

REVIEWS

The Feeling of Feeling

Nerves and Narratives: A Cultural History of Hysteria in Nineteenth-Century British Prose, by Peter Melville Logan. Berkeley: U of California P, 1997.

In the nervous body, feeling is history, and that's the problem with it. It is when the narrator recognizes feeling as history that its cultural constructedness comes into view. (209fn.)

In this throw-away footnote, Peter Melville Logan neatly conjures the weighty role played by the nervous body as his book's organising motif. Nerves and nervous conditions accounted for two thirds of all disease at the end of eighteenth century, as Logan asserts. The nervous "body" is declared to be a term for "the cultural episteme" in which the discourses, debates and texts of Logan's analysis participate (5), and "like a canary in a mine shaft" (2), it is also the gauge of the social ills and problems that can be identified from within that episteme. Logan reads nerves and the nervous system as *the* narrative of the late Georgian social body. In identifying this as a narrative organisation, he asserts an "intrinsic link" between nerves and narrative, and from this, a claim for the paradigmatic status of nervous narratives in late Georgian literature. From this, Logan works up a complexly detailed and richly historical reading of a singular cultural narrative, and a useful book; useful, in the manner that similar projects can be, as a prismatic perspective on a familiar cultural field.

Nerves and Narratives maps this cultural narrative as a chronology, beginning from a lengthy and detailed examination of Thomas Trotter's influential 1800 treatise on nerves, *A View of the Nervous Temperament*. Trotter established nerves as a late Georgian condition of "excessive sensibility," tracing its origins in aristocratic malaise and its new status, in the young, middle class of English commercial capital, as an epidemic, and a threat to national "commercial greatness and independence" (16). Logan notes that the central symptom of Trotter's diagnosis is a "selfish" and excessive narration of suffering. This is an early association of hysteria with the compulsion to speak—with hypochondria, rather than aphasia, which became a central characteristic of hysteria only later in the century. It is this association that provides the link between nerves and narrative which constitutes Logan's "narrative structure," and detailing this bodily "narrative structure" is the task of the book. But how does Logan conceive of a narrative structure? Does it mean here that the diagnostic nervous body was described and ordered by medicine and thought as narrative is? Or merely that this body was understood and elaborated only within narrative, and had no exact or determinable physiological equivalent? Logan defines the "body" as "a flexible group of narratives used by members of late Georgian culture to explain . . . physicality to themselves" (5). Do we have to demonstrate the determining and limiting power of language, as a structure, in constituting a science of illness and corporeal expression, in order to then read the ideologies and regulating social practices of that science via cultural theory and cultural texts? And why do we want to do that? What is its effect?

I find I'm ready to ask whether "the body," even delimited more specifically as "the nervous body," is allowed to pre-exist in this text and in similar forms of cultural medical history as a floating signifier of signifiers, pinned down and identified as a sign only insofar as its strangeness as a hysteric social symptom for the later twentieth century allows it to be considered as a discrete sign only of something other than itself; not elaborating if in fact that itself can be constituted. As Logan declares, "I find it impossible to distinguish, ultimately, between what a culture takes for granted about 'the body' and the body as something that is given. For that reason, this study is concerned ultimately not with *the* body but rather with the means through which a culture produces its version of *the* body as that which exists outside of culture" (7). *Nerves and Narratives* is a wealth of detail, cross-reference and critically positioned debate. Its worth as a summation of historical debates and narrativised occurrences extracted from larger debates is demonstrated in the effect of this broad brush on its reading of specific fictional detail: something that one may term the "feeling" of history. This seems the general worth of new cultural history, allowing culture to be re-layered over with history and history itself to be vulnerable to the ideological details of cultural texts.

The largest political effect of the new cultural histories of sex and medicine, including the "new hysteria studies" within which this book situates itself, can be argued to be a retrospective deconstruction of subjectivity into constitutive discourses. These studies have produced an enlivened attention to the means by which science has been used to naturalise not only gender but class and race hierarchies and, more specifically, to determine and impose the characteristics of different discursive categories as such. Reading Trotter, Logan explicitly pursues the differentiation of "bodies" via classed and gendered diagnostic logic, dividing the singular "nervous body" into multiple and unequally nervous bodies. Because bodies literally embody their social role, the first step in the proper interpretation of the ill body, itself a practice under definition for Trotter, is to place the ill body in its social context, to establish body *type*: class based notions of predilection to illness, gendered metaphors and circulating notions of savagery as a bodily condition are all re-read by Logan as the markers of a typography of nervous bodies.

Trotter's is a lapsarian narrative that "tells the basic story of the decline of the healthy and therefore male body and the rise of the sick and female body" (26). In effect, Logan's extended reading positions Trotter's 1800 work as a point from which a continuing constitution of the modern English liberal male subject, distinguished from his pathological others in medicine and culture, can develop. "The nervous system, as the site at which the sensations enter the mind and motor impulses move outward, is also the medium between the individual and the world" (27). Logan reads Trotter's narrative convincingly as a limited critique of modernity, of the burgeoning power of industrial capital and the decline of feudalism: as both "the naturalising of middle-class values and a critique of middle-class social reality" (30) and as "a criticism aimed at the heart of the ideology of eighteenth-century commerce" (35). The lack or excess of sensibility, itself becoming redefined as its later self (as feeling; as sentientness; as subjectivity), is that which becomes identifiably ill and disorderly. A distinction between a controlling will and body begins to appear, as Logan's chronology begins to expand on Trotter's ideas, as a logical method of bodily organisation.

The book then turns specifically to fiction, to the transformation of the nervous body as a social narrative in novels, and Logan outlines a developing paradox presented by the speaking position of nervous narrators. Having demonstrated an association between a nervous condition and a hypochondriac compulsion to speak, and similarly asserted the paradigmatic role of nervous disorders in late Georgian fiction, Logan investigates the problem of speaking authority presented in novels with central nervous narrators. Nervous narrators are caught within the problematic created by a reading reliance on a false authority and reasoning independence, first held up as a necessarily true perspective and subsequently undermined as nervous, hysterical and delusional by a (more) rational, later authorial voice. William Godwin's *Caleb Williams* (1794), Mary Hays's *Memoirs of Emma Courtenay* (1796), Wollstonecraft's *Mary, A Fiction* and *The Wrongs of Woman* (1798), Thomas De Quincey's *Confessions of an English Opium Eater* (1821) and Maria Edgeworth's *Harrington* (1817) are read as a shifting chronology of this nervous narrative, charting the changing relationship of nerves and narrative as a measure of the authority of fiction and the social cachet of disease. From the dangers of effeminised confession in Trotter, Logan moves his narrative through Godwin's imposition of a "naturalised" masculine reason, Hays's critique of the restriction of women's agency within nervous pathologies, to de Quincey's assertion of the transcendent power of the speaking will over the feminised material body. Edgeworth's *Harrington* goes a step further again, systematically critiquing, even curing, the nervous body and redefining the theory of nervous inscription as a popular delusion. Her cured narrator hurries himself offstage, for his cure is, in fact, to have "learned to stop talking about himself" and authority comes thus to reside in objectivity, in the choice of other objects for concern.

In the third and last section of the book, Logan reinforces his assertion of a link between the rise of the novel and the diagnosis of nervous conditions, declaring that: "only with a decline of concern about the impressionability of the nervous body could widespread social opposition to the novel finally disappear" (143). Readers had to be made safe for the consumption of fiction, and Logan's project here takes a different track, moving its attention from this chronology of middle-class narrative authority to a concurrent chronology of exclusion and management, in the new attention to working-class disease and sensibility. Another factor in the decline of concern for the vulnerability of middle-class readers is identified as the rise of concern with working-class impressionability: "The problem of extreme inscribability [by which social and emotional problems impact directly and in layers on the body and mind, occasioning nervous disorders as a result of over-stimulus] became identified, in the minds of the middle class, as the central problem of the working-class body" (144). This substantial chapter purports to be about the construction of a new, more resilient reader, as the necessary possibility for the acceptability for later Victorian sensational novels, but its more interesting work is detailing William Chadwick's 1842 *Report on the Sanitary Condition of the Labouring Population of Great Britain* as a narrative construction of working-class characteristics in a logos of middle-class concern, working well as an adjunct to Mary Poovey's earlier analysis of this report. As part of a developing body of work on the nineteenth-century discursive construction of the English-speaking working class, Logan's work is similarly not about the details of the working-class diseased body—not just because this body doesn't have a nervous disorder (or only if the absence of adequate nerves is a disorder), but because the typography of this working-class body

remains to some extent in abeyance, against an absent background of any working-class body defined as such by a working-class epistemology. Logan instead details policy documents, architectural regulation and the new regulation of cities, dwellings and domestic space, and thereby attends to a social working-class body rendered immune from the conundrums of individuality (read subjectivity) so intricately spelt out in earlier chapters.

Chadwick opposes reproduction to production (more of one leads to less of the other) in order to create a historical narrative of decline from rural, healthy, farm worker to idle, lazy, diseased, over-sexualised, over-populated urban slum dweller and Logan notes the gendered nature of this historical narrative, in a manner similar to Trotter's. Logan's discussion provokes interesting questions about the connections among excessive sensuality, inadequate sensibility and the concurrent institutional formations of working-class femininity, without attending to them explicitly, but at the same time a specific formulation of the gender issues of reproduction as a problematic in this history of hysteria is a somewhat neglected aspect of his project as a whole. Conceptual challenges to medical and social definitions of the maternal body are noticeably minimal in the discussion of Eliot's *Middlemarch* which constitutes the final chapter. Logan emphasises the importance of "penetration" as an epistemological model for new and good science (a shift that Foucault has noted in *The Order of Things*), analysing the import of the occasions on which Lydgate physically pierces the boundary of the body, the skin, in *Middlemarch*. "The shell of the body preserves its biological life by keeping the interior hidden, inaccessible and safe from the external world. In *Middlemarch*, the sentient body cannot be physically opened without destroying the life that resides inside it" (178). The maternal body, or specifically the pregnant and birthing body is distinctly full of this outside (an alien outside that somehow got in, to become an inside that must get out), and the ambiguity of the maternal body's boundaries stands as an opposite paradigm of hysterical corporeal identity neglected by most analyses of this model. Fear of the corruption of a body's integrity is unquestioned here as distinctly masculine and phallic, as it is in medicine's story of the body and indeed of the location of "life." Ultimately, I'd have liked this kind of analysis—of the distinct ways in which disease and hysterical narrative have delimited and (de)legitimated certain kinds of corporeal knowledge, certain kinds of bodies and not others—to have been more precise and more important to Logan's otherwise intensely rich review of the cultural feeling of feeling.

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***Empire Building: Orientalism and Victorian Architecture*, by Mark Crinson.
London: Routledge, 1996.**

Orientalist discourse in the literature and scholarship of the Victorian period is (since Said) routinely thought of as having had some sort of political effectivity. The image of the other whether abject, or interesting, or picturesque (something of a combination of the first two) has a well documented role in the traduction of the specific histories and cultures of colonised people. Colonialism was enacted through such representations, and