

**Heather Meek, “The Wonders of Medicine in Literary Education’:
Teaching Eighteenth-Century Hysteria.” *Eighteenth-Century
Fiction* 30. 3 (2018): 439-448.**

In a significant contribution to literature and science studies, Heather Meek provides a balanced, chiasmic rhetoric, asking not just what literature can do for medicine, but what medicine can do for literary studies. In her article, Meek engages with the predominant critical discussions by Joanne Trautmann and Sayantani DasGupta about the legitimacy of literature as a pedagogical tool in medicine, observing that since the field of literature and medicine emerged, a science dominant power dynamic between the subjects has prevailed. Meek positions her argument as the antithesis to this dynamic by assessing the pedagogical value of the literature of illness and medical discourse for the study of literature, arguing that students who study the evolution of hysteria as a discursive disease with no fixed definition become more sophisticated, critical thinkers. Meek demonstrates, using the example of Frances Burney’s eighteenth-century life writing, that the blurring of disciplinary boundaries wills students to complicate a range of dichotomies such as the patient/doctor and medicine/literature, and asks them to question objective truths about the century and its social hierarchies, as well as observing how nature and biology are given cultural expression in literature.

A recent re-inscription of literature and medicine as “narrative medicine” by Rita Charon has placed the focus more decidedly on reviewing the content of medical literature and the result of literary application (441). With a focus now directed towards narrative knowledge, ethics and literary theory, Meek uses Burney’s life writing relating to her mastectomy as primary material to demonstrate how the philosophy of empathy and humanism are procured. Burney’s letter moves from evidence of early medical techniques to “a patient’s expression of pain during diagnosis and treatment” (441). Moreover, the example demonstrates how analysis by narrative medicine becomes indistinguishable from the practice of a literary scholar and provides evidence for Meek’s claims early in the essay that medicine has the potential to effect positive change within the English department.

In this reader’s view, the most innovative aspect of the article is how the author exposes an assumption that interdisciplinary approaches come naturally to students of literary studies. This assumption becomes both the insight into why little has been written on the subject and the research problem. In reviewing students’ reception of medical texts and themes on eighteenth-century modules, Meek exposes the need for pedagogical intervention as students struggle to view the medical treatise as a source for literary analysis. She comments on the rigidity of literary studies, indicating that students desire “stable definitions” but require “a kind of coming into ambiguity” to negotiate the “mysterious” and uncertain condition of hysteria as protean (442). Meek also discusses how she leads her students to understand that various types of literary and cultural investigation are needed as hysteria lacked medical definition by professionals in the period and was often synonymous with other illness.

Meek claims that hysteria’s multifaceted literary and cultural expression produces more nuanced literary students and challenges pinnacle understandings of the patient and illness in Susan Sontag’s “Illness as Metaphor” (1989). Meek asserts

that a modified approach is necessary for the study of eighteenth-century texts as metaphor was the dialogue available through which to explain hysteria across genres. She also alters the perspective students have of medical literature even beyond the patient by encouraging students to consider the physician as literary. In avoiding cultural biases about the definition of “literary works,” students come to examine the subjective factors of a physician’s work and classify medical literature as organized material. Here, Meek explores the impact medical discourse has on literary understanding marked by the unfamiliarity undergraduates have with medical discourse outside conventional literary texts.

In the final section, Meek exhibits the results of her research by demonstrating how, after implementing the value of “un-learning” (447) and different structures of thinking formed by interdisciplinarity, students begin to reconsider other areas beyond the curriculum and to think fluidly about cultural icons. Similarly, by appropriately contextualizing hysteria in the eighteenth century, rather than imposing a modern bias and criticism of oppression, hysteria becomes a discourse through which to explore female intellectual culture and expressions of creativity.

Meek analyzes the responses of her students through the combination of critical approaches in sociology, education and literary studies. The product reinstates the idea that the economic viability of humanities in the modern era lies in the necessity for pedagogical interventions through interdisciplinarity. The pedagogical value of recalibrating approaches in the field of literary criticism and interdisciplinary study exists in a student’s ability to challenge the afterlife of eighteenth-century medicine and culture. Leading with literary positivity and the viability of the field of humanities, the article is both necessary in the current climate of humanities, and innovative, as it recognizes a shift in the collaborative relationship and in the effects of interdisciplinary study on students’ intellectual productivity.

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