



Heart and Literature

HEART OF MYTH – HEART OF SCIENCE

Part I

Harriet Martineau's cardiac symptoms: a Victorian case history

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*This article explores the history and meanings of the heart and its diseases as aspects of the histories of science and emotion. Analyzing the twofold meanings of the heart as both bodily object and cultural symbol, it explores the reasons for the apparent conflict in meanings of the heart of science and the heart of emotion in Western medical culture since the 19th century. In **Part I**, a case study of the writer, economist, and philosopher Harriet Martineau is used to demonstrate and trace that conflict, while **Part II** highlights the manifold meanings of the heart both in the past and in the present.*

A radical transition in medical theory took place between the late 19th and early 20th centuries, as the heart was divorced by science from the status of cultural symbol and center of cognitive faculties (attributes it had been invested with since the dawn of time by most civilizations), to become a bodily organ with a mere pump function.

Through a case study of one particular woman—Harriet Martineau, a writer, economist, philosopher, and early feminist—I will explore the ways the heart in general, and the diseased heart in particular, became the site for a series of conflicts about identity, illness, and gendered sensibility in Victorian England. After considering Martineau's claims that she suffered from heart disease, a narrative of weakness and invalidity that has often been reproduced by literary historians without reference to the medical testimony, I will examine



Harriet Martineau by Richard Evans. Oil on canvas, exhibited 1834. On display in the Ladies Drawing Room at Bodelwyddan Castle. © National Portrait Gallery, London.

the response of her doctors, and consider that response against the backdrop of increased medicalization, professionalization, and objectification of cardiac medicine. I will show that Martineau's claims of heart disease

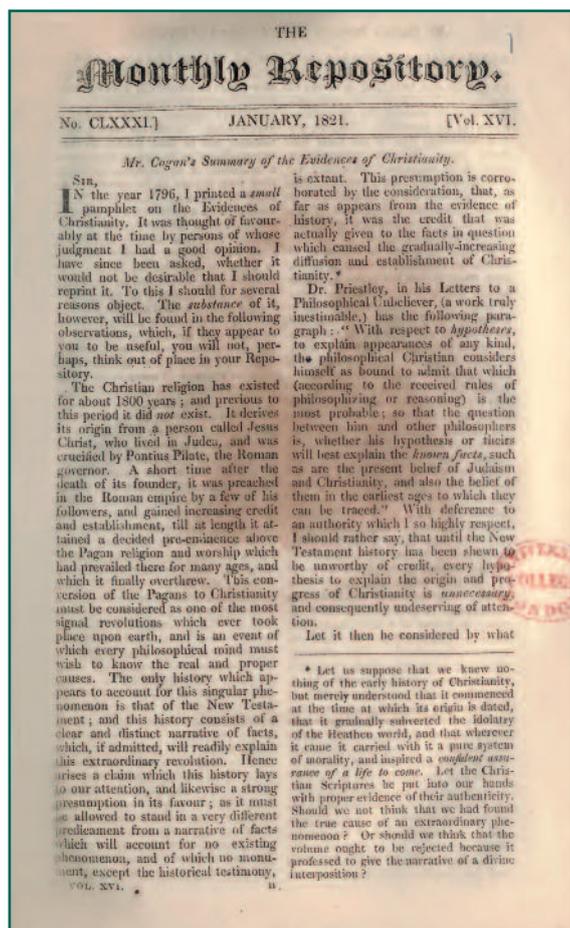
were deliberately constructed in order to avoid what was, to her, a far worse diagnosis.

HARRIET MARTINEAU: WRITER, PHILOSOPHER, AND JOURNALIST

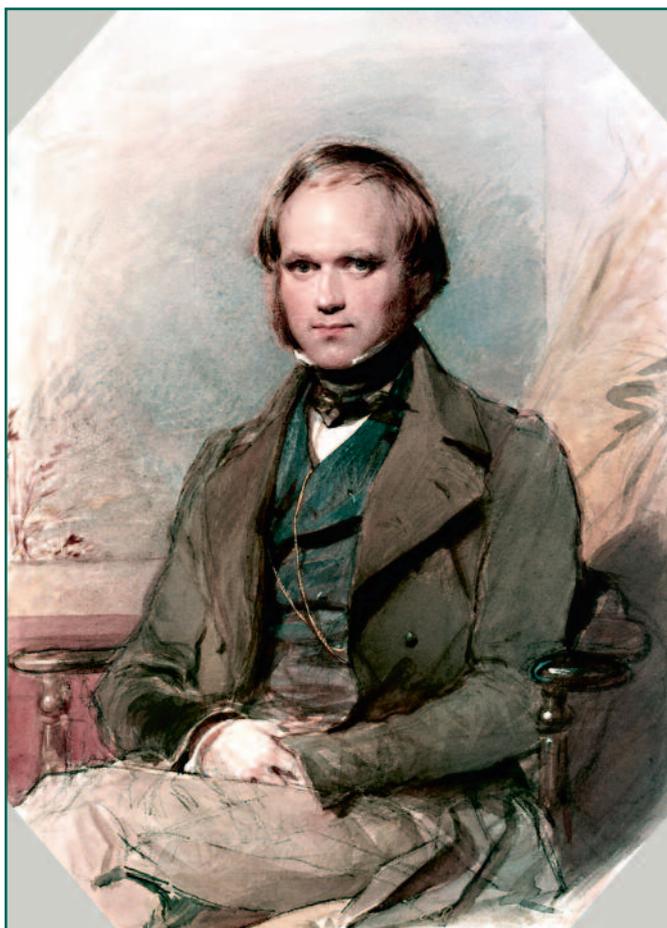
Harriet Martineau (1802-1876) was born in Norwich to a textile manufacturer of Huguenot descent. A sickly child, she suffered from anosmia and grew deaf at the age of 20. In 1821, she started writing articles for a Unitarian journal, the *Monthly Repository*. Left with very little means at the age of 24 after the death of her father, she started a career in writing, becoming a successful author and prolific journalist, writing extensively for the daily and weekly press.

After spending two years in the United States (1834-1836), she became a staunch advocate of abolitionism. After early works on religion (Unitarianism) and morals, she turned to political economy and sociological themes, both factual and in the form of novels.

Harriet Martineau's cardiac symptoms: a Victorian case history - Fay Bound Alberti



Front page of the January 1821 issue of the Monthly Repository, a Unitarian periodical published between 1806 and 1838. www.archive.org. All rights reserved.



Watercolor portrait of the young Charles Darwin by George Richmond, 1840. © PoodlesRock/Corbis.

She befriended John Stuart Mill, Thomas Malthus, George Eliot, Elizabeth Barrett Browning, Thomas Carlyle, Florence Nightingale, Charlotte Brontë, and Charles Darwin, among many others belonging to the intellectual elite of her time. She embraced philosophical atheism, feminism, and Malthusianism. An admirer of Auguste Comte, the founder of sociology and positivism (which holds that only knowledge based on experimentation is valid), she translated his *Philosophie Positive*. In 1839, her health deteriorated and she became an invalid. Recovering in 1844, she claimed that mesmerism had healed her, and published the *Letters on the Laws of Man's Social Nature*, which raised much controversy because of its agnostic content and sup-

port of mesmerism. In 1855, Martineau's health deteriorated again, a state she ascribed to heart disease. Believing she was close to death, she started working on her autobiography—though she lived on another 20 years, producing a steady stream of articles, studies, and novels.

**SELF-DIAGNOSIS:
"A HEART TOO FEEBLE
FOR ITS WORK"**

To Martineau and her circle, heart disease signified something other than weakness and invalidity. In the cultural and emotional world of the 19th-century literary elite, heart disease was a sign of immense creativity and sensitivity. While heart disease itself might

feature very differently in the imaginations of cardiac specialists and patients then, definitions of cardiac pathology also differed, depending both on the means by which the assessment was made, and on the interpretative lens being used.

In her *Autobiography*, published posthumously in 1877, Harriet Martineau complained that she had been suffering from unusual heart symptoms. She detailed how she:

Had been kept awake for some little time at night by odd sensations at the heart, followed by hurried and difficult breathing... the disturbance on lying down increased, night by night. There was a *creaking* sensation at the heart (the beating of which was no longer to be felt externally); and, after the

creak, there was an intermission, and then a throb. When this had gone on a few minutes, breathing became perturbed and difficult; and I lay till two, three, or four o'clock, struggling for breath. When this process began to spread back into the evening, and then forward into the morning, I was convinced that there was something seriously wrong.¹

The words used by Martineau sketch out rather accurately the symptoms of cardiac disease as illustrated in medical treatises of the time. In particular,

the shortness of breath, the creaking sound, the worsening at night or when lying down, all were commonplace symptoms for congestion of the heart accompanied by shortness of breath, or dyspnea. Immediately after experiencing these symptoms, Martineau began to write to her friends to tell them of her decline. She became, in her words, "convinced" that there was "something seriously wrong" with her heart, a conviction that was apparently proved correct when she received

a terminal diagnosis from Peter Mere Latham and Sir Thomas Watson, two of the country's most eminent cardiac specialists. At the age of 53, Martineau's heart had become simply "too feeble for its work."²

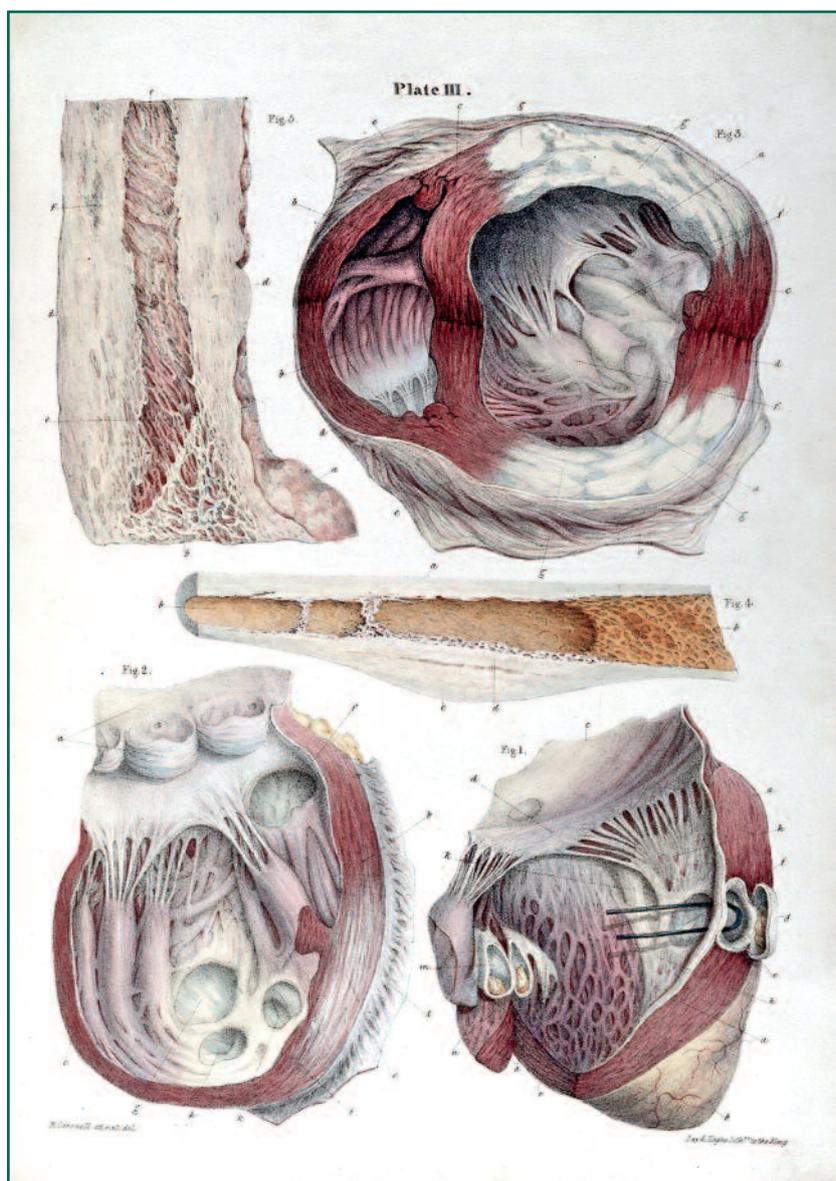
Although she lived until 1876, Martineau recorded her subsequent death in a self-penned obituary that was tagged to the *Daily News*' introduction to Martineau's *Autobiography* in 1876:

Her disease was deterioration and enlargement of the heart, the fatal character of which was discovered in January, 1855. She declined throughout that and subsequent years, and died.³

It is clear that in preparing herself, and her readers, for her death, heart disease became the logical end point of Martineau's life. Martineau suffered years of chronic ill-health, and her instructive narrative on how best to care for an invalid—entitled *Life in the Sickroom*—has become a well-read piece of Victorian self-fashioning. Yet, despite an extensive historiography on Martineau and on *Life in the Sickroom*, there has been no systematic analysis of Martineau's status as a heart disease patient, or the reasons why cardiac disease might have provided Martineau with a valid vehicle for self-fashioning.

THE CARDIOLOGISTS' DIAGNOSIS: PETER LATHAM

Situating Martineau's case in the context of contemporary medical and literary attitudes toward the heart, emotions, and disease, I would like to suggest that in self-identifying with cardiac disease, Martineau appropriated medical authority. This is a different matter from disagreeing with her physicians' diagnosis on the basis of her own "lived experience," a characteristic that historians have often associated with Martineau's varied afflictions.⁴ Martineau did not claim to



Pathological anatomy of the heart, Plate III, by Robert Carswell. Published by Longman, Orme, Brown, Green and Longman, London 1838. Wellcome Library, London.

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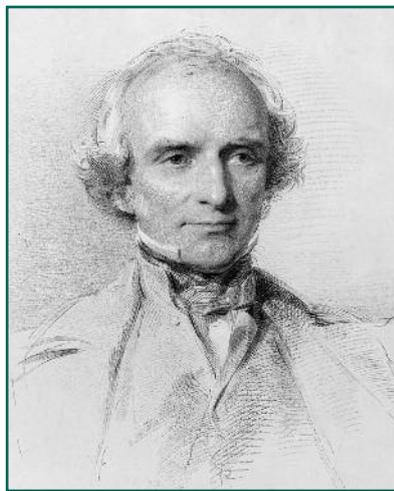
know something more than her physicians; she harnessed their authority in order to declare herself a heart disease patient. Her physicians were also the most respected authorities available. Along with Latham ("Heart Latham" as he was known), Watson was nationally recognized as a key cardiac specialist. In 1859, Watson was also appointed physician extraordinary to the Queen, and he served as President of the Royal College of Physicians from 1862. His *Lectures on the Principles and Practice of Physic* was published between 1840 and 1842, and it was the chief English textbook of medicine for the next thirty years.⁵

Peter Mere Latham was contacted by several of Martineau's literary friends when they began to experience the symptoms of cardiac disease—the propensity of which I will come back to later in this paper. Among those friends were Thomas Arnold, the educational reformer who died suddenly of angina pectoris, and his son Matthew Arnold, the poet. Those "odd sensations" about her breast became followed by periods of difficult breathing and even—when reading in the daytime—some apparently connected difficulties with her vision.⁶ When Martineau began to experience this "hurried and difficult breathing," and a "creaking" sensation of the heart," she contacted Latham, reporting to friends that she was fully prepared, even eager, to take on whatever diagnosis might emerge, recording how "that honest and excellent physician knew beforehand that I desired...to know the exact truth, and he fulfilled my wish."⁷

As was usual for the period, Martineau initially became involved with Latham through a correspondence relationship, and many of Latham's letters to Martineau survive. I can find no trace of Martineau's own letters to Latham. These may have been casualties of another aspect of Martineau's self-fashioning; in 1843, she ordered all her

correspondents to destroy her letters to them, upon pain that she would never write to them again.⁸

In his first letter to Martineau, dated 12 January 1855, Latham was evidently responding to her described symptoms of breathlessness at night and when lying down, but also to a more general account of her health and habits that she had given him. He advised that



Peter Mere Latham.

*Stipple engraving by F. Holl after G. Richmond.
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without examining her, he could not "see through her case so clearly" as he would wish, though he was happy to offer some "guide to treatment."⁹ On the basis of her letter, however, he could offer her some reassurance; Martineau's symptoms were *not* consistent with those associated with heart disease:

Whatever "the creak, the stop and the thump" may mean, he wrote, they can hardly in you mean organic disease of the heart. To walk 7 or 8 miles without inconvenience; to drink port wine with *very good* effect, and to obtain "a most comfortable day" from 12 drops of Battley's Laudanum¹⁰ are enough to almost abolish any evil suspicion I might have from symptoms immediately referable to the heart itself.¹¹

To ease Martineau's symptoms, and to learn more of her condition by seeing how it responded to treatment—

"the effect of the remedy often serv[ing] to interpret the disease"—Latham advised that she take a "very mild opiate (1/8 of a grain), in combination with ammonia." This very common aid to pain relief was recommended taken with water every six hours for the space of a week. During this time, Latham cautioned, Martineau was to ensure that she was not constipated, that she took moderate exercise, and drank a little wine.

On 18 January, less than a week later, Latham wrote again to Martineau. Her symptoms had apparently worsened since his previous correspondence. Latham was reluctant to "strike any hard blows in the dark," so instructed her to "give up altogether" the treatment that he had previously recommended: "From what your letter of today tells me of your present condition it will not be safe for me to venture further upon your treatment without seeing you." Yet Latham instructed Martineau not to visit him, advising against travel to London "in this cruel weather."¹²

Soon after her receipt of this letter, Martineau arrived in London, staying at the lodgings of John Chapman, physician and editor of the *Westminster Review*.¹³ Her rationale for this choice of lodgings was explicit: she "felt it so probable that I might die in the night" that she refused to go to the house of her "nearest friends, or of any aged or delicate hostess." At the Chapman's residence, "all possible care would be taken of me without risk to anyone."¹⁴ It was at these lodgings that Latham had first visited Martineau on the day after she arrived in London.

Martineau later described that examination to her friend, Maria Weston Chapman. Martineau had met Chapman, a prolific American abolitionist, during a visit to Boston in 1835. Chapman was requested by Martineau to conclude the final part of Martineau's

Autobiography after her death. Chapman agreed, and the result was the *Memorials*, appended to the third volume of the *Autobiography*. This contribution was explicitly influenced by the letter she received from Martineau on 24 January 1855. In it, Martineau revealed that “the first man for heart complaints” had just “made a long examination [of Martineau’s chest] by auscultation.” He “did not attempt to conceal the nature and extent of the mischief”:

From his being unable to feel the pulsation of the heart in any direction, while it is audible over a large surface, he believes that the organ is extremely feeble in structure, — “too weak for its work” — and very greatly enlarged.¹⁵

With expressed regret, therefore, Martineau informed her friend she was “mortally ill,” having suffered some months from “what now turns out to be organic disease of the heart.” The disease being increased by “the anxiety and fatigue of the autumn,” there was no knowing how much longer Martineau had to live.

THE CARDIOLOGIST'S DIAGNOSIS: THOMAS WATSON

According to Martineau’s *Autobiography*, and to at least one of Martineau’s biographers, Latham urged her to consult another physician who was then acting as his *locum*.¹⁶ One week later, on 31 January 1855, Martineau did pay a visit to the physician, Thomas Watson. Martineau reported the outcome of this meeting in her *Autobiography*. She recalled how Watson’s opinion:

Formed on examination, without prior information from Dr Latham or from me, was the same as Dr Latham’s. Indeed the case seems to be as plain as can well be. It appears that the substance of the heart is de-

teriorated, so that “it is too feeble for its work”; there is more or less dilatation, and the organ is very much enlarged.¹⁷

Even before Martineau left London, she found herself subject to “the sinking fits which are characteristic of the



Maria Weston Chapman (1806-1885) at age 40. Daguerrotype 9x7 cm. © Boston Public Library.

disease.” It was “perfectly understood by us all that the alternative lies between death at any hour in one of these sinking fits, or by dropsy, if I live for the disease to run its course.”¹⁸ Although she had been anticipating this prognosis before seeing Latham or Watson, Martineau found herself “rather surprised that it caused so little emotion in me.” She went out immediately to visit a friend, “to tell her the result of Dr Latham’s visit; and I also told a cousin who had been my friend since our school days.” While dressing for dinner, Martineau recalled, she experienced “a momentary thrill of something like painful emotion... not at all because I was going to die, but at the thought that I should never feel health

again.”¹⁹ Martineau subsequently informed her family of her impending demise, and rewrote her will.²⁰

From this time on, Martineau lived as a woman dying from organic heart disease. She took on that mantle with little trepidation, describing herself—after years of ill health—as “more than ready... even joyful in the prospect of sudden departure.”²¹ She put all “her affairs” in order “as soon as Dr Latham’s warning was given,” and was quite prepared to die.

In her contribution to Martineau’s *Autobiography*, Chapman recalled how, a year after this damning diagnosis, Martineau was still regularly, and publicly, “subjected to very severe suffering”:

The frequent recurring of suspense of the heart’s action was very alarming. Her recovery from each attack seemed at the time as doubtful as resuscitation after drowning. “Really and truly,” said her friend Lord Houghton, who was accidentally present at one of these sudden seizures, “one may use St Paul’s words, ‘she dies daily.’”²²

THE DISPUTE UNFOLDS

Martineau’s reporting of her heart disease seemed uncontroversial. And yet it does not quite sit with the available evidence. If we turn to the letters written by Latham between 1855 and 1857, the period when the physician was apparently treating Martineau for her fatal cardiac complaint, we find no mention made of any diagnosis of heart disease. Instead, Latham repeatedly recommends the use of opium, to relieve Martineau’s discomfort. The remainder of his advice concerned her experience of persistent “neuralgic” pains (which Latham believed to be a side effect of the opium, or else symptomatic of actual disease elsewhere

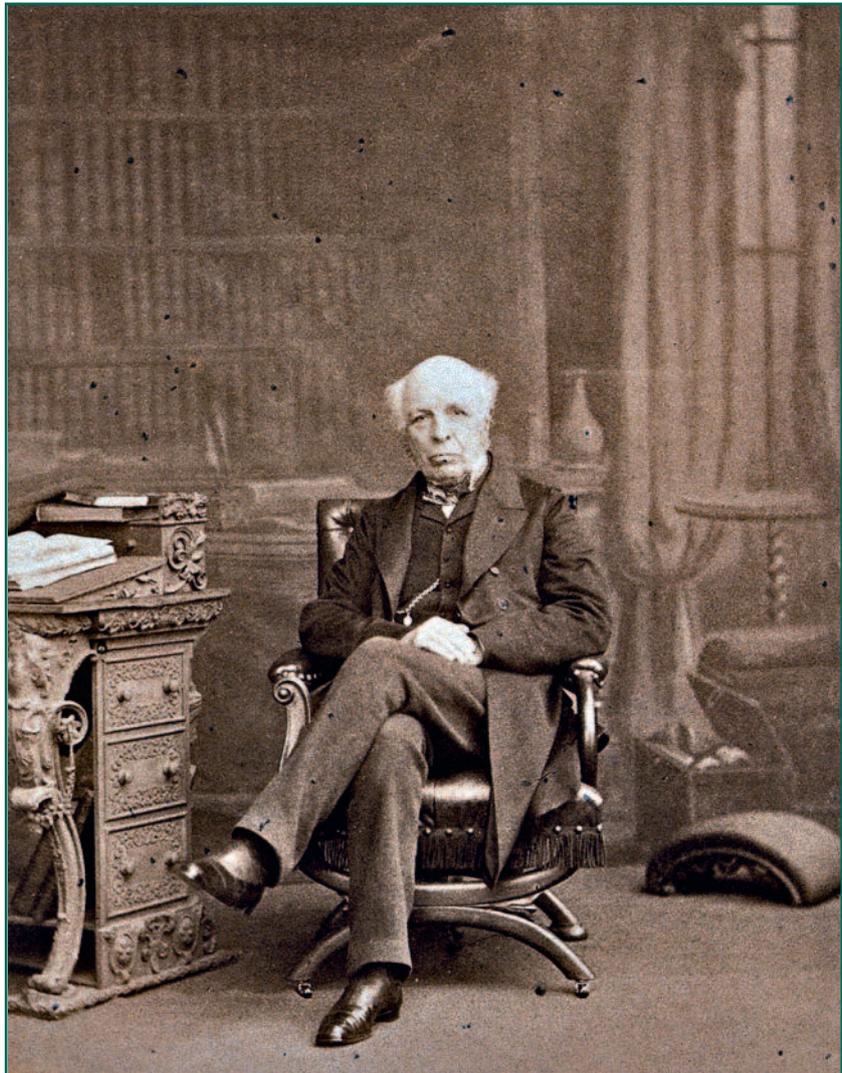


Laudanum (opium tincture), produced by Burroughs Wellcome and Company, ca 1880. © Science Museum, London.

in the body).²³ And while he makes reference in one instance to her “weak” heart, it is in the context of her age, her overall health, and an apparently related dysfunction—of which, more later.

In 19th-century medical theory, the transmission of symptoms from one part of the body to another was perfectly commonplace. In part this was a nervous characteristic meaning that symptoms could be transferred via the nerves from one site in the body to another because of the role of the brain and central nervous system. In Martineau's case, Latham believed that an abdominal tumor was to blame. When he examined her abdomen some months earlier in London he had found it “enlarged and hard,” symptomatic, he believed, of an extensive “tumor.” This seemed to have been growing so steadily that it began to fill her entire abdomen. Latham was not the only doctor to suggest Martineau had a tumor.

Martineau consulted Thomas Watson when he was working as Latham's *locum*. In her *Autobiography*, Martineau had said that Watson, like Latham,



Sir Thomas Watson. Photograph by Ernest Edwards, 1867. © Wellcome Library, London.

believed her to suffer from fatal heart disease. And yet, again, Watson's own record tells a different story. With reference to notes taken at the time of the consultation, Watson, recalled in an article to the *BMJ* after Martineau's death that Martineau had complained to him of “intermissions of the beats and subsequent boundings of the heart, felt by her very disagreeably, with flutterings and bumps.”²⁴ Under examination by auscultation, Watson found the “pulsations of the heart noisy, and audible over a large portion of the chest; but there were no murmurs attending its action, nor any other evidence of organic disease.”²⁵

According to Watson's established register of symptoms, then, Martineau's cardiac sensations were not unusual. And while Martineau told friends that Watson declared her to be suffering from an enlarged and dilated heart, one which was “too feeble for its work,”⁸ Watson denied this claim. He reportedly told Martineau that her heart was in the condition that one would expect in a 52-year-old woman. At the age of 63, he had said to her, he had “sufficient experience [himself] of these disagreeable flutterings and intermissions of the heart and pulse, lasting sometimes for days together.”²⁶ Had he believed she had any “flaws in the



Ovarian cyst: watercolor and ink drawing, by Thomas Godart, 1884 (35.9×27.6 cm).
© St Bartholomew's Hospital Archives and Museum.

mechanism of the heart" that needed "careful management," then he would have advised her, or a member of her family as a matter of urgency. Yet "in Mrs Martineau's case there was no such obvious rift, and I, therefore, affirmed to her that her life was in no immediate danger." He believed, moreover, that she would have received "a similar opinion from Dr Latham, than whom no physician at that date was more competent to form a correct judgment about affections of the heart."²⁷ Watson believed that Martineau was unwilling to receive his diagnosis, however, and his response draws attention to the tension that existed in the therapeutic encounter: the patient "plainly distrustful, or rather she disbelieved, my reassurances, looking upon them, I fancy, as well-meant and amiable attempts to soothe and tranquilize a doomed patient."²⁸

If Watson did not diagnose Martineau with heart disease, what was his opinion as to her condition? He believed her to be suffering from "a large pear-shaped indolent tumor, reaching as high as the lower part of the epigas-

trium."²⁹ Martineau's brother in law, Thomas Greenhow, had earlier reached a similar conclusion—indeed he published a very private account of her symptoms that she found humiliating. On the basis of postmortem evidence, Martineau's ovarian cyst was seen to have forced her stomach into the thoracic cavity, arching the diaphragm and impeding the action of the heart and

lungs.³⁰ So we have a medically sanctioned and mechanistic explanation for the physical symptoms experienced by Martineau. The tumor, removed from her dead body and paraded in front of medical students (one hopes not too gleefully), provided concrete evidence that the physicians got it right.

THE PUBLIC FACE OF A HUMILIATING DISEASE

In presenting the public face of her mysterious illness as heart disease, then, might Harriet Martineau have attempted to participate in its cultural cachet, to demonstrate further the emotional sensitivity exhibited through her fictional writing and in her *Autobiography*? She would certainly have been well versed in the dual rhetoric of sensitivity and cardiac dysfunction at a time when literary and medical discussions of cardiac characteristics drew from and influenced one another.³¹ On a personal level, moreover, Martineau's extensive literary and social connections connected her to several fellow sufferers *and* literary figures—one of her closest friends being Mary Arnold, Thomas Arnold's widow—for whom the experience of heart disease loomed large. Perhaps even most

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As philanthropy advisor, Fay has managed major private charities, working with funds that conserve culture and the environment and promote best scientific practice throughout the globe. To this end her special interests include Open Access, digitization, human rights, and heritage conservation.

As an academic, Fay is also an experienced fundraiser, who has secured grants in excess of £1 million. During her time as Senior Research Fellow at Queen Mary University of London, she cofounded the UK's first *Centre for the History of Emotions*. Fay's academic expertise centers on women's history, the history of emotions, the body, and the mind.

Fay's most recent publication, *Matters of the Heart*, examines the history of the heart as both cultural object and medical organ.

Fay has lectured on social and cultural history between 1500 and the present day at several UK universities. She is also regularly invited to give papers and to contribute to media debates on lifestyle, education, health, and disease in the modern world.

interestingly, this network focused on the connections between these members of the literary elite and Peter Mere Latham, the foremost cardiac specialist in Victorian culture. Along with Thomas Arnold and his son Matthew, Latham treated the writer Christina Rossetti, whose likely heart disease seems to have been historically subsumed by her diagnosis of cancer.³² Moreover, a disproportionate number of Martineau's female correspondents and literary associates *also* suffered from cardiac symptoms, including Elizabeth Barrett Browning, Elizabeth Gaskell (who died of a heart attack aged only 55), Mary Carpenter (educationalist and associate of Harriet's brother James Martineau), the suffragist and philanthropist Ann Sykes Swaine, and the playwright Mary Russell Mitford.³³

In one exchange between Barrett Browning and Martineau, Winter records, the two intellectual women debated the relationship between creativity and nervous tension; the desire to create, or to produce (and the complex feelings that that desire produced within a suffering individual), being incomprehensible to physicians. It was pointless, Martineau observed, for them to forbid "all excitement & intellectual labor, as if one could hush one's mind, as you pat your dog to sleep." And while it would be better for Barrett that her "pulses" remained "in order," disorder was often necessary for the creative process: Barrett would not recover while she was "keeping a burning and thrilling weight of poetry on [the] heart and brain."³⁴

Why, then, given the lack of status given to heart disease by the medical profession—as a sign of physical or emotional weakness, especially in women, and as a sign of neurosis, did Martineau self-identify with cardiac disease? Part of the answer lies in the even more derogatory status of gynecological disease. After all Martineau did pri-

vately acknowledge a "tumor" to be the source of her ill health. We know that Martineau described herself as humiliated by the publicization of her tumor by her brother-in-law. On a political level too, to admit publicly to a tumor would have meant that Martineau succumbed to a "female malady" at a time when women were increasingly reduced to their biology, and gynecological specialism was proving one more means by which the male medical profession dominated and excluded female (and lay) knowledge.³⁵ Consider, for instance, the statement of Sir Charles Mansfield Clarke, who examined Martineau during her illness: "For a physician to treat women with any reference to her own perception of her illness was like expecting to remove [round worms] from the anus by making application to the nostrils."³⁶

Martineau had very good reason, then, not to be enamored of the medical profession.

Part II of "Heart of Myth – Heart of Science— Exploring the symbols, fantasy, and ideology of the heart: Victorians, Romantics, and *Homo scientificus*" will appear in the next issue of *Dialogues in Cardiovascular Medicine*.

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