

(c. 1776). Strangely, the editors do not mention that Smart dedicated his *Hymn to the Supreme Being, on Recovery from a dangerous Fit of Illness* (1756) to James, attributing his recovery to God's providence and James's fever powder, which was sold by his publisher John Newbery. Pratt may have remembered his friend's illness, as he emphasizes and endorses James's cure: 'thy medicine saved, & bad y^e patient rise' (228).

The volume ends with Pratt's prose writings. Pratt is at his most playful in *The Zgubbs* (c. 1782), an imaginative comic essay about 'Zgubbs', impish sprites that are responsible for itches, spills, curdled milk, misplaced sermons, and all the other mishaps of ordinary life. Pratt's digressive style springs good satirical surprises, and he even compares himself to Sterne and Jonathan Swift, casting his essay in the same tradition as 'y^e fair flowers of Tristram, and y^e shrubs of Gulliver' (271–2). Yet Pratt's 'strange and Zgubbical world' is itself a digression (298). Vyroubalová and Wood point out that Pratt defends latitudinarian principles in the last part of *The Zgubbs*, arguing against dogmatism and advocating for tolerance and 'humility in the face of the mysteries of religion' (23). The serious turn continues in *A Modest Address to Lewis*, Pratt's response to the Norwich bishop Lewis Bagot's censure of the Norfolk clergy, and his undated devotional exercises, 'Thoughts on Repentance' and 'A Prayer to be Used any Time of Day.'

Occasionally, Pratt's literary papers are weighed down with superfluous footnotes, but, in general, Vyroubalová and Wood strike the right balance between accessibility and scholarly rigour. The semi-diplomatic transcriptions usually conform to the lengthy editorial conventions, drawing attention to the idiosyncrasies of the source texts and Pratt's process of drafting and revising. Attractive colour plates, Pratt's family tree, and appendices round out the volume. Of the supplementary items, the catalogue of Pratt's library is the most fascinating. The editors transcribe an extensive list of Pratt's books, likely compiled in haste after his death, adding helpful bibliographic information for almost every entry. Besides religious reading, Pratt read broadly in classics, history, geography, and literature. He surely read regularly, as his subscription copy of Clara Reeve's *Original Poems on Several Occasions* (1769) was reported to be 'much stained & creased' (368). The catalogue perfectly complements Pratt's dramatic, poetic, and essayistic works, illuminating many of his references and influences; it also demonstrates the richness of the clergyman's intellectual and professional life.

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DOI: <https://doi.org/10.1093/res/hgad008>

ARDEN HEGELE. *Romantic Autopsy: Literary Form and Medical Reading*. Pp. viii+223. Oxford: Oxford University Press, 2021. Hardback, £60.

Awareness of disciplinary boundaries (and hostilities) may have increased during the Romantic period, but, at the same time, a shared concern with organic bodies, embodied minds and the vital core of life itself brought literature and medicine into mutually productive dialogue. Hegele aptly positions her monograph within a strand of scholarship, which seeks to discover and analyse the creative synergies that resulted. At the core of her analysis is the Romantic-era analogy between texts and bodies: the presumption that bodies could be read like texts and that texts could be read like bodies. Building upon this analogy, she argues that literature and medicine developed shared diagnostic strategies, which she terms 'protocols of diagnosis', defined as 'the interpretive strategies shared between historical methods of critical reading and techniques that Romantic-era physicians used to interpret the human body' (p. 4). Literary texts

such as novels and poems could be 'dissected' or 'diagnosed' by contemporary critics and readers, while medical texts, such as the case history and postmortem report, 'offered diagnostic interpretations by using stylistic strategies borrowed from literary precursors' (p. 4). In tracing how both Romantic-era medics and critics became 'medical close readers', looking 'for figurative and implicit significances lying beneath surface meaning' (p. 15), Hegele also provides a prehistory for the contemporary critical practice of symptomatic reading.

The book is exceptionally well organized, with each of the four main chapters dedicated to a distinctive protocol of diagnosis, which was associated with an emergent medical speciality during the Romantic period. These protocols are dissective reading (associated with anatomy), the postmortem (with pathology), free indirect style (with psychiatry) and semiological diagnostics (with semiology). One of the great strengths of the book is the provision of accessible and relatively concise summations of the historical contexts for the emergence of each of these medical specialities and their associated medical genres, and the balance maintained between these wider contexts and the detailed close readings (of both canonical and relatively obscure texts) is highly effective.

One could not possibly address 'Hermeneutic Dissection in the Lyric' (the title of chapter one), without reference to Wordsworth's famous line 'We murder to dissect' from 'The Tables Turned', published in *Lyrical Ballads* (1798). Hegele begins her argument there, noting how the line illustrates a growing tendency to equate analytical reading with anatomic dissection in the period. Two competing modes of dissective reading are identified in the chapter: an early modern mode of sentimental dissection, involving potentially 'therapeutic reconstruction', and a post-revolutionary 'radical, violent dismemberment' (p. 29). Her close reading of 'Lines Written a Few Miles above Tintern Abbey' (which makes impressive use of Foucault) identifies both. An examination of Francis Jeffrey's critical methods and Keats' poetry, reception and literary afterlife enables Hegele to conclude that these two forms 'might have coexisted for a time in an uneasy harmony, but eventually would become dislocated as incisive analysis, perhaps reflective of new practices of anatomical medicine, became the dominant critical mode in the later years of the period' (p. 61–2).

Chapter two focuses on the medical genre of the postmortem report and how the genre's brief popularity in the Romantic era (during which the postmortems of celebrities were published for popular consumption) impacted commemorative literary forms, such as the elegy. Readings of celebrity postmortems evidence how 'the Romantic postmortem sought to give readers intimate and privileged access into the embodied nature of genius and celebrity' (p. 77), and Hegele's comparison of Milton's *Lycidas* (1637) with Percy Shelley's *Adonais* (1821) illustrates how the Romantic postmortem's assumption that 'the body encodes biography' (p. 80) comes to be shared by literary elegies, which now directly read the corpse. An analysis of Tennyson's *In Memoriam* (1850) makes a case for the lasting literary influence of the postmortem even after the genre lost its popular appeal (beyond specific medical and legal contexts) following the infamous Burke and Hare trial.

Free indirect style, as a protocol for the diagnosis (and containment) of madness in both the novel and case history, is the focus of chapter three. The literary technique is shown to be particularly relevant to the mad-doctoring of the Romantic era, as a shift away from physical restraint to moral management led to more subtle methods of surveillance and control, including the regulation of speech. Building upon the archival work of Anne Digby, Hegele's research indicates that patient voices were generally mediated and even occluded entirely in the written records of Romantic-era madhouses. However, she finds that some psychiatric writers (in particular, Dr John Monro, director of Bethlem Hospital, and George Jepson, the first superintendent of the York Retreat) innovatively used free indirect style in their case histories to report, critique and contain the speech of patients. At the same time, a range of novelists were experimenting

with this representational method, and by viewing free indirect style as a dually medical and literary technique (or ‘protocol’), Hegele produces novel readings of Wollstonecraft’s *Maria, or the Wrongs of Woman* (1798) and Austen’s *Pride and Prejudice* (1813).

Chapter four reads *Frankenstein* (1818) as a parody of the Romantic case history, which leads readers to ‘attend to the case history anew—including the ways in which the medical genre does *not* operate as a stable means of analysis’ (p. 147). Building on the work of Meegan Kennedy, among others, Hegele develops a nuanced account of the Romantic-era case history, which, she argues, included a more diverse range of materials than case histories in other periods, describing it as ‘an elastic, mixed medico-literary form that blends lifewriting with the scientific report, as fragmentary first-person narratives by patients are framed by physicians’ expert commentaries’ (p. 153). In discussing how patient narratives were read by physicians, she details the nineteenth-century medical speciality of semiology, defined as ‘the study of physical signs and symptoms in the diagnosis of disease’ (p. 147), and argues that this practice extended to literary interpretation, wherein there was ‘an attempt to derive from the superficial verbal expressions of narrative the deeper, undisclosed condition of its speaker’ (p. 151). Whereas the assumption in the Romantic case history is that reliable expert paratext frames and provides semiological diagnosis of potentially unreliable patient narrative, in *Frankenstein*, Hegele argues, this juxtaposition breaks down. This chapter closes with a brief discussion of the re-emergence of semiological diagnostics in Freud’s narrative case histories, providing a neat transition to the ‘Coda’.

The ‘Coda’ artfully brings together one of the main overarching arguments of the book—that the modern critical practice of symptomatic reading has a Romantic medico-literary prehistory—and calls for new cross-disciplinary reinvigoration of the exegetical practice. How ethical insights from ‘health humanities, narrative medicine, precision medicine, and the neuroscience of creativity’ (p. 187) might inform symptomatic reading is an intriguing question and one that is aptly left as an open challenge. The scope of this challenge will ensure that scholars and students beyond period specialists will be interested in this book, but Hegele’s primary contribution is to further our understanding of the productive dialogue between literature and medicine in the Romantic period and its at times enduring impacts.

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DOI: <https://doi.org/10.1093/res/hgac088>

PORSCHA FERMANIS. *Romantic Pasts: History, Fiction and Feeling in Britain, 1790-1850*. Pp. ix+302. Edinburgh: Edinburgh University Press, 2022. Hardback, £85.

Scholars often bracket off 1790–1850 as a transitional moment for historical thought in Europe, although what exactly the period’s historical writings began, ended, or temporarily brought to the fore has been a matter of dispute. Some have shown how the boundaries of history as an intellectual field had grown porous by the start of the century, not least because of the expanding authority and popularity of novels, which were also helping move historical writing beyond its traditional political concerns and into cultural domains previously regarded as the objects of antiquarian study. But while many scholars date the emergence of historicist *thought* to the 1775–1825 period, others have characterized the era’s historical *writings* more as an amalgam of the deductive impulses of the eighteenth century’s philosophical and conjectural histories and the inductive, source-oriented archival methods that came to dominate the so-called ‘scientific history’ later in the nineteenth century. Still others have claimed that the novelty of romantic-era