of present disease with impend- ing prophecy of the end of future disease. All this bears distinct re- lation to the Romantic physician schooled by the clinical semiotics of the late eighteenth century to read the invisible signs of specific disease lurking beneath the visible symptoms of general ill health. It is more germane yet to the Romantic poet who would know the truth of life by reading the faces of human suffering.

The story of Apollo’s lyre, the symbol of his sway over the domains of music and poetry, compounds yet further the art of his physic. When Aesclapius was killed by Jupiter for having used his physic to revive the dead, Apollo, according to Tooke, took revenge for the death of his son by killing the Cyclopes with his plague-arrows; banished to earth because of this, Apollo played shepherd to Admetus’s cattle for many years, “where, tired with pleasure, to pass away his time, it is said, that he first invented and formed a harp.” This seven-stringed instrument formed of a tortoise’s shell was the means wherewith Apollo made music to soothe the creatures in his care and ease the anxieties of banishment in his own diseased soul. Hermes, who witnessed Apollo’s dependency upon harmony and who had long coveted the wand that Apollo used to drive the animals, stole the lyre and so engineered an exchange that forced Apollo to give up the caduceus—and thereby a measure of his creative power—in return for the lyre and its music. Although later tradition has credited Hermes-Mercury with the inven- tion of the lyre (in a moment of boredom, from the shell of a creature he had just eaten alive), it is certain that there was no fair exchange between Apollo and Hermes, and that the occasion of Hermes’s receipt of the caduceus represented a dilution of the god’s power to heal and a perversion of the god’s curative knowledge of pestilence. At the center of the humanitarian tradition of medicine was established, thus, a tradition of false medicine, of magic or sorcery, represented by the likes of Hermes-Mercury and Circe. Where Asclepius bore a knotted staff.
with a single wise serpent coiled about it in symbol of the wisdom and altruism of his healing art, Hermes wielded a caduceus with wings and mirrored double snakes as symbol of the doubling and self-interested trickery of his fantastic art.\(^\text{10}\)

A concern about the function of medicine and the duties of the physician in his practice was thus inherent in the very origins of the idea of medicine. The creation of music and poetry, as aspects of the same power of Apollo, also carried the same concern about the function of those arts and the aspirations of their creators. In all of his poetry, and especially when he used the myths of Hermes and Circe in tandem with recurring homage to the god of poetry and medicine, Keats revealed full knowledge of the complexities in the tradition underlying his mission as physician and poet. It is, as he said in “God of the meridian,” “an awful mission, / A terrible division, / And leaves a gulf austere / To be fill’d with worldly fear” both of one’s task and of the duties of one’s task (5–8). Always, as the poet grieved to his brother, George, there was the danger that the vocation might prove false and the vision evanescent:

That I should never hear Apollo’s song,
Though feathery clouds were floating all along
The purple west, and, two bright streaks between,
The golden lyre itself were dimly seen
(“To My Brother George,” 9–12)

The poet’s re-creation of Apollo’s song once heard and his physician’s vision of life and of the lyre that was to soothe the suffering read therein might be wrong. Worse, it might not occur at all. Apollo was a hard taskmaster, and Keats knew this all too well. “Apollo’s Poet,” the first part of *Romantic Medicine and John Keats*, will therefore address the qualifications, duties, ethics, concerns, and vision of him who would show fealty to Apollo in a Romantic age.
Contrary to the Victorian fantasy of Keats as a sensitive juvenile artist forcibly apprenticed to a craft of medicine, the poet was not only a willing and able student of Romantic medicine but a committed and enduring one. His decision to study medicine, made in 1810 in the months following his mother’s death and within the context of his recent experience nursing her through the last stages of consumption, formalized what had already become a compelling concern for the suffering and distress of those around him. The choice of medicine, and it was indeed a choice, expressed the young Keats’s conscious resolve to eschew the kind of mercantile occupation logical for one in his situation (and taken by his two brothers when they apprenticed at Richard Abbey’s countinghouse in London) and to commit, instead, to a profession that was not merely practical but intellectually creative, socially responsible, and altruistic. Charles Cowden Clarke, a boyhood friend of Keats’s, described the “arrangement” of Keats’s apprenticeship to Thomas Hammond, the Edmonton surgeon and apothecary who had treated the poet’s mother, as one that “evidently gave him satisfaction,” that the medical duties of it were “by no means . . . onerous,” and that the entire five-year period of the apprenticeship was, as even the poet agreed in retrospect, “the most placid period of his painful life.”

Keats’s commitment to the humanity of medicine endured through the years when he was active as a poet; he kept his textbooks, remained current in his medical reading, and never quite gave up the idea of practicing medicine in tandem with or as an alternative to writing poetry. In March 1819, well after the mixed receptions of his first book of poems and Endymion and just after his engagement to Fanny Brawne and successful composition of The Eve of St. Agnes, we find the poet considering whether he should study for a degree from the Edinburgh College of Physicians:

I have been at different times turning it in my head whether I should go to Edin-burgh & study for a physician; I am afraid I should not take kindly to it, I am sure I
could not take fees—and yet I should like to do so; it is not worse than writing poems, & hanging them up to be flyblown on the Reviewshambles—

The thought of studying medicine in Edinburgh and then practicing as a full-fledged physician and surgeon appealed to Keats, and he saw no difference in the commitment—and vulnerability of the psyche—necessitated by the practices of poetry and medicine. Late May of 1819 shows the poet speculating again on the two professions and whether he should become a ship’s surgeon and travel to South America and India or continue in his lonely quest for recognition as a poet:

I have the choice as it were of two Poisons (yet I ought not to call this a Poison) the one is voyaging to and from India for a few years; the other is leading a feverous life alone with Poetry—This latter will suit me best—for I cannot resolve to give up my Studies. . .

Anxiety over the potential for error in performing surgery, along with a profound repugnance to the prospect of charging fees to alleviate human pain, made Keats question his aptitude for the profession of medicine to the same degree that he doubted, recurrently, his fitness for the isolated life of a poet. Certainly, it was not just monetary need and the hostility of reviewers but a much larger awareness of the ramifications of the tasks involved that led Keats to categorize medicine and poetry as equal poisons and equally appealing professions; his ambivalence and his commitment to the two disciplines that he had chosen thus continued through his lifetime. As late as June 1820, at the end of his annum mirabilis in poetry and just before the publication of Lamia, Isabella, The Eve of St. Agnes, and Other Poems, we find the poet firmly resolved toward medicine in the future: “This shall be my last trial; not succeeding, I shall try what I can do in the Apothecary line.”

What appealed to Keats in the discipline of medicine, always and finally, were both the tangible satisfaction of healing the sick and the intellectual promise—inherent in its practice and common to the writing of poetry—for strengthening the mind and advancing its perceptual sympathy for the invisible connections between the forms of life. When a friend advised Keats against becoming a ship’s surgeon lest the isolation and horror of his duties affect his poetic sensibilities, he responded:

Your advice about the Indiaman is a very wise advice . . . though you are a little in the wrong concerning its destroying the energies of Mind: on the contrary it would be the finest thing in the world to strengthen them—To be thrown among people who care not for you, with whom you have no sympathies forces the Mind upon its own resources, and leaves it free to make its speculations of the differences of human character and to class them with the calmness of a Botanist.
The contemplation of pain in those with whom one would seem to have no immediate sympathy, and the treatment of perceived sickness in patients too ill to have feeling or care for him who would heal them, challenge the imaginative sympathy and speculative foresight of the physician in his diagnoses no less than these do the comprehending imagination and negative capability of the poet who would experience the sensibilities of every creature. For Keats, the intellectual challenge and the potential for good work were parallel in medicine and in poetry. As he said in 1818: "Were I to study physic or rather Medicine again,—I feel it would not make the least difference in my Poetry; when the Mind is in its infancy a Bias is in reality a Bias, but when we have acquired more strength, a Bias becomes no Bias. Every department of knowledge we see excellent and calculated towards a great whole." The energies of mind displayed in the best practice of each discipline were not only fully related but, assuredly, equally fine manifestations of Apollo's patronage and power.

The facts of Keats's medical training are easily catalogued: we know of his five-year apprenticeship in the flourishing Edmonton practice of the surgeon-apothecary Thomas Hammond (midsummer 1810 through mid-1815), his two-semester attendance of lectures at the Borough Medical School of the United Hospitals of Guy's and St. Thomas's in London (1815 to 1816), his eight-month clinical attendance in the wards of the two hospitals (October 1815 to May 1816) in fulfillment of the 1815 Apothecaries Act requirement that all licentiates "walk the wards" of a major teaching hospital (a kind of clinical residency) for at least six months, and his early appointment as a surgeon's dresser or assistant to the Guy's surgeon William Lucas, Jr., in October 1815, and actual service in the dressership for twelve months (March 1816 to March 1817). The medical courses Keats took at "The Guy's School," as it was known, and the teachers of these courses can also be tracked through the Apothecaries Hall register and the syllabi advertisements for the two hospitals: the poet took two courses in chemistry from William Babington, Alexander Marcet, and William Allen; a course in the practice of medicine from Babington and James Curry; a course in the theory of medicine and materia medica taught by Curry and James Cholmeley; a course in medical botany from William Salisbury, which included excursions outside London and instruction at the Society of Apothecaries' working laboratory, the Chelsea Physic Garden; a course in anatomy and the operations of surgery taught by Astley Cooper and Henry Cline, Jr.; and another course in the principles and practice of surgery taught by Astley Cooper alone. In addition, Keats studied morbid anatomy and dissection with Joseph Henry Green.

The full extent of Keats's practical and theoretical medical knowledge, which ranges well beyond the facts listed above, can be known only through a comparative study of textbooks and lecture notes of his instructors (and the common sources on which these were based), records of clinical instruction at Guy's and the other London teaching hospitals, and the parallel require-
ments of medical practice in the major cities of England. For example, we know for certain only that Keats took and passed on 21 July 1816 the certifying examination in therapeutics and practical medicine given by the Society of Apothecaries that licensed him as an apothecary and general practitioner anywhere in England. But we can deduce the range of his knowledge of contemporary pharmaceutical chemistry and materia medica alone when we discover that the examination required practical and theoretical familiarity with all the items likely to occur in physicians’ prescriptions (the catalogue of materia medica currently in use runs over 113 pages in the *Encyclopaedia Britannica* of 1810), a knowledge of the botanical origins and relationships and the medical histories of these pharmaceuticals, and an accurate ability to translate entries and symbols of the *Pharmacopoeia Londinensis*. Furthermore, we can infer the quality and range of the knowledge in medicine and pathology required by the examination Keats took when we review textbooks on the subject by Babington, Curry, and Cholmeley, and know that they included both current theoretical medicine (along with the history of these ideas) and practical instruction in diagnosis and semiotics as developed and advanced in the London clinics of the time. Again, although we have no records describing Keats’s apprenticeship to Thomas Hammond, we do know that Hammond had a flourishing practice in Edmonton that necessitated two assistants, that he was a respected surgeon-apothecary who trained at Guy’s Hospital with teachers like Henry Cline, Sr., who had studied with John Hunter, and that he had served as an apprentice to the well-known Guy’s surgeon William Lucas, Sr. Hence, at the end of his five years with Hammond and before he went up to London to study at Guy’s, Keats would have already had the requisite training in surgery, diagnosis, and prescription deemed necessary for a provincial doctor, and his familiarity with the full complement of common diseases, injuries, and the complications of childbirth would have far exceeded the range of the specialized London physicians or surgeons. Thomas Percival’s 1803 description of the knowledge and duties of contemporary apothecaries preempts any suggestion that these practitioners, even before the 1815 act requiring additional course work and clinical training, were simple dispensers of pills and plasters: “The skill of an apothecary is a much nicer and more delicate matter than that of any artificer whatever; and the trust which is reposed in him is of much greater importance. He is the physician of the poor in all cases, and of the rich when the distress or danger is not very great.” The apothecary invariably had more diagnostic knowledge than the physician of rank called in to consult on a given case: “Being acquainted with the rise and progress of the disease, with the hereditary constitution, habits, and disposition of the patient, he may furnish very important information” that the consulting physician had to acknowledge. In social terms, only those who graduated in theoretical medicine from Oxford, Cambridge, and Edinburgh possessed the official title of “Physician,” and, from 1800, only those licensed by the Royal College of Surgeons carried the title of “Surgeon,” but according
to Percival, few could deny "the education, skill, and persevering attention, as well as the sacrifice of ease, health, and sometimes even of life, which this profession [the apothecary's] requires...." Apothecaries like Keats, especially those with the additional training in physiology and clinical practice required of them by the Apothecaries act of 1815 (and the poet was a member of the first class affected by the act's passage), were in fact the physicians who doctored England.

From Astley Cooper, whose pirated lectures on surgery became a textbook in the British teaching hospitals well before they were published in authorized form, the physician Keats learned not only the specifics of surgery but the importance of diseased physiology and the need to observe comprehensively "the finest and most perfect organization we know of," so as to locate disease anatomically in the living human body.

You should know the nature of the human machine well, or how can you pretend to repair it? If you have a watch injured, you will not give it to a tinker to repair—you will get the best watchmaker you can to set it right. How then can it be supposed, that the finest and most perfect organization we know of, when out of order, should be consigned to the hands of unlearned persons?

The high consciousness of the body in all of Keats's poetry belies the poet's scattered note taking of Cooper's lectures, and the fragmented notes themselves reveal a breadth of subjects learned: anatomy, physiology, pathology, the blood, arteries, diseases of the veins, absorbents, reticular membranes, nerves, physiology of the nervous system, muscles, glands, osteology, vertebrae, facial and skull formations, structure of the heart, lymphatic system, absorbent vessels, the absorption of poisons and medicines, morbid anatomy of the brain and spine, and so on. In Joseph Henry Green's dissecting theatre at St. Thomas's Hospital, Keats learned morbid anatomy or the physiology of the diseased human body in death. In the wards of Guy's and St. Thomas's hospitals, among seven hundred or more patients admitted by his teachers and other resident physicians and surgeons, Keats learned of the manifold experiences of the diseased but still living human body. Not from textbooks or lectures but in the clinic of suffering comprising the wards of the hospitals, Keats learned to recognize disease and read the course of pain in the living human organism. From this last aspect of the poet's medical training we learn most about his knowledge as a physician and of the experiences whereby his poetry derives its first and final energy.

"In England," the Italian medical historian A. Flajani wrote in 1807 in his comparative study of British and European instruction, "the hospitals have attained a degree of perfection rarely attained in other countries." Modern clinical teaching, or the practical instruction in surgery, medicine, and prognostication of disease at the patient's bedside, began in the city hospitals and infirmaries of mid-eighteenth-century England. The actual existence of
clinics in the major hospitals of England thus preceded by several decades the 1794 chartered birth of the clinic in France claimed by Foucault and Ackerknect. The concept of the hospital as a teaching institution and laboratory of medicine found root in the very practice of British medicine; it flourished during the eighteenth century in the infirmaries for the poor and the charity hospitals for the critically ill in metropolises like London and Edinburgh until these became advanced models for the clinics and medical schools that were to be established in France and Europe during the Revolutionary period. When Felix Vicq d’Azyr wrote his Plan de constitution pour la médecine en France, which became the charter for the Paris School, he described the English teaching hospitals as specific models for future French institutions of medicine and surgery: “The teaching project exposed herein can only be carried out within the hospitals for it is with the eyes rather than the ears that students must learn in this area of study.” Amid the desperate illnesses of their country’s poor, the would-be physicians of England’s general populace learned, first, to know disease by sight; they counted, without the benefits of bacteriology, the multiplicity of disease through the panorama of its suffering; they witnessed the visible treatments and failures of medicine and surgery; and they learned to read the prognosis of disease and life itself through the visual comparison of symptoms known by experience and signs intuited through foresight. The “eyes” and “hands-on” approach of British medicine as taught in the teaching hospitals was what gave it that exemplary edge or “degree of perfection” in the new and revolutionary century that was to be, among other things, a century of medicine.

In his comparison of “all the great hospitals” of Britain, Flajani found the “most interesting” practical lessons in medicine and surgery to be those taught in the wards of “St. Bartholomew’s, St. Thomas’s, Guy’s, and the London Hospital,” and he marveled that bedside instruction was given not only in the designated “clinical” wards of these hospitals but in all the wards, that physicians other than the registered professors gave clinical instruction, and that even ordinary and consulting physicians to the hospitals kept a daily journal of their visits so that students admitted to view the patients could read and compare case histories. Because clinical lessons depended upon the diseases represented in the wards, Flajani singled out the Guy’s School with its seven hundred or more patients (represented by the total bed count of the two hospitals) for the breadth of its instruction and the quality of its instructors: “So it is that at Guy’s Hospital, which is one of the best, the three physicians that direct it, Drs. Babington, Curry, and Marcet, alternately give excellent clinical lessons...” Marcet, Curry, and Babington were, as we know, Keats’s teachers.

During the period 1768 to 1805, Guy’s Hospital was the only London medical school that had organized courses in the medical, chemical, and physical branches of medicine. Because these courses were taught by the hospital’s clinical physicians and surgeons who also practiced experimental medicine in
its wards, the Guy's School came close by the early nineteenth century to fulfilling its charter as the foremost teaching research institution in London. Thomas Guy's will of 1732 had described his hospital's purpose as a place for the treatment of incurable disease with desperate remedies: it was to admit

four hundred poor persons or upwards, labouring under any distempers, infirmities or disorders thought capable of relief by physic or surgery; but who, by reason of the small hope of their cure or the length of time which for the purpose may be required or thought necessary are or may be adjudged or called incurables, and as such, not proper objects to be received into or continued in the present hospital of St. Thomas, or other hospitals in and by which no provision has been made for distemper deemed or called incurable.\(^{18}\)

The experimental surgery and chemical therapy practiced upon these "incurable" patients by men like Astley Cooper and Alexander Marcet during the early nineteenth century were well known among the medical communities of England and Europe; the diseases that they treated with new and desperate "physic" included terminal cancers and consumptions, multiple psychosomoses, unremitting insanity, and progressive congenital malformations.\(^ {19}\)

Here, it is important to recall that Keats was not simply one of the ordinary pupils who observed clinical practice in the wards of Guy's and St. Thomas's hospitals but that he served as a surgeon's dresser in the Guy's wards for an entire year and was, hence, responsible for the care—and sometimes the treatment—of these desperately ill patients. Guy's Hospital retained a total of twelve dressers picked by merit from its approximately seven hundred pupils per year for its three surgeons; these dressers paid an additional fee for the privilege of what they would learn: they assisted in regular surgery and made daily rounds of the wards with their surgeons; they provided subsidiary care after drastic surgery and unusual experimental therapy; they substituted for their surgeons on "taking-in day" each week and could admit emergency patients on their own judgment during the rest of the week; in addition, they were expected to reside at the hospital and serve as dresser-in-charge for one week each semester, and on the weekends of this week the dresser-in-charge would be the only practitioner on duty at a given ward.\(^ {20}\) Keats's year-long dressership to the "neat-handed, but rash in the extreme" William Lucas, Jr.\(^ {21}\) presumes not only unusual ability (and a strong stomach) in the apprentice surgeon but also, given the kinds of incurably diseased patients that Guy's routinely admitted and the kinds of extreme remedies employed for these patients by the Guy's staff, an extraordinary commitment and responsibility in the would-be poet. At Guy's between October 1815 and March 1817, amid the ten thousand or more patients admitted each year by the hospital staff, Keats had ample opportunity to observe, study, and sometimes treat the full complement of dreaded diseases, physical and mental, known to human life in early-nineteenth-century England. If we are accustomed to acknowledging the con-
cern and commitment for a suffering humanity of Keats the poet, we cannot possibly make light of what Keats first learned first hand of unremitting human pain in the experimental wards of Guy’s Hospital.

Keats’s education at Guy’s was neither simple nor simply practical. The existence of a full-fledged scientific society at Guy’s Hospital during the early nineteenth century, which served as a primary forum for the exchange of ideas, medical news, and cases among the Guy’s staff, and for the formal reading of papers on research in progress within the Guy’s circle, insured that the instruction Keats received from his teachers was theoretically comprehensive and current with contemporary practice. Membership in the Physical Society at Guy’s was open to teaching and practicing staff of the borough hospitals and related institutions; all of Keats’s professors were members during this period, as were two of the examiners from Apothecaries Hall, Everard Brande and Gregory Johnson, and the radical thinker John Thelwall; meetings of the society and the reading room of its library were open to all at the hospital, including students.

The Physical Society Library bears particular notice. It was the first medical school library in London to organize at the turn of the century, and the years immediately preceding Keats’s tenure at the hospital saw formal effort to catalogue and safeguard holdings and to increase acquisitions: printed catalogues of the books in the Physical Society Library began to appear in 1804; the society resolved in 1811 to have a salaried librarian responsible for the lending and preserving of the books; and, from 1816, the books were insured for one thousand pounds per annum. William Babington, Keats’s chemistry teacher, was librarian and treasurer of the Physical Society for thirteen years (1782–1795), followed by Richard Stocker, the translator of the *Pharmacopoeia Officinalis Britannica* (1810), and Richard Cox, the publisher of medical books in London, who became the first hired librarian in 1811. James Curry, the president of the Physical Society until 1811 and also one of Keats’s teachers, was largely responsible for the early catalogues and, because of his “extensive reading” and vast personal library of medical and philosophical books, was the primary advisor on the acquisition of books for the library. Indeed, when there was an unexplained loss of books in 1811, Curry was brought in from retirement to assist in acquiring book collections at auctions, and the executive membership was dunned fifty pounds apiece to fund Curry’s book purchases for the library; a committee of twelve executive members (which included three of Keats’s teachers: Babington, Marcet, and Curry himself) was then established and charged to supplement and greatly increase the existing library. The fruits of their labor, a vastly expanded list, can be observed in the extant shelflist or Numerical Catalogue of Books in the Library compiled by the new librarian, Mr. Simmonds, in 1817.

It is unlikely that Keats saw more than a few basic books in the Physical Society Library, and, without lending records for students, we cannot guarantee that the poet read any of the library books. We do know that the books in
the 1817 list served as a working medical library for his teachers. A review of the kinds of books and periodicals that these professors deemed necessary to their teaching, practice, and research—and that they had voted to purchase with personal funds and dues by 1816—will tell us much about the quality of their instruction and the intellectual tenor of the Guy’s community during Keats’s time at the hospital. Davy, Priestley, John Brown, Erasmus Darwin, James Gregory, Brodie, Prichard, William Lawrence, William Brande, Abernethy, John Murray, Monro, John Barclay, Hutton, Duncan, Elliotson, Fowler, Forryce, Ferriar, Baillie, Pearson, Playfair, Saumerez, Heberden, Young, John and Charles Bell, Percival, Adams, Home, and Walker, were some of the contemporary authors in medicine and science represented in the cabinets of the library, often in duplicate, along with the collected works of major medical figures like Hunter, Haller, and Cullen, and a full complement of textbooks published by current and recent members of Guy’s Hospital. Nor were the books confined to recent English studies, for one could also find editions (usually in translation) of European physicians and scientists like Orfila, Broussais, Landré-Beauvais, Blumenbach, Bichât, Laënnec, Alexander von Humboldt, Bayle, Gall, Spurzheim, Lavater, Bischoff, Sauvages, Cuvier, and Lamarck. Seminal medical texts from previous centuries were also available, not just of Sydenham, Morton, Mead, and Beddoes but also of Morgagni, Leewenhoek, Boerhaave, Fontana, Hoffmann, and Van Helmont, along with the complete works of naturalists like Linnaeus and Buffon. Pharmacopoeias of the major hospitals and infirmaries, dictionaries like Quincy’s Lexicon-Medicum, and encyclopedias (including the first five editions of the Encyclopædia Britannica) provided a range of general knowledge for library users, and these were further supplemented by philosophical works by authors as diverse as Paley, Newton, Thomas Brown, and Herder.\(^25\) In addition, the Guy’s Physical Society Library by 1816 held subscriptions to an unusual variety of periodicals: there were specialized journals like the Medical Quarterly Review, the London Medical and Physical Journal, the Medical Transactions of the College of Physicians, the Dublin Hospital Reports, Medical Essays and Observations, Medico-Chirurgical Transactions, London Medical Review, Medical Commentaries, Edinburgh Medical and Surgical Journal, the Memoirs of the Medical Society of London, and the Quarterly Journal of Foreign Medicine; there were also more broadly based scientific and cultural journals on the reading counters, items like Nicolson’s Journal of Natural Philosophy, Chemistry, and the Arts, Tilloch’s Philosophical Magazine, the Memoirs of the Philosophical Society of Manchester, the London Magazine of Natural History, and the Philosophical Transactions of the Royal Society.

“If a surgeon or apothecary has had the education, and acquired the knowledge of a physician, he is a physician to all intents and purposes, whether he has a degree or not, and ought to be respected and treated accordingly.\(^26\) By the early nineteenth century in England—and certainly by 1820, as Ivan Waddington has documented—the apothecaries were recognized as general practitioners of medicine, and the respect accorded them as physicians in practice.
and in education was fully justified.\textsuperscript{27} We can neither doubt the range of theoretical and technical knowledge owned by Keats’s professors nor question the comprehensiveness of their instruction of the poet’s generation of medical practitioners. The Romantic era may have witnessed the division of the medical profession into three purported classes of descending social order—physicians, surgeons, apothecaries—but the need to keep abreast of the ever-expanding body of medical knowledge during the period insured intellectual parity among them. In 1817 we have surgeons like Astley Cooper and physicians like Alexander Marcet (both teachers of Keats) calling for educational and disciplinary unity within the profession: Cooper declares that “every Surgeon should I think be a Physician,” and Marcet proposes that “a physician . . . conversant with surgery” will perform “with greater certainty and success” just as “a surgeon will derive incalculable advantage . . . from the knowledge he may have acquired of pathological principles.”\textsuperscript{28} Of course, in training and practice, if not in economic reward, the general practitioners of medicine of the period did meet the proposed criteria for interdisciplinary knowledge. Economic forces had encouraged the divisions within the medical profession of the early nineteenth century, but intellectual dependency upon one another and the need to train an underclass of general practitioners who could perform the functions of all three groups kept the circles of medical knowledge open.

The immediate group of Keats’s teachers at Guy’s provides an example of intellectual ties common in the Romantic period both within the London medical circle and with the larger European scientific community. Astley Cooper, for instance, who was a student of John Hunter and brother-in-law to Everard Home (Hunter’s nephew and heir), worked in the private dissecting room of Henry Cline, Sr., a surgeon at St. Thomas’s and one of Hunter’s associates. Cooper also attended surgical sessions in 1787 in Edinburgh, where he studied with James Gregory and students of William Hunter (John’s older brother) and met scientists like Charles and John Bell, Andrew Fyfe, and Dugald Stewart.\textsuperscript{29} Cline, Sr., was a close friend of the radical speaker John Thelwall, who had trained at Guy’s (and who, after his trial and imprisonment for treason, did important work on stuttering, idiocy, retardation, and “intellectual capability”). Cooper met Thelwall through Cline, Sr., and when he visited Paris in 1792 to study surgery with Desault and Chopart, he also attended debates at the National Assembly with Thelwall’s Jacobin associates. Cooper kept his ties to the French intellectuals—he visited Cuvier at the Jardin des Plantes in 1802—and, in later years, collaborated with the famous toxicologist M.J.B. Orfila. William Babington not only had connections to Romantic physicians and scientists like Joseph Priestley, Humphry Davy, and Robert John Thornton (the second was a close friend who dedicated his book on fly-fishing to Babington, the third was a well-known botanist from Guy’s with links to Erasmus Darwin and the Lunar Society) but was also the founder and first president of the London Geological Society and so associated with geologists.
like James Hutton and John Playfair. James Curry was a friend of Royal Society President Joseph Banks and had ties, through him, not only to the German naturalist explorers in South America but also to the Anglo-Indian surgeons and tropical nosologists (Curry did eight months of research in Bengal in 1789). Alexander Marcet, an experimental chemist of considerable renown in England and Europe, was cofounder of the Medico-Chirurgical Society and along with John Abernethy, Mathew Baillie (the son of Dorothea Hunter, John’s sister), and Astley Cooper, an influential trustee of the society. Joseph Henry Green, whom we might know best for his friendship with Coleridge, had vital and continuing associations with the medical and artistic circles of England and Germany: Green, married to a daughter of the Hammond family of surgeons, was the nephew of Henry Cline, Sr., and the brother-in-law of Henry Cline, Jr.; he studied medicine as well as “modern philosophy” (with Professor Solger, by way of Ludwig Tieck’s introduction) in Germany, and read the Naturphilosophen with Coleridge; his appointment as professor of anatomy to the Royal Academy and the six lectures on the relationship between anatomy and the fine arts that he gave each year insured his intellectual influence and currency during the period.

“We are unanimously of [the] opinion that the tumour on His Majesty’s head should be removed.” This document from Carlton Palace providing a joint diagnosis and treatment for George IV’s illness is signed by Henry Cline, Jr., Astley Cooper, Everard Home, and Benjamin Collins Brodie. The presence at the new king’s bedside of two of Keats’s teachers, and the fact that they were joined there by two significant medical figures of the age—the former, Home, was the overseer of Hunter’s massive empire; the latter, Brodie, was to become the foremost British physiologist of the mid-nineteenth century—attest to their general reputation within the circles of British medicine. Nor was the general knowledge of teachers like Cooper and Cline, Jr., confined to the sphere of British medicine as recently practiced by the likes of T. L. Beddoes and Erasmus Darwin or as taught by the disciples of John Hunter and John Brown. (And, in fact, the influence of Hunter and Brown was not confined to practitioners of British medicine—Hunter’s genius loomed very large over the clinical medicine of England and France during the Romantic period, and Brown’s theory erupted upon Romantic Europe, and Germany, in particular, with what Virchow described as “the effect of an earthquake.”) Because of the proliferation of scientific societies during the early nineteenth century in England (and all of Keats’s professors were fellows of the prestigious and broadly based Royal Society from which these societies took their example); because of the wide distribution of scientific journals and the multiple availability of all the key textbooks used in the instruction of medicine in Europe and England made possible by inexpensive printing presses of the period; and because the medical circles in England and on the Continent, inspired, no doubt, by the general intellectual ferment of the age, actively exchanged information through lecture tour and translation and proselytized their disci-
discipline, the medical education of general practitioners like Keats was fully cognizant of the best of British medicine and fully current with contemporary European medical research and philosophy.

In the Romantic era, the individual schools of medicine in England and on the Continent remained distinct or at least recognizable through the kinds of treatments they favored, but the variety of medical and scientific ideas fostered by these schools formed a vast network of interlocking circles without final boundary. Joseph Henry Green is just one example of the way in which German medicine and natural philosophy, as well as the suspect concepts of Spurzheim and Hahnemann, could infiltrate the bastion of Hunterian clinical medicine in London, where Hunter’s disciples, like William Lawrence, believed they practiced real medicine based on the mechanistic physiology of radical France. Indeed, not even the French clinics of the Romantic period, however much they claimed foundation in the new and national experimental physiology of physicians like Bichat, were free of foreign influence—of British Brunonian theory, which came to them by way of the practice of Broussais, of the more expansive theories of Naturphilosophie that came to them by way of the evolutionary teachings of Cuvier, Geoffroy St. Hilaire, and Lamarck.

When Schelling declared in 1802 that medicine “should become the comprehensive science of organic nature, so that the parts now separated from it would be merely branches of it,” when William Lawrence insisted in 1817 that “the science of medicine” raise itself above narrow empirics and blind dogma to become established “on a foundation no less extensive than the whole empire of living nature,” and when Green proposed in 1832 that contemporary medicine was an interdisciplinary and unifying sphere of knowledge—“I assert that, not only our profession lives in the science, but that the science lives and grows in our profession”—all three spoke as Romantic physicians from within an extraordinarily diverse, revolutionary ferment of knowledge. They were not exaggerating the potential and real depth of Romantic medicine.
In its emphasis on visual knowledge and practical treatment, early-nineteenth-century medicine reveals its inspiration to be Hippocratic, not Galenic; with its emphasis on diagnostic insight and ethical duty in the individual practitioner, early-nineteenth-century medicine declared itself, consciously, to be Hippocratic and Romantic. When Andrew Duncan defined medicine for his age in 1810 as a “human invention” and “social art,” he spurned the theoretical medicine and superstitious practices of earlier centuries and instructed his age to look to Hippocrates as the true forebear of “modern medicine.” The practice of medicine as a Greek art for Hippocrates was tied inextricably to the physician’s social duty to humanity: “Love of the art,” the Precepts say, “and love of mankind go together.... For where the love of man is there is also the love of the art”; furthermore, there was no final difference between the practice of medicine and philosophy because “all the qualities of the good philosopher should also be found in the physician.” This perception of medicine as at once humanitarian philosophy and practical art for knowing life was assumed—and espoused repeatedly—by Romantic physicians and poets.

Schiller, who studied medicine and practiced as a regimental doctor prior to becoming a dramatist, poet, and Naturphilosophe, inscribed his dissertation to his patron in 1799 as follows: “Your Grace has raised the Hippocratic art from the narrow sphere of a mechanical, bread-winning science to the higher rank of a philosophical discipline. Philosophy and medicine are most harmoniously related: medicine lends philosophy some of its riches and splendour, philosophy endows medicine with interest, dignity and charm.” Novalis, another German Romantic poet who studied medicine and came to believe, like Goethe before him, that life was the primary inquiry and metaphor for each discipline, declared in 1798 that physicians or “researchers into nature, and poets, have always shown themselves to be one race of men through their one language.” William Lawrence spoke for his generation of English physicians and surgeons in 1817 when he proposed that poetry or letters and medical
science "supply common objects of interest, in which the selfish unsocial feelings are not called into action." John Hunter's teachings on the "sympathy" between organs and parts commonly observed by clinicians in the hospitals of England led him in 1794 to address a parallel "sympathy of the mind" vital to the study of life by the creative artist or physician. "One of its chief uses is to excite an active interest in favour of the distressed, the mind of the spectators taking on nearly the same action with that of the sufferers, and disposing them to give relief or consolation: it is therefore one of the first of the social feelings. . . ." Joseph Henry Green was to credit Hunter with having established medicine as a "philosophy and science of life and living being" and as a practical art appropriate for a new century. And B. C. Brodie expressed the humanitarian foundations of this art when he told his students in 1843 that the "knowledge of human nature" possible in medicine was "the most difficult, the most interesting, the most useful science in which the mind of man can be engaged," and one that was, finally, no different from that known "by instinct" and sympathy of mind by the great poets. Romantic principles like these found their way into the classrooms of hospitals like Guy's, often in the opening lectures of the teaching surgeons and physicians: in Cooper's warning that the first rule of surgery was "never to perform on another any operation which we ourselves, under the like circumstances, would not immediately submit to," and that "gentleness" was an "essential character" for every practitioner; in Marcet's caution that in the clinical reading of life at Guy's Hospital "the comfort and well-doing of our patients" came first, and students and teachers alike were "never [to] lose sight of the primary object of this, and all other hospitals, which is—the relief of suffering humanity."5

If, as Foucault has proposed, the early nineteenth century was to see life redefined through the bedside perception of its clinicians, and if the doctors of the postrevolutionary years did indeed see themselves "as the natural heirs of the Church's two most visible missions—the consolation of souls and the alleviation of pain," then the conduct of the practitioner—the very meaning of his vocation as physician—had to be of primary issue to the age now defined as Romantic: F.N.L. Poynter has reminded us that the word humanitarianism was first used in its modern sense of compassion for the weak, sick, and deprived in the era following Waterloo, and that it was the young practitioners who saw the pathos of war firsthand (like Frederick Tyrrell, Keats's roommate at Guy's) who returned home and brought about the real, radical reform of the profession. Economic and social forces at the turn of the century in England may have led to the division of the medical profession into the three categories corresponding to the specific practices of surgery, internal medicine, and prescription. But the actualities of practice, the need for informational exchange among the three kinds of doctors in the early decades of the century, along with the attempt to formulate a larger professional identity through published codes of conduct, underscored the age's evolving and profound concern with the humanitarian purpose of the physician. The sudden currency
and variety of texts on medical ethics during this period, not just Percival’s *Ethics* and Gregory’s revised *Duties* (which appeared in multiple editions and were made required reading in the major hospitals) but conduct treatises by famous researchers like Brodie and regimental surgeons like James Wallace, and handbooks by renowned general practitioners like Anthony Carlisle and Abraham Banks, as well as the pamphlets on staff manners and perspective in the clinics drawn up by the individual teaching hospitals, were all testament to the Romantic age’s growing preoccupation with defining who knew most of life and pain and so deserved best the accolade of physician.

In their role as Romantic physicians, the practitioners of medicine in Keats’s time were expected to have both comprehensive knowledge of the disciplines connected with medicine (not only of the physical or life sciences but of mathematics, optics, mechanics, and natural history) and comprehending minds able to use this knowledge in the practice of their art. Cautioned that “no profession requires so comprehensive a mind as medicine,” that the practitioner of “first rank” must know “more than Medicine,” and that there was no excuse for the professional who did not keep current with research and devote some time “to the general cultivation of his mind,” practitioners were also advised on the kind of mind requisite for clinical practice. Wallace said the medical student of the period must have “a natural quickness of parts—a ready perception—a sound judgement—a good memory” but also “that degree of solidity . . . characteristic of a mind given to thought” and a “degree of acuteness . . . characteristic of the mind that can turn its thoughts to account”; Brodie told the students of St. George’s that practitioners often functioned in isolation, and since “no two cases exactly, and in all respects, resemble each other,” they had to cultivate the talent of observing for themselves and perceiving accurately the meaning of the signs of disease before them; Gregory, most significantly, declared that the “proper education” of a practicing physician necessitated something beyond education—namely, the mental “concurrence of a penetrating genius” and an interpretive “quickness of apprehension.”

Ethical advice for the Romantic physician focused on his conduct at the patient’s bedside. Compassion for the peculiar conditions of the sick, humility at his limited knowledge of cures, and, most of all, the sympathetic ability to recognize physical and mental pain were the marks that distinguished the true physician from the mere practitioner. Gregory and Carlisle chose “humanity” or the ability to feel “for the misfortune of his fellow creatures” as chief among “the moral qualities peculiarly required in the character of the physician.” Abernethy and Brodie focus on the commitment to serve humanity: the latter told his students that there is “nothing in this world so good as usefulness,” the former informed the august body of surgeons at the Royal College that their only value was “the enviable power of being extensively useful to your fellow-creatures.” Brodie and Banks, in particular, marked humility as “the highest distinction” in the practitioner, vital both to the patient’s trust
and improvement and to the physician’s “self-improvement.” Special cau-
tions were given to practitioners who would be called upon to perform surgery or minister to the mentally ill. Every ethical text of the period echoed Perci-
val’s urging of “tenderness with steadiness” in the clinic. Astley Cooper’s opening
lecture at Guy’s on the ethics of the surgeon specifically echoed Gregory’s
injunction that a “good physician” does not necessarily make “a good opera-
tor,” that surgery required “self-possession” as well as “gentleness of manner,”
and that no experimental surgery should be performed in general practice. (If
Cooper’s words lead us to recall Keats’s decision that he had neither the
temperament nor the hand for surgery, the recollection becomes poignant
when we read in ethics tracts like Wallace’s that children should not be
apprenticed to medicine before the age of sixteen—Keats was fourteen—lest
the “responsibility” weigh too heavily upon the health and sanity of the
child.)

“Disorders of the imagination,” whether these took the form of psycho-
somatic illness or real insanity, were “properly the object of a physician’s
attention” in the Romantic era because “of all distresses [they are] the great-
est” and “their sufferings are real.” The absence of real cures for psychic
diseases, moreover, reiterated the necessity for the ethical treatment of them:
handbooks were unanimous in suggesting sympathy, gentleness, tolerance,
and other “moral treatments” to the Romantic physician who found himself
treating diseases of the soul that were beyond the practical knowledge and
strictly medical intuitions of his discipline.

The “great end / Of poesy,” Keats wrote in one of his earliest poems, was
“that it should be a friend / To sooth the cares, and lift the thoughts of man”
(“Sleep and Poetry.” 245–47). Throughout the poetry written thereafter, up to
and including the final stanza on “This living hand”—which is, conceivably,
about the palpable hand of comfort and power of a living albeit dying physi-
cian and poet—Keats reveals an absolute preoccupation with defining the
role of the poet through the concerns and characteristics of the true physician.
This preoccupation includes his anxieties about the usefulness of his early
verse, his declared wish to do “some good” in the world, his resolve to serve
humanity as a poet, his fears of unfulfillment, and his conviction that an
artist’s negative capability of imagination could be selfless. It finds its apo-
theosis, certainly, in the scene in The Fall of Hyperion where the poet as narrator
meets the goddess of mythic memory and asks two questions on the nature of
physic and vision. The first question, “Are there not thousands in the world,
... / Who feel the giant agony of the world; / And more, like slaves to poor
humanity, / Labour for mortal good?” receives the following reply: “They whom
thou spak’st of are no visionaries, /... They are no dreamers weak, / They seek
no wonder but the human face....” The second question, “sure[j]ly not all / Those melodies sung into the world’s ear / Are useless: sure[j]ly a poet is a
sage; / A humanist, physician to all men,” elicits an even more direct equation
of true poet and true physician and their parallel, real vision into human
suffering:
The poet and the dreamer are distinct,
Diverse, sheer opposite, antipodes.
The one pours out a balm upon the world,
The other vexes it.
(I, 154–63, 187–202)

Moneta's words confirm what the poet had intuited from the start: "Poesy alone," the real poetry of life written as tonic for pain by "those to whom the miseries of the world / Are misery, and will not let them rest," "can tell her dreams . . . can save / Imagination from the sable charm / And dumb enchantment" (I, 8–11, 148–49).

Readers of Keats usually assume that he derived his belief in the poet as physician from Wordsworth's concept, derived in turn from Naturphilosophie, that poetry medicines the mind. But concepts of service to humanity, usefulness, commitment to the alleviation of distress, and the ability to function practically in the presence of extreme pain and intuitively in the face of incomprehensible disease are all subjects that find place—perhaps first for Keats—in the ethical teachings and practice of Romantic medicine. Phrases from common medical ethics texts of the period, that physicians must look with steadfast eyes "upon the sufferings of humanity," that they must not dream beyond their limited knowledge of eradicating pain and misery because "the universe would be disturbed," read like strange echoes of Moneta's challenge to the poet of The Fall of Hyperion that he bear witness to the unremitting pain reflected upon her face (I, 247–64) and her warning that self-centered dreaming vexes the miseries of the world to further pain. Whatever Keats learned of the physician's ethical duty during his experiences in the wards of Guy's would preempt these coincidences of word; they link, in fact, the concerns and the functions of physician and poet in Keats's mind years before he made his conscious choice between two equal, and equally responsible, vocations. The early verse and unfinished fragments of his opus show us a physician trying to convince himself—with increasing success—that if he could read the faces of human suffering much as the true physician did in diagnosis in the clinic, and if he could sympathize with and translate the unremitting pain of human life, he would be a poet in fact.

Real poetry, in Keats's terms, was supposed to save imagination from the spell of dumb enchantment and the fancies of foolish dreamers. The real and modern medicine of the Romantic period, according to its physicians, was supposed to rescue itself from both the fanciful superstitions of traditional medicine and the "servile submission" to closed dogmas and sects, or established doctrines and parties, of eighteenth-century theoretical practice. Romantic medicine defined itself in contradistinction to the magic practices and secretive closed-mindedness of prior centuries of medicine: it was a "human invention" and a secular art whose primary concern was life; its knowledge was empirical and accessible to all; its various practitioners functioned to-
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together and shared information for the common good; it spurned the quick theoretical resolution for patient observation of sign and symptom; its treatments, hardly the secret nostrum of prior medical magic or the blind dogmas of schools, were practical and wide open to public scrutiny. More than any earlier medical generation, Romantic physicians felt compelled to protect the reputation of their profession from the quackery and false medicine of prior ages; they defined the "true" physician, the better not to be mistaken for practicing an art that was not real. Figures of physicians, both true and false, can be found everywhere in Keats’s poetry, and the real healers are invariably distinguished from those who pretend to medicine or play dissembling magician. The poet’s differentiation between these figures is in keeping with the ethos of Romantic medicine and its commitment to defining the practice of true medicine; it also forms part of his need to keep clear the distinction between the creative vision of the poet and the fanciful but vexing magic of the dreamer. True Romantic poets—at least for Keats—must practice real medicine.

The dark underside of the myth of Apollo has always carried an association of magic with medicine through the story of Hermes’ caduceus, and the way in which it came to represent a perversion or dilution of the power borne by Apollo’s musical lyre and medicinal arrows. Because Keats addresses Hermes in poems like Endymion and Lamia, it is useful to notice in the myth of Hermes-Mercury the compounding associations with false practice. The god’s facile passage to and from the underworld—and Keats hails him, appropriately, as “star of Lethe” in Lamia (I, 81)—reiterates the ambiguity of his power and patronage over travelers, merchants, rhetoricians, thieves, pickpockets, and magicians. Given the power to conduct the souls of men to their proper place by Jupiter, as Leprièvre and Spence note, Hermes was most feared for the mistakes he could make. Pictured in Greek art, according to Tooke, "with chains of gold flowing from his mouth, with which he linked together the minds of those that heard him," the untrustworthy god’s ability to charm with words and rhymes paralleled his ability to inflict grievous torment with curses and recipes. The suspect variety of Hermes’ magical spells, wrought by the caduceus he bargained away from Apollo, extended thus from the most playful or fanciful to the most dangerous. Keats, of course, was fully aware of the multiple range of Hermes’ false medicine: in Endymion Mercury is described as “Foot-feather’d” and operating “by stealth,” and “Hermes pipe” is invoked for “ravishments more keen”; his power to induce “visions in the air” and dangerous fancies, meanwhile, receives special mention in a sonnet on Dante’s benighted lovers where Hermes is described as having “lulled,” “baffled, swoon’d and slept” the hapless Argus until his “whirlwind” of “idle sprite” “So play’d, so charm’d, so conquer’d, so bereft / The dragon-world of all its hundred eyes” (End., I, 562; II, 875–76; IV, 331, 827–30; “As Hermes once took,” I–10).

More significant and direct yet is Keats’s use of the figure of Hermes in Lamia and, through the god’s dealings with the snake-siren of that poem, his
connection of Hermes back to the figure of patently false medicine in Endymion. Circe. Hermes arrives on the isle of Crete in Lamia “bent on warm amorous theft,” having first “stolen light . . . to escape the sight” of Jove; the “ever-smitten” and derelict god leaves behind an empty throne to satisfy a selfish passion of “celestial heat,” and he uses his considerable powers of invisibility, transformation, and smooth passage to find the “secret bed” of a nymph who has no need of his medicine and would prefer not to be known (I, 7–34). Hermes’ jealous and fully self-centered passion for the nymph who does not know him reads as a parody of Apollo’s love for Daphne and as a perversion of Apollo’s power of healing and prophecy represented in the laurel; the quasi-infernal god’s ministries find appropriate object in Lamia, that ambiguous and magical creature of many forms. Keats has Hermes and Lamia swear out, in the most eloquent rhetoric available, a pact of mutual aid; both swear by the tools of their trade of magic—Hermes by his “serpent rod” and Lamia by her “starry crown.” The former “puts to proof” the transformational power of his “lythe Caducean charm,” and the latter breaks her promise of “compassion” to keep the nymph invisible (I, 87–90, 106–10, 133–35). The “blandishments” of Hermes and Lamia succeed beyond all mortal expectations, and we know that the recipe of their passion, whether for the nymph or Lycius, will be no cure.

Lamia would have derived her power of rendering living creatures invisible from Hermes, much as Circe, in mythic tradition, derived her ability to vex creation into degeneracy from her fellow chthonian deity. The power to transform living creatures into forms not their own—flowers into human shape, men into beasts, youths into elders, snakes into women (End., IV, 67; III, 514, 590–92; Lamia, I, 120)—would certainly have seemed to Keats to be examples not of benign magic but of sinister and cruel influence. After all, transformations like these would be a Romantic naturalist’s worst nightmare of the living world and a Romantic physician’s worst sight of the energy of life turned monstrous birth or deformed, freak creation. Mythic tradition and medical consciousness thus combine in Keats’s portrayal of Circe as a “cruel enchantress,” a physician patently false and potently bad. The “Potent goddess” does not relieve but inflicts “pains resistless:” “she brings “piercing trial” to “piteable bones” and turns her ward of visitors into the “Shrieks, yells, and groans of [a] torture-pilgrimage; / Until their grieved bodies ‘gan to bloat / And puff from tail’s end to stifled throat”; then, once the physical symptoms of the disease appear full-blown, she banishes “These phantoms with a rod” into a hell of eternal psychic affliction (III, 513–40). When the lovesick Glaucus seeks her out as a physician who might have “some relief” for him, she curses him with “such a love” that he withers immediately into aged infirmity (III, 412, 590–99). Circe represents the prototypical false physician of Keats’s verse; she is one who owes her powers not to patiently acquired medicine but to the god of quick fixes. She is the worst pattern for other more subtle agents of harmful quick medicines in the poetry: la belle dame sans merci, who spirits young
Physicians True and False

knights to her "elfin grot" and afflicts them with deathly dreams (29, 35–40); Porphyro, in The Eve of St. Agnes, who "hold[s] water in a witch's sieve" and would use trickery and haste to save his bride from an unmarried state worse than death (120–21); Hum, the magician who presides in boredom over all the unhappinesses of The jealousies, who finds the cost of potions and plasters too dear (289–99); Lamia, who uses the potion of freedom she has purchased from Hermes to weave dreams of speedy imprisonment and white affliction for a healthy and unsuspecting young Lycius.

"I am ambitious of doing the world some good: if I should be spared that may be the work of materior years—in the interval I will assay to reach as high a summit in Poetry as the nerve bestowed upon me will suffer," Keats said in 1818 in his letter describing the "poetical Character"; elsewhere in the letters he talks of the "glory of dying for a great human purpose," declares he would "jump down Aetna for any great Public good," and proposes "doing some good for the world" to be the only "worthy purpose" of existence. Comments like these, along with the recurring images of healing and true medicine in the poetry bring "a feeling / Of all that's high, and great, and good"—from Sir Clerimond's "hand heaven made to succour the distress'd" to the acknowledgment that the fledgling poet also has his "blisses ... to bless and sooth" to the potent balms of the Hyperion poems ("To George Felton Mathew," 9–10; "Calidore," 106; "On Receiving a Curious Shell," 43–44)—are all expressions of Keats's growing conviction that the commitment to study life and alleviate its suffering was the very same in poet and in physician. They form part of his early resolve to shun the kind of poetry written by those indolents who would "Fly from all sorrowing" and could "see [nought] / In water, earth, or air, but poesy," and to write instead a verse that would bring "sweet dreams, and health, and quiet breathing" to an always suffering humankind ("To My Brother George," 19–22, End., I, 5). The multiple figures of true physic in Endymion, the "venerable priest... with ministring looks" of Book I, the fountain-nymph who "bubble[s] up / To fainting creatures in a desert wild" of Book II, the Nereids of Book III who "usher back |Endymion's| spirit into life," Glaucus, who tends the bodies of the lovelorn, Peona, the "midnight spirit nurse" of the epic who tends to her brother with "busy hand," "upon her Knees" and with the medicine of "a sister's sorrow," and Endymion himself, the epic's hero, who learns through the life-giving consequence of a book of prophecy the meaning of his vocation as a poet (I, 149–50; II, 118–19, III, 1014–5; II, 410, 413, 444; III, 781–84), are all verse embodiments of the poet's resolution to study life as a physician and do "some good" through the poetry of "maturer years."  

According to the peculiar book of prophecy found on the ocean floor in Endymion, the scientist who "utterly / Scans all the depths of magic, and expounds / The meanings of all motions, shapes, and sounds" in life and the physician who accepts responsibility for the bodies of dying youth and assumes "the savage overwhelming loss" of his "task of joy and grief" "shall not die" (III, 695–704). According to the
terrifying Moneta of *The Fall of Hyperion*, "None can usurp this height" of knowledge of life and pain except those "to whom the miseries of the world / Are misery, and will not let them rest," and who, like the poet in the poem, have "felt / What 'tis to die and live again before / Thy fated hour" (I, 141–49). To these prophecies that combine the knowledge of the scientist with the commitment of the physician and the experience of the poet, and to Keats's sense of the parallel duties of these vocations, we must add the specific advice against indolence and the shrinking from difficulty and pain given to practicing physicians of the Romantic era:

To be prepared for difficulties; to meet them in a proper spirit; to make the necessary exertion when they occur; all this is absolutely necessary for your success, whatever your profession or your pursuit of life may be. . . . The natural tendency of mankind is indolence; to shrink from difficulties; to try to evade them, rather than to overcome them. Never yield to this disposition on small occasions; and thus you will acquire a habit which will enable you to do what is wanted on great occasions, without any violent or painful effort. It is by neglecting their conduct in the smaller concerns of life, that so large a portion of mankind become unequal to the performance of their higher and more important duties.  

The "pursuit of life" and life's meaning by the Romantic physician and Keats's kind of poet was a practical and profound commitment to humankind. We understand better what Keats meant when he said in 1818, just after the publication of *Endymion*, that he had chosen the study of life over "an exquisite sense of the luxurious:" "I mean to follow Solomon's direction of 'get Wisdom—get understanding'—I find cavalier days are gone by. I find that I can have no enjoyment in the World but continual drinking of Knowledge—I find there is no worthy pursuit but the idea of doing some good for the world—some do it with their society—some with their wit—some with their benevolence—. . . there is but one way for me—the road lies through application study and thought."
In the *Anatomy of Melancholy* when speaking of the need for the patient’s trust in his physician and the physician’s confidence in his cure, Burton proposes that “the form of health is contained in the Physician’s mind.”¹ Romantic physicians also speculated similarly, but they did so without confidence in any theoretical system of medicine and without firm belief in any ideal of health. Their concern that the form of health (such as it was) might be contained in the individual physician’s mind and be subject to his mood became, hence, an alarmingly real prospect. For example, the verse-epistle that Keats wrote in 1818 to his friend John Hamilton Reynolds is usually treated by readers as an example of the poet’s sudden maturity of talent and vision, but it is also an occasion where one can follow the poet’s attempt to use his imagination to soothe and comfort a sick friend and to counteract actual disease with images of health.

Reynolds lies “sick and ill” in bed at the start of the verse-letter, and Keats writes not just to wish that his friend “get health” but to dispel the dark moods occasioned by the illness. The poet would distract Reynolds with “Titian colours touch’d into real life,” “flowers bursting out with lusty pride,” “young Aeolian harps,” and other images of joy and vigor from the creative and living world (17–19); a recent visit to see Claude’s painting, “Enchanted Castle,” based on the story of Psyche and Eros inspires a resolve “To shew this castle, in fair dreaming wise / Unto my friend, while sick and ill he lies” (31–32). The castle, as remembered from the painting, was a “mossy place, a Merlin’s hall, a dream,” picturesque with “clear lake,” “little isles,” and “mountains blue” (34–36). But, in the process of re-creating Claude’s fantasy in paint to solace his friend’s real melancholy, the poet finds that he sees through and beyond the surface of the painting: the trees about the castle “seem to shake / From some old magic,” the environs appear “alive to love and hate,” the building seems animated by an unnerving “giant, pulsing underground” behind and beyond its created surface (28–40).² The hysteria,
real or imagined, that appears to energize Claude's artwork stimulates the poet's intuition to larger images of unease and disruption—"a Lapland witch turn'd maudlin nun," "a beauteous woman's large blue eyes / Gone mad," "a mason-devil's groan," an eerie "sweet music" that creates "fear in the poor herdsman" (46–64).

Clearly, Keats's reimagination of Claude's "Enchanted Castle" will neither soothe nor comfort his sick friend. If anything, the verse-picture will vex the dark moods occasioned by Reynolds's physical illness to further mental disease. The poet realizes as much, hence his lament, "O that our dreamings all of sleep or wake / Would all their colours from the sunset take . . . / Rather than shadow our own soul's daytime / In the dark void of night" (67–71). We realize, moreover, that Keats's dark re-creation "Of shapes, and shadows, and remembrances" from Claude is, in fact, an extension of his own frame of mind when he began his letter of comfort and found his imagination teeming with "Things all disjointed"—"Two witch's eyes above a cherub's mouth," hellish noses, wild boars' tusks, and mermaids with toes (3–16). Visitings such as these can preempt any projected wish or idea of health contained in the physician's mind; neither physician nor poet can "take away the pain of existence" with a mind in such a state:

I am now so depressed that I have not an Idea to put to paper—my hand feels like lead—and yet it is and [an] unpleasant numbness it does not take away the pain of existence—I don't know what to write—Monday—you see how I have delayed—and even now I have but a confusing idea of what I should be about my intellect must be in a degener[ating state—it must be for when I should be writing about god knows what I am troubling you with Moods of my own Mind . . .

It would be easy to dismiss the verse-epistle to Reynolds as one more example of a Romantic poet habitually reading "passion, life and physiognomy into the landscape," as an unimportant occasion where Keats exercises his mind to fanciful end. But Claude's "Castle" for Keats, we need to remember, was not a natural landscape but a finished work of art about a mythic story of unearthly beauty and actual abandonment. Moreover, when Keats turns away from the painting to an actual scene in nature—the seashore at twilight—in search of positive images for his letter of healing, the consequences are far more serious, both for the poet's mood and for the kind of positive containing vision that he seeks as a physician for his friend:

Dear Reynolds, I have a mysterious tale
And cannot speak it. The first page I read
Upon a lampit rock of green sea weed
Among the breakers.—'Twas a quiet eve;
The rocks were silent—the wide sea did weave
An untumultuous fringe of silver foam
Along the flat brown sand, I was at home,
And should have been most happy—but I saw
Too far into the sea; where every maw
The greater on the less feeds evermore:—
But I saw too distinct into the core
Of an eternal fierce destruction,
And so from happiness I far was gone.

At home and viewing the beauty of a seascape at dusk, the poet should have been “most happy” and most able to comfort a sick friend. Instead, Keats sees with the horrific but real vision of a Romantic physician and naturalist, and his letter of healing becomes a poem of despair about the kinds of things that poets and doctors of his time must envision, intuit, and comprehend, even as they would heal. With a vision that recalls the “penetrating genius” of Gregory’s ideal physician and the illuminative sight or “brightness beaming from his eyes” of Apollo as god of medicine, Keats sees beneath the skin of the sea and through its fringe of silver foam “into the core / Of an eternal fierce destruction,” of life consuming life “the greater on the less . . . evermore.” The poet sees “too distinct” and with the vision of an anatomist of what is hidden and multiple beneath the unified surface of the sea’s body. He sees “Too far into the sea” with the same horrific but intuitive vision used in the clinic by Romantic physician and medical semiotician when confronted, simultaneously, with the physical signs of serious disease, prior knowledge of the destructiveness of diseased energy, and prognostic awareness of the future consequence of as yet invisible disease. Keats’s untumultuous but living sea writhes below its surface with a “most fierce destruction” and feeding frenzy of death. This time, unlike the earlier attempted vision of Claude’s enchantment, the sight is real and true of “The shark at savage prey—the hawk at pounce, / The gentle robin, like a pard or ounce, / Ravening a worm” (99–105); it is an unfantastic but terrifying insight that remains to haunt the daytime of the poet—“Still am I sick of it.” Thus, the “first page” of the poet’s sensed vision of a real nature endures as a “mysterious tale” of horror to corrupt and to undermine a prior and simple idea of health for his sick friend.

As Keats well knew, there was a negative and disturbing as well as a positive and healing element to the Romantic physician’s clinical vision. The physician had to know the worst before he could attempt to contain or cure it. The verse-epistle to Reynolds did not serve as a potion of healing and comfort for his friend’s disease nor did it serve as solace for the poet himself; it was, at best, an attempted cure. We must appreciate both his physician’s humility in realizing this and the extent of his sense of unfulfillment as poet: “but my flag is not unfurl’d / On the admiral staff—and to philosophize / I dare not yet!” (72–74). The process of writing the epistle, nevertheless, taught Keats the enormousness of the task of medicining humanity as a philosophical poet; it
also told him of the debilitating effects of the insightful “healing” vision that was necessary to take away “the pain[s] of existence.”

“God of Song, / Thou bearest me along / Through sights I scarce can bear,” Keats says in “God of the meridian” (17–19); it is certain that Apollo requires much in the way of insightful and interpretive vision from his mortal physician or poet. When Matthew Arnold commented on Keats’s remarkable “clear-sightedness” and “lucidity,” he pointed, in particular, to the poet’s practical and palpable gaze, “with the eye on the object, a radiancy and light clearness being added,” with which the major poems were composed. The kind of “clear-sightedness” that Arnold identifies as typical of Keats could also be the medical sight of the Romantic physician described in philosophical and anatomical texts of the period. Doctors saw first into the life of things for Friedrich Schlegel, and the seeds of a philosophy of life had lain hidden for centuries “in embryo, in the womb of medical art and lore.” Schlegel, who studied clinical medicine and anatomy, credited Hippocrates’ practical medicine with having instigated “the rapid and searching glance of genius into the secret laboratories of life”; he proposed that the various disciplines that composed medical study in his time were “merely the materials . . . of medical practice . . . [whereas] the essential qualification . . . [was] this penetrating glance which searches out the inmost secrets of the bodily temperament.”

Thus, in the “complete understanding of life” that Schlegel projected for his Romantic century, “the searching glance of the true physician arrives the nearest to such a point, penetrating, as it does, deep into the manifold fluctuation and struggle between the two [states of life and death], and into the secrets of their conflict . . . .”

Romantic physicians were to read the living human bodies in the hospital much as the anatomists of the decades just preceding had read the diseased corpse. “Open up a few corpses;” Bichât told his experimental clinicians in 1801, “you will dissipate at once the darkness that observation [of external symptoms] alone could not dissipate.” And Foucault has demonstrated how the postrevolutionary clinics rediscovered Morgagni’s dissecting lessons so that “knowledge of the living, ambiguous disease could be aligned upon the white visibility of the dead,” and “the whole dark underside of disease came to light . . . in the deep, visible, solid, enclosed, but accessible space of the human body.” Just how what was “fundamentally invisible” within the living body was offered up to the “illuminating gaze” of the Romantic physician and the extent to which morbid anatomy taught living medicine to read disease in Keats’s time can be seen in most of the textbooks and lectures of the period. Andrew Bell’s summary essay “Anatomy” in 1810 described anatomy as a “branch of natural knowledge” vital to medicine and a “civilized art” inherited from the Greeks; Astley Cooper’s lectures repeatedly cited the Greeks’ example in dissection, urged his students that “no opinion or theories can interfere with the information acquired from dissection,” and warned them that “operations [on the living] cannot be safely undertaken” without prior knowledge and
vision of morbid anatomy; even Joseph Henry Green in his practical demonstration of anatomy at Guy's and St. Thomas's would caution students like Keats that the Romantic physician's knowledge “should be particular and even minute” and of a kind “acquired by actual dissection alone,” and that the philosophical insight that could be derived thereby depended on “the degree of observation and activity of mind.” Because of the way in which things could come to life under “the illuminating gaze” of the first clinicians and through the semiotics they practiced in clinics, Romantic medicine declared its territory to be “the domain of the careful gaze” described by Foucault and by Friedrich Schlegel before him; its particular insightful and visionary way of knowing was based neither on its well-known rejection of theoretical systems nor yet on a simple rediscovery of the visible and palpable but on an intuitive and informed reading of “that manifest and secret space” that “opened up when a millennial gaze paused over men’s sufferings.”

Anatomy, always a subject of some import to artists since the Greeks, was of particular significance to Romantic artists both as a discipline and as a metaphor for their way of knowing. We have the words of Keats’s painter friend, Benjamin Robert Haydon, who took a course in dissection and brain anatomy from Charles Bell in 1806, to tell us of the importance of the subject to the artist’s technique and vision: his students were to learn sketching by first “drawing and dissecting” human and animal bodies for two to four years, eight hours a day; the best of his own work could be credited to his knowledge of anatomy, for “Northcote said that my anatomical studies would make me a good surgeon” and “Fuseli swore that he learnt by looking at them”; and he ascribed his fascination with the Elgin Marbles, “so evident with their life and circulation,” and his recognition of “their superiority to all other sculptures” to his comprehension of the human frame acquired through dissection.

Hazlitt in 1816 had distinguished the particular excellence of the Marbles as something born of an unusual and revolutionary dissector’s awareness of what lay beneath the surface of living forms:

In these majestic colossal figures, nothing is omitted, nothing is made out by negation. The veins, the wrinkles in the skin, the indications of the muscles under the skin (which appear as plainly to the anatomist as the expert angler knows from an undulation on the surface of the water what fish is playing with his bait beneath it), the finger-joints, the nails, every the smallest part cognisable to the naked eye, is given here with the same ease and exactness....

In a subsequent essay of 1817, “On Imitation,” Hazlitt described the parallel perspective and satisfaction of anatomy student and artist:

The learned amateur is struck with the beauty of the coats of the stomach laid bare, or contemplates with eager curiosity the transverse section of the brain, divided on the new Spurzheim principles. It is here, then, the number of the parts, their
distinctions, connections, structures, uses; in short, an entire new set of ideas, which occupies the mind of the student, and overcomes the sense of pain and repugnance, which is the only feeling that the sight of a dead and mangled body presents to ordinary men. It is the same in art as in science.

Because “truth, nature, beauty, are almost different names for the same thing” to Hazlitt and his generation, the attempt to recreate a prior vision of natural form, whether by the artist, anatomist, or scientist, functions “by exciting a more intense perception of truth, and calling out the powers of observation and comparison. . . . The gardener [or natural philosopher] delights in the streaks of a tulip, or ‘pansy freak’d with jet’; the minerologist in the varieties of certain strata, because he understands them. Knowledge is pleasure as well as power.”

The excellence or intensity of every art, Keats said (in the letter describing “negative capability” that was inspired by Hazlitt’s comments on West’s painting “Death on a Pale Horse”), is its capability for “making all disagreeables evaporate, from their being in close relationship with Beauty & Truth.” When the poet remarked that he looked forward to isolation on an Indiaman because it would allow him to speculate on human diseases and character alike “and to class them with the calmness of a Botanist,” and when he has Oceanus in Hyperion declare that “the pain of truth” or “top of sovereignty” is “to bear all naked truths, /And to envisage circumstance, all calm” (II, 203–5), he echoes Hazlitt on the related perspective of anatomist and artist. Each discipline or art invoked the powers of observation to intuit living action beneath the surface of natural form; each excited a more intense perception of truth through penetrating glance and comparative vision; each achieved through comprehension of the pain of truth a parallel satisfaction and calm wonder. Wordsworth, of course, partly anticipated these ideas of Hazlitt and Keats in 1802 when he related the visualization of nature, pleasure of knowledge, and consequent sympathy with pain of poet, scientist, chemist, and anatomist.

The landscape painter Constable spoke for a generation of Romantic artists and scientists when he declared that the art of “seeing Nature is a thing almost as much to be acquired as the art of reading the Egyptian hieroglyphics.” To read life and comprehend its existence through its pains, as Romantic thinkers in clinic and studio alike believed they must, required a two-planed vision that was simultaneously close range and panoramic. William Hyde Wollaston, in 1807, believed he had invented just such an instrument for viewing—or reading—both the human body and the natural landscape. He called his patented invention a camera lucida and recommended it to professional medical artists in operating theatres as well as to landscapists in nature. Wollaston was a physician, chemist, natural philosopher, microscopist, astronomer, and geologist, and he was best known for his work on refining prismatic reflection and the microscope’s doublet lens. His camera lucida,
quite distinct in use and construction from Robert Hooke's 1668 invention of the same name (which projected large-scale inverted reflections and was commonly called a "magic lantern"), was an offspring of his research on high resolution lenses for microscopes. It was a small, pocket-size instrument that used a prism and a convex lens to connect two planes of vision, a perpendicular one where the object stood and a horizontal one that was the drafting surface, so that the viewer saw both simultaneously and could draw in perspective and make accurate copies that were in scale regardless of the size of the object or paper.\(^\text{16}\)

Camera lucidas were popular both as gimmicks and as real optical tools during the early nineteenth century: they were used by landscape artists who appreciated their ability to translate distant panoramic vistas into sharply detailed graphic miniatures that could be traced on paper or canvas without any distorting movement of the head or eye; they were even more widely employed by medical researchers and textbook illustrators because they allowed for accurate, proportioned and seemingly three-dimensional reproductions of what was seen in dissections and surgery. When Hazlitt described art as "the microscope of the mind, which sharpens the wit as the other does the sight; and converts every object into a little universe in itself;" he undoubtedly had the function of the camera lucida in mind; Lord Lister used the camera lucida to recreate his investigations of cases of pyaemia, and we know that Keats and Charles Brown viewed the Keswick "mountain scenery in miniature" through a camera lucida during their 1818 tour of the North.\(^\text{17}\)

The significance of the camera lucida, whether employed in physiology and dissection or landscape art and reproduction, lay in the unique perspective it provided of two perpendicular planes of sight—one distant, the other immediately at hand—as one continuous experience of vision. Wollaston's pocket glass brought the comprehensive picture of the object up close as a whole "magnitude" of full dimension even as it preserved the flat, single-dimensional accuracy of what was immediately at hand under the microscope's lens.

Semioticians in the clinics and hospitals of the early nineteenth century were supposed to read the signs of disease in the living body with a dual-planed vision similar to that made possible by the camera lucida. Until late in the eighteenth century, medicine was largely symptom oriented, and all symptoms in an illness were treated with equal weight; the new and clinical sense of a living pathology owned by Romantic medicine changed this to stress, instead, the symptoms of diagnostic significance or the physical signs that could be read and interpreted in the context of both the living body and the generating disease. August-Jacques Landré-Beauvais, whose doctrine of signs informed the practice of medical semiotics in the Paris School, said in 1813 that signs were the means whereby the Romantic clinician attained "knowledge of hidden effects:" a "sign, essentially, is a conclusion that the mind draws from the symptoms apparent to the senses [observés par les sens] while a symptom is only a matter of sense perception [n'est qu'une perception des sens]."\(^\text{18}\)

Signs involved the
judgment and perception of the physician, whereas symptoms derived first meaning from the patient’s subjective report; thus, what the early-nineteenth-century clinicians tried to do in the hospital wards of England and France was to locate and analyze the original and generative signs of disease behind and beneath the multiple and often dissembling symptoms of the body. This constituted no less than an attempt to visualize pathology, to see the immediate disease and the long-range progress of the disease simultaneously as one living existence housed temporarily in an existing human body. The growing awareness among early-nineteenth-century naturalists and medical men that diseases were distinct natural and historical entities gave the nosologies inherited from eighteenth-century medicine a tangible and palpable reality that they now sought to visualize further through their own clinical sense perceptions; hence, as Foucault reminds us, “the clinical eye discovers a kinship with a new sense” in its diagnoses, and Romantic physicians, using palpation and auscultation to sound the depths of the body, evoke the “metaphor of ‘touch’ (le tact)” to synaesthetically “define their glances.”

Romantic physicians saw and touched individual disease in all its varieties in the immediacy of the clinic even as they comprehended broad living pathology in all its multiplicity through this immediacy and the retrospection of the postmortem. Diagnosis and prognosis thus become one action in the medical semiotics practiced by clinicians of the early nineteenth century in France as well as England. If a “combination of the natural historical and the postmortem approach to disease was central to the medicine of the Paris School of the early nineteenth century,” this was no less true of the medicine taught in the London hospitals of Keats’s time: Astley Cooper, in 1816, proposed the principles of surgery to be “founded upon observation of diseased beings, and the examination of diseased dead Animals, and on experiments made on the living”; he told his students that “by observing the diseases of the living Body, we learn to read their symptoms and their causes, and the effects produced by the remedies applied, [and] by examining Dead Bodies, we become acquainted with the changes produced by Disease, and its nature, whether curable, or incurable. . . .”

Likewise, if a semiotic reading of living disease and a practical doctrine of signs was essential to the practice of the postrevolutionary French clinics, London hospitals of the period, like Guy’s, also taught and practiced the semiotics of living pathology: Babington and Curry’s course on the practice of medicine taught that because there were “many different forms and degrees of disease” there existed “the necessity of accurately distinguishing them from each other by certain signs or characters,” and that an accurate reading and comparative knowledge of these formed the real “science of Nosology”; Curry’s course on pathology and therapeutics also emphasized a living pathology that was at once individual and general so that the student needed to study “the nature of those Morbid Conditions that most frequently occur in the human body;—the Causes, whether predisposing or exciting, which gave rise to them;—the Signs or
Symptoms by which they are known; and the functions or parts in which they more especially take place..."  

Keats's self-diagnosis of his consumptive disease and parallel prognostication of its future is fully contemporary with the medical semiotics taught and practiced at that time—he reads the signs of his deadly but individual disease even as he reveals a comprehension of their general and ineradicable living pathology: "The day on which I was getting ill I felt this fever to a great height, and therefore almost entirely abstained from food the whole day..."; "Not that I have any great hopes of that, for, I think, there is a core of disease in me not easy to pull out."  

Through the practical medical semiotics of their clinics, Romantic physicians came to read the hieroglyphics of the natural body with immediacy and comprehension. Their palpable practice of signs and simultaneous dual vision of disease as individualized and independent took Romantic medicine full circle and back to the forebear it claimed. Hippocrates, first, proposed by "the visible" to get "knowledge of the invisible, by the invisible knowledge of the visible, by the present knowledge of the future, by the dead knowledge of the living," and he declared practical medicine to be the new and only true form of "seercraft"; Andrew Duncan, the spokesman for early-nineteenth-century British medicine, credited Hippocrates with having set the example for their reading of the signs and "minute circumstances of diseases" and parallel "writing [of] the history of disease:" "Thus he not only distinguished one disease from another by the signs which properly belong to each; but by comparing the same sort of distemper which happened to several persons, and the accidents which usually appear before and after, he could often fortel a disease before it began, and afterwards give a right judgement of the event of it."  

So, also, did the Romantic physicians of Keats's time, through their comprehensive and comprehending vision of the hieroglyphics of living disease, acquire the simultaneous ability to foretell as yet invisible specific disease and know its immediate treatment, and to read in the fading white traces of past illness the illuminating prognoses of future dark malady.  

The faculty for seeing, visualizing, and interpreting the signs of the living body and mind, whether in disease or health, was finally no different for Romantic physicians and Romantic poets. Humphry Davy saw the creative process in art and science to be an identical "rapidity of combination, a power of perceiving analogies, and of comparing them by facts," and he pointedly refuted the idea that the imagination could "be passive in physical research."  

Wordsworth, meanwhile, believed that the poet's imagination could accommodate itself to the sense perceptions and ways of knowing of any discipline—"he will follow wheresoever he can find an atmosphere of sensation in which to move his wings"—and he hypothesized about a future generation of comfortably scientific poets:

If the labours of Men of science should ever create any material revolution, direct or indirect, in our condition, and in the impressions which we habitually receive, the
Poet will sleep then no more than at present; he will be ready to follow the steps of the Man of science, not only in those general indirect effects, but he will be at his side, carrying sensation into the midst of the objects of science itself. The remotest discoveries of the Chemist, the Botanist, or Mineralogist, will be as proper objects of the Poet’s art as any upon which it can be employed, if the time should ever come when these things shall be familiar to us, and the relations under which they are contemplated by the followers of these respective sciences shall be manifestly and palpably material to us as enjoying and suffering beings.26

Certainly, Wordsworth’s speculation here achieves reality in the naturalistic imagination and interdisciplinary ease of the best poetry written by Keats. The young poet could not and would not separate the healing visions of the medicine he knew and the poetry he practiced: he, too, and in a very real sense, had “an eye / That hath kept watch o’er man’s mortality” and had looked “through death” with faith,27 and his prayer in Burns’s country that he might “keep his vision clear from speck, his inward sight unblind” (“There is a joy,” 48) owes its formulation as much to the simultaneous duality of vision and the penetrating “glance” of Romantic clinicians as to that speculative and visionary power of imagination evoked by poets like Wordsworth, Blake, and Burns. An early and simple lyric by Keats evokes the child’s ability to stare at a flame in order to describe the poet’s unflinching vision of “the lyre, / In a flame of fire . . . / Past the eyesight’s bearing—” of disease and its progress, of poetry and its end:

It stares, it stares, it stares;
It dares what no one dares;
It lifts its little hand into the flame
Unharm’d, and on the strings
Paddles a little tune and sings
("Tis the ‘witching time of night,’” 31–46)

The poet’s fearless and steady vision of pain and his transformation of pain into music, as implied in this simple poem, become in the dream-vision of The Fall of Hyperion part of a complex resolve to see through the film of death and past the flame of healing fire. The poet asks Moneta to let him see “What in thy brain so ferments to and fro,” and his request, born of his own pain of dying and living, is answered with a vision of unremitting pain that responds to no physic:

Whereon there grew
A power within me of enormous ken,
To see as a God sees, and take the depth
Of things as nimbly as the outward eye
Can size and shape pervade.

(I, 289–90; 302–6)
The poet’s diagnosis will also be his prognosis. Permitted to see the goddess’s face and read its message, what the poet of *The Fall of Hyperion* sees finally is a white and brilliant “immortal sickness” (I, 258) that resides beyond the face and beneath its skull as a horrific and painful ferment of knowledge and sorrow. After such vision, the form of health must indeed be contained in the physician-poet’s mind.
Chapter 4

Reading the Faces of Pain

Faces, expressions bearing the full ranges from joy to sorrow, from innocence to knowledge, of human, natural, and mythic forms, dot the landscape of Keats's poetry. Early lyrics invoke the "open face of heaven" and "the half-veil'd face of heaven" ("To one who has been long in city pent," 3, "To Hope," 45): Spenser is invoked as a "clear sun-rise" because his brows "are arched, open, kind," and George Felton Mathew's goodness mirrors "The placid features of a human face" ("Specimen," 49, "To George F. Mathew," 88-89); "I stood tip-toe" describes Dian's face to be as "clear as infant's eyes," "Sleep and Poetry" sees nothing "More serene than Cordelia's countenance" and "The face of Poesy" shines forth from between the figures of Petrarch and Laura (199, 9, 394); in Endymion, Peona reads "Something more high perplexing" in her brother's face, Endymion declares that he has just seen "The same bright face I tasted in my sleep," and Glaucus describes how he found Scylla when "Upon a dead thing's face my hand I laid" (I, 515, 895; III, 618); the sonnet "When I have fears that I might cease to be" broods upon "the night's star'd face," and a poem written while traversing Burns's country transfixed itself with the thought "O horrible! to lose the sight of well remember'd face" (33); Otho the Great chooses "a jailor, whose swart monstrous face / Shall be a hell to look upon" for Ludolph (II, i, 91-92); Angela dies with "meagre face deform" in The Eve of St. Agnes (396), and the grim brothers of Isabella know "Lorenzo's face" even though "The thing was vile with green and livid spot" (475-78); in Hyperion, that poem filled with Titanic faces, visages can be read for their message of power and energy: Oceanus asks the Titans, "Have ye beheld... / My dispossession? Have ye seen his face?" and Enceladus sees "a gleam of light" reflected in each Titan's face at mention of Hyperion's as-yet-unfallen power (II, 232-33, 352).

The late-eighteenth-century pseudoscience of physiognomy achieved some respectability in the early nineteenth century by wedding itself to the medical semiotics of the clinics: its practitioners during the Romantic period preferred
to call their art a “Semiology of the Countenance.” Keats, of course, was quite familiar with the basic ideas of physiognomy, not only in its original form but in its adaptations by the craniologists, who read the bumps on the skull instead of the face; by the phrenologists, who mapped the contents of the skull according to a diagram of faculties and emotions; and by the landscapists, who read the natural terrain for human emotions. A letter of 1818 from George Keats to John Taylor declares that Taylor “must see Mrs. Keats since you are a physiognomist and discover if the lines of her face answer to her spirit.” In a letter to Tom Keats in 1818, the poet himself speaks of the physiognomy of the landscape at Winander: “What astonishes me more than anything is the tone, the coloring, the slate, the stone, the moss, the rock-weed; or, if I may so say, the intellect, the countenance of such places.” A letter of 1819 addresses the social consequences of physiognomy and speculates on the medical diagnosis of handwriting: “We judge of peoples hearts by their Countenances; may we not judge of Letters in the same way? if so, the Letter [from George] does not contain unpleasant news—Good or bad spirits have an effect on the handwriting. This direction is at least unnervous and healthy.” The 1818 poem written by Keats and Brown, “On Some Skulls in Beauley Abbey, near Inverness,” meanwhile, reveals knowledge of the basic phrenology of Gall and Spurzheim even as it borrows Hamlet’s sardonic manner to read the life-styles of the brethren through the “psychological” evidence of their skulls.

During the eighteenth and early nineteenth centuries, physiognomy and its offshoots were a popular and diffuse subject, and one that was easily invoked to support diverse theories and interests from physiology to religion to aesthetics. The naturalist Buffon, for example, whom Keats read in the spring of 1818, made physiognomy a branch of evolutionary physiology so as to form a theory of the passions: “When the mind is at rest, all the features of the visage are in a state of profound tranquillity.... When the soul, however, is agitated, the human visage becomes a living picture, where the passions are expressed with as much delicacy as energy; where every motion is expressed by some correspondent feature.” Buffon focused, moreover, on the eyes: “It is particularly in the eyes that the passions are painted, and most readily discovered. The eye seems to belong to the soul more than any other organ; it seems to participate of all the emotions... it not only receives, but transmits by sympathy into the soul of the observer all the secret fire with which its mind is agitated....”2 Lavater, who is usually credited with the invention of the “science of reading faces” and whose Physionomische Fragmente (1775) was widely read in England by Romantic artists and thinkers like Fuseli and Mary Wollstonecraft, saw his discipline as a theology of the face wherein the practitioner sought for evidence of the regenerative potential of the spirit. The English brain anatomist Charles Bell, meanwhile, sought to rescue physiognomy from Lavater’s excesses with his Essays on the Anatomy of Expression (1806), which was an attempt to establish a medical physiognomical science for reading the exterior facade of patients for diagnostic signs to their inner bodily states.3
Naturphilosophen, like Schiller, used physiognomic ideas to support their interest in defining beauty and their speculations on the nature of psychosomosis and spiritual health. "neural connection" formed "the basis for the communication of feelings" and the revelation of emotional disease, and facial expression and eyes revealed the relative goodness or beauty of the individual—"Thus the mild expression of the philanthropist is inviting to the needy, while the defiant look of the angry man repels." If some of these concepts remind us of several of the ideas behind Keats's portrayal of the sculptured Titans in the Hyperion fragments—and, in particular, of Moneta's "planetary eyes" that hold "with a benignant light" and beam a humanitarian vision to the poet's waiting mind in The Fall of Hyperion (I, 281, 265, 244-54)—then we must remember that it was another German Romantic, August Wilhelm Schlegel, who rescued a "philosophical" version of physiognomy or "science of physiognomies" from what he called the "spook visions" of Lavater and the "crass materialism" of Gall and located it "in works of art, particularly in the ancient sculptured figures of the gods."

Thea's face, "large as that of Memphian sphinx... / When sages look'd to Egypt for their lore. / But oh! how unlike marble was that face: / How beautiful, if sorrow had not made / Sorrow more beautiful than Beauty's self," Oceanus's thoughtful face of "severe content," Caf's "dusky face" that bears "More thought than woe," the nameless Titans with their "thousand eyes / Wide glaring for revenge," Ops's "pale cheeks," with "hollow eyes" and "all her forehead wan," Saturn's face, agitated by "all the frailty of grief / Of rage, of fear, anxiety, revenge, / Remorse, spleen, hope, but most of all despair," Mnemosyne's "silent face" in which Apollo reads "a wondrous lesson" (Hyp., I, 31–34; II, 165, 56, 323–24, 114–15, 92–96; III, 112)—all these anticipate and foreshadow Moneta's "bright blanch'd" "wan face" whose surface and inner substance the poet is forced to read in The Fall of Hyperion (I, 256–63). Moreover, the goddess's very instruction to the poet, that he must "seek no wonder but the human face," is a medical and philosophical charge born of the message of "high tragedy" and "ferment" that he reads within and beyond this face "In the dark secret chambers of her skull" (I, 163, 277–90). Ever increasingly for Keats, as we can see, the "face of Poesy" was a face of illness, and the faces that he was required to read as the poet of an era following Waterloo were the faces of "agitation," "injury," "severe content," and general distress both physical and psychic. Nor were these faces simply the horrific images of decay revealed by lessons in morbid anatomy, or even the chilling "Hippocratic face"—a euphemism for the face of imminent death—defined by the medical textbooks of the Romantic period. The faces of Keats's poetry, which he would imagine, read, and translate as a physician, are all faces of pain—physical and mental, real and imagined, occasionally passing but, usually, unrelenting.

Elaine Scarry, in her study The Body in Pain: The Making and Unmaking of the World (1985), has spoken of the essential "unsharability" of pain, of the difficulties of articulating one's own pain or imagining another's pain, and of the
resistance to language inherent in pain: "Physical pain does not simply resist language but actively destroys it, bringing about an immediate reversion to a state anterior to language, to the sounds and cries a human being makes before language is ever learned." Precisely because those in intense distress often cannot speak and verbalize their pain, there is a need for spokespersons who can articulate the pain of others and avenues whereby the immensely private experience can enter into the world of public discourse; Scarry identifies medicine as the most obvious of the avenues and the physician as the most potentially effective speaker and translating medium of pain: “for the success of the physician’s work will often depend on the acuity with which he or she can hear the fragmentary language of pain, coax it into clarity, and interpret it.”

Keats assumed the reality of these ideas when he sought to define the physician’s (and poet’s) task, tied real knowledge to the palpable and subjective experience of suffering, and described the world in which the poet had to acquit himself as “The vale of Soul-making.”

I will call the world a School instituted for the purpose of teaching little children to read—I will call the human heart the horn Book used in that School—and I will call the Child able to read, the Soul made from that school and its hornbook. Do you not see how necessary a World of Pains and troubles is to school an Intelligence and make it a soul? A Place where the heart must feel and suffer in a thousand diverse ways! Not merely is the Heart a Hornbook, it is the Minds Bible, it is the Minds experience, it is the teat from which the Mind or intelligence sucks its identity.

Romantic physicians like Keats were taught that pain could “arise from every vehement sensation,” including sympathy, and that the analytical reading of the signs of disease by the physician required both sentience of the individual affliction and imaginative insight into the pain of disease. Hence, the Romantic physician and Keats’s poet were expected to have a dual consciousness of pain—as a patient and as a physician—and healing knowledge, and the comprehending imagination of disease was tied to the actuality and actual experience of pain. As Keats said to his friend Reynolds in May 1818, “Until we are sick, we understand not....”

When Paul de Man traced what he describes as Keats’s recurrently real “humanitarian dream” of poetry as a healing and redeeming force in a world of sorrows, he noted the negative implications inherent in this dream: “If poetry is to redeem, it must be that there is a need for redemption, that humanity is indeed ‘languid sick’ and ‘with temples bursting.’ The redemption is the happier future of a painful present. One of the lines of development that Keats’s poetry will follow reaches a deeper understanding of this pain which, in earlier texts, is merely a feverous restlessness....” The Hyperion fragments, connected as they are to an occasion of great personal loss and pain (the death of Tom Keats), mark the point at which Keats reached this deeper understanding of present pain. The pattern of sympathy by which this occurred was apparent
to the poet, for he described in *Hyperion* itself how “the laden heart / Is persecuted more, and fever’d more, / When it is nighing to the mournful house / Where other hearts are sick of the same bruise” (II, 101–4). Thus, when the goddess Moneta volunteers as part of her humanitarian instruction of the poet of *The Fall of Hyperion* to show him “the scenes / Still swooning vivid through [her] globed brain, / With an electral changing misery . . ., / Free from all pain, / If wonder pain thee not” (I, 244–48), we are to understand that the wonders of the goddess’s face will be a mortal, feeling comprehension of her immortal pain. Moneta’s “curse,” her negative and inarticulate experience of pain, becomes the poet’s positive humanitarian vision. Her promise of a knowledge of pain is like a “grain of gold” found “upon a mountain’s side,” and the “view of sad Moneta’s brow” makes the poet ache to see more: he strains out his eyes and sets himself “Upon an eagle’s watch” that he “might see, / And seeing ne’er forget” (I, 271–76, 308–10). This felt and fully imagined vision of pain is, finally, what Keats seeks to know and articulate when he resolves to be a physician-poet and seek no wonder but the human faces of pain. This is the invisible lyre in a flame of fire that he would see, touch, articulate, and make visible. Able to think “till thought is blind” amid the pathos and melancholy of Burns’s country (“This mortal body of a thousand days,” I, 12), Keats was also resolved to feel until he saw. As James Russell Lowell said in 1854 in recalling a line from Donne, Keats was a poet “in whom the moral seems to have so perfectly interfused the physical man, that you might almost say he could feel sorrow with his hands, so truly did his body, like that of Donne’s mistress, think and remember and forebode.” Those “hieroglyphics old, / Which sages and keen-eyed astrologers . . . / Won from the gaze of many centuries” (*Hyp.* , I, 277–80), become, in the clear vision of Keats’s maturity, the furrows and creases in the many faces of pain that he will read and know with feeling as a poet serving humanity.