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The Performance of a Social Disease: Hysteria and Melancholia in Eighteenth-Century Britain through William Hogarth's *A Rake's Progress* (c. 1732-5) and Henry Fuseli's *The Nightmare* (1781)

Kayleigh Ross

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**The Performance of a Social Disease:
Hysteria and Melancholia in Eighteenth-Century Britain through
William Hogarth's *A Rake's Progress* (c. 1732-5) and Henry Fuseli's *The Nightmare* (1781)**

An honors thesis presented to the
Department of Art and Art History,
University at Albany, State University of New York
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and
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Abstract

Throughout the eighteenth century, hysteria and melancholia were two of the most diagnosed nervous disorders in Europe. Ambiguities in diagnosis and language frame the development of hysteria as a primarily feminine disease, with its male counterpart as hypochondria or melancholia. However, medicine and society worked to inform and reflect each other, creating a visual culture of art, performance, and entertainment surrounding these nervous disorders. William Hogarth's *A Rake's Progress* (c. 1732-5) and Henry Fuseli's *The Nightmare* (1781) exemplify the fluidity between medicine and society in eighteenth-century Britain.

Keywords: *Nervous disorders, Hysteria, Melancholia, Henry Fuseli, William Hogarth, Eighteenth century*

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Nervous Disorders: Hysteria, Hypochondria, and Melancholia

The eighteenth-century marks dramatic changes to the conception of psychological disorders. Throughout the eighteenth and nineteenth centuries, female hysteria was one of the most diagnosed disorders for women.ⁱ The conception of the disease, however, relays back to antiquity with the term ‘hysteria’ originating in Ancient Greece with Hippocrates and Plato’s discussion of the wandering womb. Traditional Greek-derived biomedical teachings had represented the female reproductive anatomy as an inferior inversion of the male.ⁱⁱ For centuries the concept of spontaneous uterus movement within the female body persisted, with writings on the suffocation of the womb and melancholic furors indicating a variety of symptoms including paleness, stiffness, and cataplexy. However, the etiology of the disease was challenged at the end of the seventeenth century with greater understanding of anatomical function. Medicine and culture were abandoning the view of women as genital opposites of men to reconstruct women as radically other, with distinct anatomy and physiology.ⁱⁱⁱ

Changing theories regarding hysteria have been dependent on the scientific discoveries influencing medical thought.^{iv} Eighteenth-century medical texts began to focus on the physiological basis of disease considering scientific research on the body and the new conceptions of nerves, fibers, and spirit.^v Instead of a disease of the uterus, hysteria was transformed into a nervous disorder with the preliminary conceptions of the nervous system in the eighteenth century. While this distinction meant that all genders could be afflicted by the malady, the term “hysteria” was still utilized predominantly for female diagnosis. Even though the disease was no longer inherently female, it was still believed that women would be predisposed to the illness due to their supposed weaker nervous systems. The development of

gendered language perpetuates the notion that women had inherent hysterical inclinations and deficient physiology.^{vi}

Generally, men were believed to be more sane, more motivated by reason, and more in control of themselves emotionally than women. However, with the changing etiology of hysteria as a disease of the nervous system and not the uterus, there was ambiguity regarding the language to use for male diagnoses of the illness. Physicians were recognizing that men and women could experience symptoms associated with uterine hysteria, such as depression, mood swings, abdominal pain, and fainting. However, the source and cause of their complaints were believed to differ according to the sex of the patient.^{vii} Men with the same symptoms as the hysterical female were commonly diagnosed with melancholia or hypochondria.^{viii} Hypochondria was first an anatomical term, referencing the supposed origin of the malady in the spleen, bowels, and liver. In ancient Greece, the hypochondrium region was linked to the physiological theory of the humors to a form of melancholia.^{ix} Melancholia also has Greek origins, being the word for “black bile,” the proposed cause for symptomatic digestive symptoms.^x With common symptoms among the three nervous disorders, hysteria, melancholia, and hypochondria were used interchangeably, even despite their gendered connotations.^{xi} The ambiguous terminology of the maladies reflects the tensions within the medical community on whether they were one disease afflicting both sexes, and whether they were two different diseases with similar symptomatic presentations.^{xii}

The characterization of hypochondria and melancholia in medical treatises in the early modern period begins with Robert Burton’s *Anatomy of Melancholy* from 1621, which described the ‘hypocondries’ as one of the anatomical positions of melancholy causing mental and physical symptoms, including stomach pain, flatulence, cold sweats, tinnitus, vertigo, fear, sorrow, and

delusions. Burton's theory regards the humors, and how psychological effects could be caused from excess black bile and a disorder of the hypochondria.^{xiii} In 1683, Thomas Willis replaced Burton's humoral physiology with descriptions of the brain and nerves in *Two Discourses Concerning the Soul of Brutes Which is that Vital and Sensitive of Man*, but it was during the eighteenth century with the developing medical theories that these writings proliferated.^{xiv}

Despite increased interest in anatomy and scientific understanding, the eighteenth century presented tensions between old and new theories regarding mental illnesses. Despite the integration of framing these diseases within a scientific and medical understanding, the prior explanations of humor theory and conceptions of the demonological or witchcraft vision of women's mental illness persisted.^{xv} More so, the confusion of ideas, theory, and medical practice during the late-seventeenth and eighteenth centuries coincided with the end of witch hunts, which often involved women who displayed hysteric-like behavior or other signs of mental disturbance.^{xvi} Even with hysteria increasingly classified as a neurosis, Johnson's Dictionary from 1755 defines hysteria as linked to disorders of the womb, despite Willis's determination of the disorder as one of the brain almost a century earlier. In the eighteenth century, physicians proliferated conflicting theories, with Richard Blackmore's *Treatise of the Spleen and vapours; Or Hypochondriacal and Hysterical Affections* from 1725 describing hysteria and hypochondria as the same malady, but also maintained hysteria's relation to females and hypochondria's association with males, even though the diagnosis could pertain to either gender.^{xvii}

Hysteria is indeed described in the *Encyclopédie* as one of the most complicated diseases, with hysteria being notoriously difficult to define in eighteenth-century Britain.^{xviii} Even with the broader paradigmatic shift from a uterine to nervous model highlighting the changes in medicine

within the eighteenth century, geographic and cultural differences inform an ambiguity to the diagnosis of hysteria. In 1748, French physician Joseph Raulin described hysteria as an *affection vaporeuse*, an illness spread through air pollution in large urban areas. While Raulin noted that both men and women could contract hysteria, women were more predisposed because of their lazy and irritable nature.^{xix} From 1770-1773 another French physician, François Boissier de Sauvages de Lacroix, published *Nosologia Methodica*, describing hysteria as a form of emotional instability. His treatise outlined symptoms of a swollen abdomen, chest pain, delirium, abundant and clear urine, yawning, tears, and laughter. Similarly, Boissier de Sauvages de Lacroix believed that hysteria primarily affected women, with men only rarely becoming hysterical. According to him, sexual deprivation was often the cause of female hysteria.^{xx}

In Germany, however, the physician Franz Anton Mesmer became famous for his method of treating hysteria through mesmerism. Mesmer believed that living beings were influenced by magnetism, an invisible current or body fluid that ran through animals and humans, and whose imbalances could lead to health problems. Therefore, magnetic action of the hands could cure humans of various illnesses by interacting with the fluid within the body.^{xxi} Manipulated and channeled from one person to another, mesmerism became the foundation and pre-cursor to hypnotherapy. His methods were known internationally, with Mesmer practicing his theory with demonstrations in Vienna (1768-1778) and in Paris (1778-1784) by constructing a *baquet* where magnetized fluids were dispensed to patients through pipes and ropes.^{xxii}

Psychiatry as a profession began to develop in Britain, with physicians specializing in the treatment of mental disorders. Importantly, England's high suicide rates and perceived melancholia crisis in the eighteenth-century spurred physicians into action.^{xxiii} In 1733, George Cheyne, one of the most popular physicians of the time, described how urbanization and rising

living standards were weakening people's constitutions and making them vulnerable to depression and nervous disorders in *The English Malady*. Famously, Cheyne claimed that nearly one third of the English upper-class suffered from the nervous disorder he coined the "English Malady".^{xxiv} While the term is obscure, it is believed that when the symptoms afflicted a female it was diagnosed as hysteria, whereas the diagnosis of hypochondria was preferred for males. Like other practitioners' theories, while the malady could affect all genders, the perceived fragility of the female nervous system made them predisposed to hysteria.^{xxv}

The nervous disorder brought together physical, psychological, and fashionable aspects of upper-class society in Britain with Cheyne's interpretation of class-based hysteria. Cheyne believed that the climate, food, inactivity, and luxury living of Britain contributed to many of the upper-class suffering from hysteria.^{xxvi} More so, fainting or swooning, tell-tale symptoms of the disorder, became a fashionable way for women to behave. Likewise, it became fashionable among the upper class to be diagnosed with a nervous disorder. However, this idea generates itself within a realm of privilege and power.^{xxvii} If it was fashionable to behave like the mentally ill, then it was those from the lower classes who were institutionalized and demeaned for those very same behaviors. It remains that the diagnosis of mental illness was a mode of social control, operating as a system of power. Madness, constructed with social implications of normative gender and sexuality, can be used to control individuals' behavior when those that transgress normative borders are labeled as mad. Hysteria becomes a key diagnosis in demonstrating the fluidity between medicine and society in the eighteenth century. By making 'neurosis' acceptable, even fashionable, Cheyne's book assumed a considerably wide significance during the Enlightenment as one of the best well known and most influential books of the Georgian age.

^{xxviii} Indeed, for a publication printed in 1733, by 1735 there were already six editions of the medical treatise.^{xxix}

Simultaneous to the medical designations, hysteria became a fluid term that had different meanings at different points in history. In the eighteenth century, hysteria increased in complexity until almost becoming a kind of ambiguity. Hysteria was not only a medical disorder, but also a social construction defined by laypeople as much as medical professionals. The malady appeared in all genres of literature: essays, novels, periodicals, and poems. Thomas Willis's investigation in the seventeenth century of the brain and nerves on melancholia informed the prominence of sensibility in the fictional literature of the 18th century.^{xxx} In this way, medical writing contextualizes literary figures and the expression of melancholia and hysteria.^{xxxi} Poets and authors engaged with common medical knowledge, embracing and reworking accepted theories of medical practice. The fluidity of eighteenth-century medical culture permeated into an open, intellectual culture, with diagnoses of madness inextricably entwined with social and cultural beliefs.^{xxxii}

Encapsulating the ambiguity of hysteria's conception are the language and vocabulary used to describe the disorder. Melancholy, madness, hysteria, hypochondria, dementia, spleen, vapors, and nerves were all definitions that overlapped with one another.^{xxxiii} The English poet Anne Finch, Countess of Winchelsea, (1661-1720) turned this confusion about the status of hysteria to her advantage in *The Spleen: A Pindarique Ode by a Lady* (1709).^{xxxiv} The poem explores different aspects of hysteria with melancholy, hypochondria, vapors, and nerves. Finch reinforces the lingering medical view that female hysteria was based on a woman's inherent bodily weakness, with vapors rising to the brain when women's already-excitabile passions

became overheated resulting in hysterical symptoms. As Finch's poetry reveals, understandings of mental illness were not limited to the medical profession.

Art in eighteenth-century Britain becomes informed by this cultural discourse and view of nervous disorders with the medical-social conception of hysteria and melancholia. Moreover, artists such as English William Hogarth (1697-1764) and Swiss Henry Fuseli (1741-1825) present narratives and the body informed by early modern discourse. Hogarth's *A Rake's Progress* (c. 1732-5) demonstrates how melancholia became absorbed into popular culture with the fashionability for wealthy young men with the narrative of Tom Rakewell. Physicians Robert Burton and George Cheyne associated melancholia with those that live idly or at ease, as well as the moral implications of the disorder. Hogarth's archetypal Rake theatrically performs madness, reflecting the contemporary performative and visual culture of insanity as entertainment with Bedlam, referencing archetypes of madness with Caius Gabriel Cibber's statuary. Fuseli's *The Nightmare* (1781, 1790-91) reflects conflicting theories of hysteria regarding witchcraft and demonology and the medical sphere, as well as the sexual implications of hysteria, performative body, and theatricality of poses.

William Hogarth *A Rake's Progress* (c.1732-5)

William Hogarth (1697-1764) was an English painter and engraver, who gained fame in 1731 with a series of six pictures called *A Harlot's Progress*. This would be the first of his "modern moral subjects," with the series *A Rake's Progress* (1732-34, 1735) and *Marriage-a-la-Mode* (1745) following.^{xxxv} *A Rake's Progress* is a series of eight satirical oil paintings produced between 1732-4.^{xxxvi} Hogarth employed the distinguished French engraver Louis Gerard Scotin

to translate the eight paintings into prints, which were sold by subscription as a series in 1735.^{xxxvii}

The series tells the story of Tom Rakewell, also referred to in academic discourse as ‘the rake.’ He inherits a fortune from his father’s death and wastes it on an extravagant lifestyle, ultimately leading to his downfall. Hogarth’s series depicts Rakewell spurning his fiancée upon inheriting his fortune and leaves Oxford for London to indulge on fancy clothing, prostitutes, and gambling.^{xxxviii} Hogarth responds to humanity’s weaknesses and vices through satire.^{xxxix}

Hogarth’s narratives utilize embodiments of codes and signs to create a sense of indeterminacy rather than a fixed meaning. The figures conflate natural body movements, like walking, dancing, and gesturing, with artificial theatrics and poses referencing historical painting and sculpture.^{xl}

Sensibility and Deviancy



Figure 1: William Hogarth, *A Rake's Progress*, plate 2, "Surrounded by Artists and Professors," 1735, engraving on paper, 35.5 x 31 cm

(Source: khanacademy.org)

During the seventeenth and eighteenth centuries the medical theory and philosophy of the associations between melancholia and sensitivity, intelligence, and wealth became part of the popular knowledge.^{xli} The concept of sensibility grew in literature and medical writing, described as an opposition to the seemingly masculine commercial world and practical activity.^{xlii} As such, the categorization of mental illness applied to anyone, not just women, particularly those that operated outside of the social norm.^{xliii} Therefore, those transgressing societal norms were in danger of being determined as degenerate. Degeneration was thought to manifest in many forms, including hysteria, hypochondria, and melancholia. In this way, marginalized, degenerate figures such as prostitutes, alcoholics, homosexuals, and anarchists were often associated with a nervous disorder.^{xliv}

Within the scheme of degeneracy and madness, Hogarth's *A Rake's Progress* represents and shapes alternative modes of masculinity in the rake's descent into madness.^{xlv} The rake, a cultural stereotype of the early eighteenth century, was someone who dismissed the values of rural and academic life for the lifestyle of occupying the streets, brothels, and taverns of London. Tom's identity has been compared with other kinds of deviant masculinity being articulated in the period.^{xlvi} The eighteenth century in London saw a rise of male homosexual subculture with homosexual expression through clothes and gesture, creating a relationship between homosexuality and visual representation. While not depicting or referencing homosexual figures in his paintings or prints, Hogarth's work is aligned with the satirical possibilities of an effeminate male figure.^{xlvii} Tom is portrayed as an ineffectual, effeminate, and fragile creature of fashion and flattery, his figure pictorially aligned with those of his dancing master, as seen in the second image of the series (Figure 1). The print depicts Tom, surrounded by servants and lackeys within his new London Town house.^{xlviii} Central among figures is the French dancing master, in

the central foreground, closer to the foreground even than the rake to the right. The dance instructor is further showcased by his bow and violin, emphasized by the outstretched sword of the fencing master, and the riding crop of the jockey. Even the staff held by Paris in the central painting on the background wall seems to direct the viewer's attention to the dancing master. It is interesting that in a predominantly male space of the rake's levee, the character most explicitly associated with effeminacy is prominently featured.^{xlix} Importantly, Hogarth's representation of effeminacy does not resolve into a sense of determinate sexual identity, yet the satirical tone of effeminacy affects the depictions of the dancing instructor and the rake.¹ Moreover, those falling outside of societal gender norms were considered as a form of deviancy, which often translated to diagnostic nervous disorders for social control.

A Rake's Progress and Cheyne's "English Malady"

George Cheyne was an eighteenth-century British physician who wrote *The English Malady: or a Treatise of Nervous Diseases of all Kinds, as Spleen, Vapours, Lowness of Spirits, Hypochondriacal, and Hysterical Distempers, & c* in 1733. Notably, Cheyne was one of the first physicians to call hysteria and melancholia a "nervous illness," linking them, instead of to vapors or spirits, to functions in the brain and motor system instead of vapors or spirits, which were being discovered through dissections and Enlightenment enquiry.^{li} Specifically, Cheyne does not differentiate the melancholy experiences of men and women and addresses his advice to both genders.

Melancholia was a European phenomenon, with Robert Burton's *The Anatomy of Melancholy* (1621) citing German, French and Italian sources in his distinction of an epidemic, claiming that the whole Continent was afflicted.^{lii} Nevertheless, there was a consensus that

melancholia in England had become an especially prevalent disease.^{liii} In the preface of his medical text, Cheyne explains the reasons why melancholy is considered a specifically “English Malady,” including the moisture of the air, variable weather, richness of food, as well as the unhealthy urbanizing towns. He also mentions the wealth, abundance, and inactivity of the upper classes, defining melancholy, hypochondria, and hysteria as symptoms of privilege. According to Cheyne, melancholy is a greater problem amongst the idle rich and among the intelligent. Cheyne, therefore, grounds nervous disorders as being prevalent to not only the geographic context of Britain, but also among upper-class intellectuals.

Hogarth drew both on the medical and paramedical knowledge of his day and on traditional forms of verbal and visual representations, but also on sign language and theatrical gestures. Males who became known as hypochondriacal in the eighteenth century were well-studied and removed themselves from the determinately masculine values of trade, ambition, and business. Seemingly characterized as lazy, the hypochondriac failed to become involved with business, trade, and resolve.^{liv} It is in this way that Hogarth presents alternative modes of masculinity with Tom Rakewell, while also being the very reason Tom becomes mad. Tom does not operate within a business or economic realm, instead living a lavish lifestyle and squandering his inheritance. The visual conception of upper-class masculinity and gentility is ultimately challenged by the morbid and devastated maleness of Tom’s contorted, undressed body in Bedlam within the final plate of the series (Figure 4).

George Cheyne specifically describes melancholia as arising from moral failure and excessive behavior.^{lv} Cheyne thus roots morality within the body, with the ability of exhibiting explicit evidence of virtuous or sinful beings. This is reflected in Hogarth’s series with Tom Rakewell coming into money and losing it through supporting an immoral ‘rakish’ lifestyle.

Notably, the series opens with Tom's father, who was a rich merchant, having died and Tom has returned from Oxford University to collect and spend his late father's wealth. Tom is educated and has come into money, two key agents of Cheyne's medical theory.



Figure 2: William Hogarth, *A Rake's Progress*, plate 3, "The Tavern Scene," 1735, engraving on paper, 35.5 x 31 cm

(Source: Khanacademy.org).

Tom's fashionable life comes with fashionable vices and soon he is depicted in the Rose Tavern, a notorious place in London's red-light district, with a group of prostitutes (Figure 2). He sits on the lap of one prostitute who caresses him, while she helps another female rob him of his watch. The fact that Tom is depicted unaware and in the process of being robbed defines the figure of the rake as someone who is extravagant and foolish, a negative exemplar of masculine irresponsibility and excess.^{lvi} Tom Rakewell can be read as a character who serves not only as a warning against rakishness, but who also represents the public's worst fears about sexual degeneracy and the debased morality of weak-willed men, one of the very foundations of Cheyne's theory of melancholia.

Moreover, beauty spots serve as an important code, with numerous figures in Hogarth's work displaying black spots on their skin. Beauty spots function in different ways, as birthmarks or moles, but in the context of satire on classical myths and travesties of high art it seems more logical to read Hogarth's spots as beauty patches, and perhaps even as patches hiding skin lesions relating to disease. In seventeenth-century Europe, the beauty patches first emerged as a means of covering moles, birthmarks, or pimples. However, in the eighteenth century they became fashionable, even with men, partly because their black color would enhance the whiteness of the skin and serve to highlight the parts of the face or body where they were placed.^{lvii} This aesthetic concerning portraying 'whiteness' not only reflects developing racial categorization and supposed social hierarchy, but also the desire to create a contemporary aesthetic referencing visions of the past with ancient marble statuary. Despite being cosmetic aids, beauty spots may also be symbolic of disease, particularly venereal diseases like syphilis which was prevalent in London in the eighteenth century.^{lviii} In this way, the beauty spots serve to signify and allude to what is not there or visible, but a code that would have been known to the audience of Hogarth's works. Indeed, the faces of the women surrounding Tom Rakewell on the left of the tavern scene are marked by spots, reinforcing themes of disease, immorality, and corruption. The beauty marks symbolize an ambiguous code that refers to makeup and seduction as much as it does to venereal disease and consequentially death.^{lix}

Importantly, if the black spot can be read as visual evidence of infection, the rake's sexual transgressions at the Rose Tavern can be directly connected to his inevitable confinement to Bedlam in the last plate of the series. Ultimately, it can be concluded that Tom's madness reflects his transgression and punishment for engaging in immoral behavior.^{lx} Hogarth's bodies

are signs of physical and moral health and productivity as well as sites of disease and decay reflecting moral or societal corruption.^{lxi}



Figure 3: William Hogarth, *A Rake's Progress*, plate 6, "The Gaming House," 1735, engraving on paper, 35.5 x 31 cm

(Source: Khanacademy.org).

The sixth plate of *A Rake's Progress*, titled *The Gaming House*, illustrates Tom squandering his newly acquired money through gambling, after having just married a wealthy old maid (Figure 3). Having lost all his wife's fortune, Tom is wigless and frantic, echoing representations of madness and melancholia. A dog barks at him, visible in the left foreground, implying that the animal has recognized an altered state within Tom.

***The Madhouse* and Depictions of Melancholia**



Figure 4: William Hogarth, *A Rake's Progress*, plate 8, "The Madhouse," 1735, engraving on paper, 35.5 x 31 cm

(Source: Khanacademy.org).

The final plate in the series, *The Madhouse*, is set in Bethlehem Royal Hospital, notoriously referred to as Bedlam, an institution for London's insane and poor (Figure 4). The scene depicts the interior of the hospital building which was designed by Robert Hooke with reclining statues by Caius Gabriel Cibber framing its entrance on the portico (Figures 6 and 7).^{lxii} Within the scene, Tom Rakewell is lying in the foreground, almost stripped of all his clothing and thus his social pretensions.



Figure 5: The figures of “Raving Melancholy and Madness” crowning the gates of Bethlem Hospital, Engraving by C. Grignion after C. Cibber, 1784.

(Source: <https://wellcomecollection.org/works/xtfbv4un>)



Figure 6: Figures of “Raving and Melancholy Madness,” detail of Melancholy Madness, sculpted by Caius Gabriel Cibber, 1676, displayed on Bethlem’s gates from 1678 to 1815.

(Source: <https://artuk.org/discover/artworks/raving-madness-265092>)



Figure 7: Figures of “Raving and Melancholy Madness,” detail of Raving Madness, sculpted by Caius Gabriel Cibber, 1676 displayed on Bethlem’s gates from 1678 to 1815.

(Source: <https://artuk.org/discover/artworks/raving-madness-265092>)



Figure 8: William Hogarth, *A Rake's Progress*, 8, "The Madhouse," 1732-34, oil on canvas, 62.5 cm x 75 cm, Sir John Soane's Museum.

(Source: https://commons.wikimedia.org/wiki/File:William_Hogarth_019.jpg)



Figure 9: Detail from William Hogarth, *A Rake's Progress*, plate 8, "The Madhouse," 1735, engraving on paper, 35.5 x 31 cm.

(Source: Khanacademy.org)

Interestingly, Hogarth or Scotin altered the posing of Tom between his paintings and engravings of the series (Figures 8 and 9). Nonetheless, the figures of Tom Rakewell constitute a parodic allusion to Caius Gabriel Cibber's life-size statues of *Melancholy and Raving Madness* (1676), which at that time were over the portal of Bedlam. These statues were well known landmarks in eighteenth-century London, and to Hogarth's contemporaries, the two figures were recognizable as visual representations of common diagnoses of mental illness at the time, with

prints of the figures disseminated as well (Figure 5). Moreover, Tom's pose, lying prostrate with chains at his ankles in the engraving and ankles and wrist in the painting, display the interrelation between aesthetics and the imitation of statuary and art in the eighteenth century. In the painting, as in Cibber's *Melancholy Madness* Tom's facial expression is calm and almost thoughtful, while his body emulates *Raving Madness*'s almost triangular, geometric pose of the bent leg farthest from the viewer. Within the engraving, Tom's expressive facial expression seems contorted in agony, reflecting Cibber's *Raving Madness*, while his pose seems to be informed by the parallel bent legs of *Melancholy Madness*. By ending *A Rake's Progress* with a reference to the allegorical figures of monumental public art, Hogarth encourages the viewer to read Tom as a vehicle of allegory for the rake.^{lxiii}

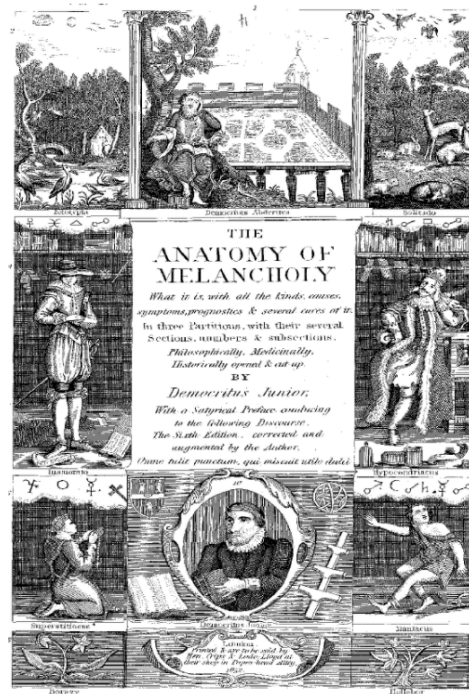


Figure 10: *The Anatomy of Melancholy* frontispiece, Robert Burton, sixth edition 1652.

(Source: <https://www.gutenberg.org/files/10800/10800-h/10800-h.htm>)

In addition to referencing iconic visual representations of madness of the period through statuary, Hogarth also borrows poses and visualizations from medical texts; Hogarth was engaging with well-established pictorial conventions. The third edition of Robert Burton's *The Anatomy of Melancholy* (1628) included a frontispiece, depicting melancholic poses (Figure 10).^{lxiv} Art historian Mark Hallett has suggested that the final four plates of Hogarth's series mirror the figures of Robert Burton's medical text, successively standing, kneeling, sitting, and sprawling across the floor. Indeed, Tom in *The Madhouse*, print and painting, aligns with the figure on the lower right of Burton's frontispiece: half-naked and chained. As such, Hogarth reworks a pictorial vocabulary of imprisonment, melancholy, and madness in British art and visual culture within his series.^{lxv}

Religious Morality

From the sixteenth and seventeenth centuries, into the eighteenth, mental disorders were not separated from religious theory. Indeed, evangelical therapies were even proposed as remedies for melancholia due to spiritual suffering or heightened spiritual sensitivity. Moreover, some writers related melancholia and hysteria to weakness of character and sinfulness. While largely eighteenth-century medical discourse defined nervous disorders as reflecting social morality and polite sociability, religious melancholia reflected religious values and threats of spiritual damnation.^{lxvi} Secular and religious attitudes blend, with even George Cheyne's *The English Malady* (1733) dictating the state of the body as a reflection of the state of the soul.^{lxvii}

Notably, the composition of figures in *The Madhouse* resembles Christian iconography (Figure 9). In the foreground, on the left of the engraved plate, Tom Rakewell is in shackles, lying on the floor. Despite his having seduced and abandoned Sarah Young in the series, she

kneels beside Tom, ever loyal. A male keeper on the other side of Tom either applies shackles or is removing them, with a standing figure above the three, possibly a physician, steward, or cleric, perhaps summoned as Tom nears death. The four figures create a pyramid, resembling the composition of a *Lamentation of the Dead Christ (Pietà)*, with Sarah in the position of the Virgin Mary and thus Tom as Christ.^{lxviii} If this was intended by Hogarth, it is undoubtedly satirical to compare the rakish Tom with the sinless Jesus Christ.

Hogarth, however, subverts the artistic tradition of the *pietà*, with a dark patch on Tom's ribs referencing Christ's wound as well as the code of black marks in the eighteenth century. Importantly, the placement of the black mark is in the hypochondrium region, the proposed anatomical origin of melancholia and hypochondria. Tom is far from sinless, with the black spot additionally signifying the extreme and immoral behavior of the upper and lower classes, with madness as a reflection of this behavior.^{lxix} However, perhaps in referencing Tom to a Christ-figure, one can evaluate Tom Rakewell as ultimately being a victim playing a role. Tom became infatuated with a lifestyle that did not suit him, he sought to take on aristocratic bearings, squandered his fortune, and betrayed his lover. His demise is the fatal pretense to the consequence of uncontrolled self-indulgence.^{lxx}

Performance and the Spectacle



Figure 11: Detail from William Hogarth, *A Rake's Progress*, plate 8, "The Madhouse," 1735, engraving on paper, 35.5 x 31 cm.

(Source: Khanacademy.org)

As introduced, Hogarth culminates the iconography of the insane, portraying a scene at the Bedlam Mental Asylum in *The Madhouse*. However, the image reflects and is largely informed by performative culture of the time. An inmate plays the violin, in the act of performing for his companions and the audience of women visiting the asylum for entertainment (Figure 11). Music, nonetheless, has a long history of being linked to representations of madness, as does the performative spectacle of illness.

Music has a historically complex and conflicting association with mental illness. Where music and dance were often associated and used as a performative vehicle for representing insanity, the inferred music of the violin player on the right of the engraved composition contributes to the chaos of Hogarth's scene. Indeed, physicians of the late eighteenth-century argued that excessive music, or the wrong kind of music, could over-stimulate a vulnerable

nervous system, leading to illness, hysteria, hypnosis, infertility, nymphomania, madness, immorality, and even death.^{lxxi} However, rather inversely, music was also used as a healing therapy by Greek and Roman doctors in antiquity.^{lxxii} As proposed originally by Plato, the body was perceived as being held together, or tuned, by four humors, like a stringed instrument, and thus music was praised as a means for bringing the body and soul into mutual harmony.

Music was even understood as a cure for hysteria in the medical community with Robert Burton's *Anatomy of Melancholy* (1621) outlining recommendations like music therapy in the treatment of melancholia. Indeed, Richard Brown's *Medicina Musica, or A Mechanical Essay on the Effects of Singing, Musick, and Dancing on Human Bodies* (1674), to which is annexed *A New Essay on the Nature and Cure of the Spleen and Vapours*, also outlined music and dancing to be reliable cures for the nervous disorder. By 1800, there were over six hundred medical treatises about the curative ability of music.^{lxxiii} Moreover, developing Enlightenment concepts of automatic response and conditioned reflex have been the basis for the vulnerability to external stimuli such as music. Indeed, by 1800, the combination of the development of Anton Mesmer's theory of Mesmerism and aesthetics of music created a discourse that portrayed musical mesmeric trances as a threat to the self and self-control. Music was seen as a potential threat to a person that was susceptible to external stimuli, perhaps through a weakened nervous system, and therefore as a danger to the self-control that was the basis of sanity and order of society.^{lxxiv} Ultimately, the use of music in medicine could affect the body either positively or negatively, depending on the illness being treated and type of music performed.^{lxxv}

Hogarth moralized eighteenth-century British culture, with his prints and series narrating the sins of contemporary London through a two-dimensional theatre. Hogarth told a story through pictures, with *A Rake's Progress* acting as a story board for a play, marking moments of

movement and action with theatrical poses.^{lxxvi} Hogarth explains his aesthetic theory in *The Analysis of Beauty* (1753) with examples from dancing, ballet, pantomime, and stage-action, thus introducing the analysis of his engravings through elements and signs of these performative art mediums.^{lxxvii} In fact, emblematic of the interweaving of the cultural narrative of performance in eighteenth century Britain, Hogarth's modern moral subject series were adapted into plays and pantomimes during the artist's lifetime.^{lxxviii}

Hogarth's satirical view of the members of Bedlam not only captures the tropes of the insane that populated the representations and literature of the times, but also informs contemporary spectatorship itself. The inclusion of the two women in *The Madhouse* highlights institutional viewership as entertainment, representing the popular pastime of visiting the asylum (Figure 11). The print suggests the interior of the hospital, with the galleries as rooms for non-violent patients, whereas violent patients were locked away in cells.^{lxxix} Bedlam was a tourist attraction where a paying visitor could see the galleries of the insane, offering spectacle and curiosity, as well as cautionary and moral lessons.^{lxxx} The insane were reduced to a spectacle for the consumption of others, particularly those with the means to pay for such an activity, reinforcing the social implications of nervous disorders diagnoses within medical realms.

Moreover, music was a social accomplishment associated with the upper classes in the early modern era.^{lxxxii} With this context, the portrayal of the patient with the violin plays into the performative culture of Bedlam, seemingly performing for the aristocratic women visiting the institution as well as the other inmates as his audience. With the inmate playing the instrument, mimicking aristocratic behavior, connotations of class and social achievement are subverted. Pertaining to Tom himself was determined to mimic the lifestyle of an aristocrat in the earlier plates of the series, but ultimately becomes the aristocracy's entertainment in bedlam. Tom

Rakewell is not able to live up to society's expectations for upper-class male performance, and his punishment for not being able to perform this practical and business-minded masculinity is madness.^{lxxxii} The theatrical poses and gestures of the figures allude to the societal prejudices and stereotypes of the era, with Hogarth confessing in his autobiographical notes that he endeavored to treat his subjects as a dramatic writer.^{lxxxiii}

Importantly, while the male gaze predominantly informed sexual notions of feminine hysteria, as in Fuseli's *The Nightmare*, Hogarth offers a female gaze on the melancholic male body. Among traditional early modern stereotypes of madness, the spectacle of external signals of mental illness included an aggressive and combative madman and the sexually provocative madwoman. Through stereotypical theatricality, the customary dishevelment and depictions of semi-nudity characterize the madman as uncivilized, whereas the madwoman's body is implicated as a site for sexual display, informed by gendered conceptions of madness and gendered premises of spectatorship.^{lxxxiv} Instead, Hogarth portrays the satirized nudity of Tom Rakewell, with women gazing upon the male inmates' bodies. The women embody false modesty and perhaps titillation in observing the nude male in the cell to their left, who wears a crown and holds a scepter while urinating against the wall. Shockingly, the musician faces and gazes at us, the viewer of Hogarth's print. In this gaze and recognition of our presence, we are further implicated as one of his spectators, like the women gawking at the other inmates. Hogarth not only satirizes the performative practices of eighteenth-century British society, but also challenges our own role in the moral tale.

Henry Fuseli *The Nightmare* (1781)



Figure 12: Henry Fuseli, *The Nightmare*, 1781, oil on canvas, 180 × 250 cm, Detroit Institute of Arts.

(Source: <https://www.dia.org/art/collection/object/nightmare-45573>)

The Romantic depiction of the mentally ill varied across Europe and among individual artists. A unifying theme these artists had in common was their acceptance of the correlation between the artist and the madman, as well as a fascination with the irrational. This stands in opposition to the Enlightenment ideal that values reason, the quality that separates man from animal. The Swiss, Romantic artist Henry Fuseli (1741-1825) emphasized unconventionality and was fascinated by violence caused by extreme emotional states. Correspondingly, Fuseli's oil on canvas painting *The Nightmare* (1781) depicts darker, irrational forces (Figure 12).

Henry Fuseli was born in 1741 in Zürich, Switzerland. Fuseli moved to Germany and then to London, where he painted the original version of *The Nightmare* in 1781, integrating himself into the context of British eighteenth-century visual culture of nervous diseases. *The Nightmare* was exhibited at the Royal Academy in London in the spring of 1782, where the first engravings rendered after it were published the same year and quickly spread all over Europe.^{lxxxv} Fuseli's *Nightmare* depicts a sleeping girl, an incubus or nightmare squatting on her

abdomen, and the head of a horse peering through curtains. Fuseli's painting is suggestive but not explicit, leaving open the possibility that the woman is simply dreaming. Yet, her dream appears to take frightening, physical form in the shapes of an incubus and a horse. Fuseli's painting has been considered representative of sublimated sexual instincts, with interpretations of the incubus as a dream symbol of male libido and the horse's intrusion through the curtain representing the sexual act. However, the exact meaning and symbolism of these images remains elusive. Female sexuality, the medical realm of illness, and social visual culture weave together to embody the ambiguous nature of hysteria in eighteenth-century Britain.

Fuseli interprets ancient legends derived from European folk mythology to translate the common experience of sleep and dreaming into a horrific composition.^{lxxxvi} The incubus, referred to as the nightmare, recalls the Germanic folklore of the mara demon that sits on its victim's chests while they sleep, creating a heavy physical pressure, inducing nightmares. The incubus was even thought to have sexual intercourse with sleeping women. Recent analyses have referenced the horse as the nightmare in the composition as a play on the words: night and mare. However, it is not determinate whether the horse depicted is a mare or stallion, while no etymological connection exists between the word nightmare and a female horse.^{lxxxvii} Moreover, the horse seems to operate on the ancient association between a stallion and masculine power and sex symbol, creating interweaving associations of demons, nightmares, and sex within the painting.

During the eighteenth century there was not only a perpetuation of older theories of psychological phenomena rooted in witchcraft and demonology, but an ambiguous intermingling of un-scientific and scientific reasoning.^{lxxxviii} Nonetheless, folk legend and literature develop the nightmare with sexual connotations, with medical literature supporting women as being prone to

suffer from nightmares.^{lxxxix} The hysterical woman became associated with sexual frustration, nymphomania, emotional temperament, and a sense of suffocation, not unlike the effects of the incubus.^{xc} Notably, Robert Burton's *Anatomy of Melancholy* (1621) related the experiences of succubi and incubi as psychological phenomena from the imagination of sexually deprived individuals. However, while Burton attributed nervous disorders to sexual deprivation, the French physician Phillipe Pinel (1745-1826) categorized hysteria as indicative of sexually provocative behavior.

Recalling the gaze of the musician in Hogarth's *The Madhouse*, the incubus also stares at the viewer in *The Nightmare*. Moreover, while Hogarth's spectacle operated outside of sexual connotations, Fuseli's incubus's stare is penetrating. The viewer of the work is being acknowledged and accused of participating in sexual voyeurism, with the horse entering the "stage" through the curtains as the sexual "performance" begins. The work is thus informed by the sexual male gaze upon the female body, with the female figure splayed for the viewer's visual consumption and the incubus's sexual conquest.



Figure 13: Hans Baldung Grien, *The Bewitched Groom*, woodcut, 1544-45.

(Source: <https://www.clevelandart.org/art/1966.172>)

Fuseli's *Nightmare* is indicative of the eighteenth-century interest in ancient legend and the recording of folk tales and superstitions. Nervous disorders like melancholia, hypochondria, and hysteria as well as dreams and nightmares transcended the medical realm, becoming inclusive of demonology and discourses on the soul.^{xcvi} With witches and nightmares intertwined with Central European folklore and in reaction to moral reform and religious fervor, witchcraft scenes or *Stregonerie* became popular iconographic images in the sixteenth and seventeenth centuries.^{xcvii} Nevertheless, witchcraft was a social concern, with thousands of women burnt as witches in the seventeenth century. Interestingly, a sixteenth-century woodcut print by Hans Baldung Grien titled *Der behest Stallknecht* (The Bewitched Groom) is composed of the main elements of Fuseli's *Nightmare*: a reclined victim, a horse, and an evil spirit (Figure 13). Mysterious and puzzling, Grien's print and title suggests that the witch on the right compelled the horse to render the groom unconscious symbolizing the evil power of female sexuality. Moral lessons integrated with a cautionary warning against the evil forces of nature.^{xcviii} Art historian Nicholas Powell suggests that Fuseli knew of Grien's print, incorporating the sensation of the mysticism and ambiguity of witches and nightmares into his *Nightmare*.^{xcix}

Moreover, while witches might have been dismissed by scientific enlightenment discourse, dreams and nightmares were phenomena not easily explained. Dreams were interpreted through folklore and mythological framework as being caused by spirits who flew to troubled sleepers to warn them of forthcoming events, and it was not until the eighteenth century that theories developed outside of ancient origin. The Christian belief proposed angels visiting causing dreams whereas nightmares were the work of the devil, whereas enlightened theories pointed the cause of dreams to indigestion or a physical disturbance. Conflicting theories and

thought of dreams and nightmares reflected the social interest at the time of *The Nightmare's* exhibition.^{xcv}

Furthermore, the melancholic person was thought to have experienced sadness, madness, visions of the devil and witches due to an excess of black humor. The incubus was caused by melancholia and humoral imbalances, which then caused nightmares. However, medical theories based on Galenic medicine of the four humors describe nightmares as a disease rather than a supernatural assault. To this point, Wilhelm Scribonius's 1631 medical treatise, *Natural Philosophy: or, A Description of the World* describes the nightmare as being caused by melancholic vapors of the stomach affecting the vital spirits of the brain. Moreover, Timothie Bright's *A Treatise of Melancholy* from 1586 defines the nightmare as a key symptom of melancholia. The terror of a nightmare was felt because of the melancholic person's body's effects on the mind.^{xcvi} In this way, the experience of a nightmare was inextricably linked to nervous disorders in the early modern period.

Anna Landolt and Sexual Fantasy



Figure 14: Henry Fuseli, *Portrait of a Lady Verso of The Nightmare*, 1781, oil on canvas, 180 × 250 cm, Detroit Institute of Arts.

(Source: <https://www.dia.org/art/collection/object/portrait-lady-45574>)

Another layer of meaning of *The Nightmare* unfolds when the portrait on the back of the 1781 version is observed (Figure 14). Upon Henry Fuseli's last trip to Zurich, he fell in love with Anna Landolt, who did not reciprocate his feelings and was about to marry another man. It is believed that the unfinished portrait could represent Anna, a symbol of his unrequited love (or lust). Fuseli even sent letters describing his sexual fantasies pertaining to Landolt. It is in this context that *The Nightmare*, depicting an imaginary sexual assault by a demon, can be analyzed as a projection of Anna as the figure with the incubus taking the place of Fuseli himself. However, even if the portrait and sleeping figure do not represent Anna, it might be inspired by his passion for her, charged with obsessive, ambivalent sexuality (Figure 12).^{xcvii}

Nonetheless, the female figure is submissive and sprawled open for the incubus' bidding, reflecting Fuseli's attitudes towards women and his sexual fantasies. In his *Aphorisms* Fuseli writes about women, not as autonomous beings, but as instruments for the pleasure of men.^{xcviii} The narrative of *The Nightmare* thus encapsulates the male gaze, with society treating women as

sexual objects. These attitudes work with and inform medical theories of the era, creating a voyeuristic and performative construction of mental illness. Moreover, the female figure in Fuseli's composition and the hysterical woman encapsulates associations of sexual frustration and how women and mental illness were visualized in eighteenth century Britain.^{xcix}

Performative Culture: *The Nightmare* and Emma Hamilton's 'Attitudes'



Figure 15: Emma, Lady Hamilton, in a classical pose, dancing and poised on her right foot, Thomas Piroli after Frederick Rehberg, 1794, engraving. National Maritime Museum, Greenwich, London.

(Source: <https://www.rmg.co.uk/collections/objects/rmgc-object-107372>)



Figure 16: Lady Emma Hamilton in a classical pose, with right hand on her forehead and left arm holding a dead child, Plate XII.; Bound with PAD3215-PAD3226. Thomas Piroli after Frederick Rehberg, 1794, engraving. National Maritime Museum, Greenwich, London.

(Source: <https://www.rmg.co.uk/stories/blog/curatorial/performer-emma-hamiltons-many-identities>)



Figure 17: Lady Emma Hamilton in a classical pose, standing beside a plinth holding a cup in her right hand, Thomas Piroli after Frederick Rehberg, 1794, engraving. National Maritime Museum, Greenwich, London.

(Source: <https://www.rmg.co.uk/stories/blog/curatorial/performer-emma-hamiltons-many-identities>)

The portrait on the back of the 1781 *Nightmare* is also suggested to have been informed by Emma Hamilton's 'attitudes,' particularly in the movement of her shawl and the way the figure touches her hair, adopting Hamilton's technique of moving poses.^c Emma Hamilton,

before marrying and rising among the social circles, was a working-class girl from North England and former artist's model. She invented and named the 'attitudes,' which were ten-minute montages of classic literary figure poses, sequenced together with the simple movements of altering her hair, re-positioning a shawl, or changing her facial expression. Wearing Grecian costume and using shawls and classical pottery as props, she performed dramatic poses recalling figures from antiquity, art, and literature. These choreographed poses resembled classical artworks and Old Masters paintings, representing famous mythical and historical stories and characters, thus integrating a legacy of artistic visual representation. Hamilton performed her 'attitudes' in the home of her husband, Sir William Hamilton, in Naples from 1786 to 1800. Hamilton's 'attitudes' became known across Europe, especially after the artist Friedrich Rehberg met Hamilton in 1791 and captured Hamilton's poses in drawings (Figures 15-7).^{ci} To the disadvantage of her medium, Rehberg's drawing presented Hamilton's 'attitudes' as static, theatrical poses, belying their intended performance of movement. However, it is Rehberg's dramatic, static poses that seem to resemble the theatrical posture of the female figure in Fuseli's *Nightmare*. The theatrical body of Emma Hamilton's 'attitudes' reflects the public's preoccupation with visual culture from the past.



Figure 18: *Ariadne*, copy of a second century BC statue, acquired by the Vatican.

(Source: <https://m.museivaticani.va/content/museivaticani-mobile/en/collezioni/musei/museo-pio-clementino/Galleria-delle-Statue-e-Sala-dei-Busti/arianna.html>)

Like Hamilton, Henry Fuseli drew heavily on art from the classical past. The very pose of the female figure of *The Nightmare*, with her arm bent to hold her head, references classical statuary. Ancient artistic conventions had statuary posed to have heads rest on an arm to indicate that the figure was asleep and not dead. Indeed, in Fuseli's era, the Hellenistic sculpture of *Ariadne* was regarded as a masterpiece of ancient art, one of the many statues from antiquity to portray a sleeping figure with a hand propping up the head (Figure 18).^{cii} Moreover, the 1781 version of *The Nightmare* reflects the posing of *Ariadne*'s legs, with one foot crossed over the other (Figure 12). Fuseli's figure in *The Nightmare* and Emma Hamilton's 'attitudes' set a tradition for the aesthetics of imitating classical statuary, informing a larger performative and visual culture (Figures 15-7). This is achieved, in part, due to the costuming of Hamilton and Fuseli's figure. Both females wear the neoclassical fashion of white muslin gowns, which were first popularized as artistic dress for the very purpose of imitating statues. In this way, fashion became a vehicle to transcend people into living works of art, operating in a historical discourse with art of the past.^{ciii}

Conclusion

The developing theories and ambiguities of nervous disorders of the eighteenth century demonstrate the fluidity between medicine and society. Visual and performative representations informed and were informed by medical discourse to create a particular language to depict melancholia, hypochondria, and hysteria. Medicine not only reflects the dominant social values of the culture it is embedded in, but actively creates and recreates those values. William Hogarth's *A Rake's Progress* serves as a cautionary tale, as the educated and wealthy Tom Rakewell squanders his fortune. As punishment for his immoral lifestyle, Rakewell goes mad and is committed to Bedlam Asylum, reflecting the very foundations of melancholia the physician George Cheyne theorizes. Rakewell is unable to perform the role of an aristocratic lifestyle, instead entertaining the aristocracy as a spectacle. Tom's pose is informed by the popular imagery of Caius Gabriel Cibber's statues of *Melancholy and Raving Madness* (1676). Fuseli's female figure in *The Nightmare* is also informed by classical statuary, particularly that of antiquity like *Ariadne*. Fuseli's female and Emma Hamilton's 'attitudes' embody the neoclassical aesthetics of becoming living works of art through costume and performance. The very subject matter of a nightmare roots itself in theories on mental illness, with Fuseli's painting combining scientific hypothesis as well as alternatives grounded in witchcraft and demonology. A social and cultural phenomenon of medicine became ingrained in the understanding and artistic representation of William Hogarth's *A Rake's Progress* (c. 1732-5) and Henry Fuseli's *The Nightmare* (1781).

Notes

ⁱ Jane Ussher, *The Madness of Women: Myth and Experience* (London: Routledge, 2011), 8-9.

ⁱⁱ Thomas Laqueur, *Making Sex: Body and Gender from the Greeks to Freud* (Cambridge: Harvard University Press, 1992), 150.

ⁱⁱⁱ *Ibid.*, 150.

^{iv} Diane Faber, "Hysteria in the Eighteenth Century," In *Brain, Mind and Medicine: Essays in Eighteenth-Century Neuroscience*, ed. Harry Whitaker, C. U. M. Smith, and Stanley Finger (Boston: Springer, 2007), 321–330.

^v Pauline Harrison, "Depression and Gender: The Expression and Experience of Melancholy in the Eighteenth Century" (Doctoral thesis, Northumbria University, 2011), 111.

^{vi} *Ibid.*, 99.

^{vii} Laurinda Dixon, *Perilous Chastity: Women and Illness in Pre-Enlightenment Art and Medicine* (Ithaca: Cornell University Press, 1995), 197.

^{viii} Faber, "Hysteria in the Eighteenth Century," 321.

^{ix} Stephen Heath, "Hypochondria: Medical Condition, Creative Malady," *Brain* 134, no. 4 (2011): 1244-1249. <https://academic.oup.com/brain/article/134/4/1244/340497>.

^x Dixon, *Perilous Chastity*, 197.

^{xi} *Ibid.*, 203.

^{xii} Elizabeth A. Williams, "Hysteria and the Court Physician in Enlightenment France," *Eighteenth-Century Studies* 35, no. 2 (2002): 248. <https://doi.org/10.1353/ecs.2002.0021>.

^{xiii} Heath, "Hypochondria: Medical Condition," <https://academic.oup.com/brain/article/134/4/1244/340497>.

^{xiv} *Ibid.*; Diogo Telles-Correia and João Gama Marques, "Melancholia Before the Twentieth Century: Fear and Sorrow or Partial Insanity?" *Frontiers in Psychology*, 6, no.81 (2015). <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4314947/>.

^{xv} Cecelia Tasca, Mariangela Rapetti, Mauro Giovanni Carta, and Bianca Fadda, "Women and Hysteria in the History of Mental Health," *Clinical Practice & Epidemiology in Mental Health* 8, no.1 (2012). <https://doi.org/10.2174/1745017901208010110>.

^{xvi} Faber, "Hysteria in the Eighteenth Century," 321.

^{xvii} Heath, "Hypochondria: Medical Condition," <https://academic.oup.com/brain/article/134/4/1244/340497>.

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- ^{xviii} Heather Meek, “Medical Discourse, Women’s Writing, and the ‘Perplexing Form’ of Eighteenth-Century Hysteria,” *Early Modern Women: An Interdisciplinary Journal* 11, no. 1 (2016): 2. <https://doi.org/10.1353/emw.2016.0051>.
- ^{xix} Tasca et al., “Women and Hysteria in the History of Mental Health,” <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3480686/>.
- ^{xx} Heather Ann Munsche, “Classification of Mental Illness in the 18th Century: A Comparison of the Nosologies of Carl Linnaeus, Francois Bossier de Sauvages, Rudolpho Vogel, and William Cullen” (Master’s Thesis, Northern Michigan University, 2012), 3-10.
- ^{xxi} Tasca et al., “Women and Hysteria in the History of Mental Health,” <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3480686/>.
- ^{xxii} Sarah Jaffray, “What is Hysteria?” Wellcome Collection, August 12, 2015. <https://wellcomecollection.org/articles/W89GZBIAAN4yz1hQ>.
- ^{xxiii} Roland Bartel, “Suicide in Eighteenth-Century England: The Myth of a Reputation,” *Huntington Library Quarterly* 23, no. 2 (1960): 145. <https://doi.org/10.2307/3816205>.
- ^{xxiv} George Cheyne, *The English Malady; Or, a Treatise of Nervous Diseases of All Kinds, as Spleen, Vapours, Lowness of Spirits, Hypochondriacal, and Hysterical Distempers, & c.* (London: G. Straham and J. Leake, 1733), i-ii.
- ^{xxv} Elaine Showalter, “Hysteria, Feminism, and Gender,” In *Hysteria Beyond Freud*, ed. Sander L. Gilman (Los Angeles: Univ. of California Press, 1993), 292-293.
- ^{xxvi} Harrison, “Depression and Gender,” 8-9.
- ^{xxvii} Heather R. Beatty, *Nervous Disease in Late Eighteenth-Century Britain: The Reality of a Fashionable Disorder* (United Kingdom: Taylor & Francis, 2015), https://www.google.com/books/edition/Nervous_Disease_in_Late_Eighteenth_Century/GJJECgAAQBAJ?hl=en&gbpv=1.
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- ^{xxix} WorldCat Search, <https://www.worldcat.org/title/english-malady-or-a-treatise-of-nervous-diseases-of-all-kinds-as-spleen-vapours-lowness-of-spirits-hypochondriacal-and-hysterical-distempers-etc/oclc/697743295>.
- ^{xxx} Heath, “Hypochondria: Medical Condition,” <https://academic.oup.com/brain/article/134/4/1244/340497>.

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- xxxⁱ Harrison, "Depression and Gender," 10.
- xxxⁱⁱ Meek, "Medical Discourse, Women's Writing," 178-179.
- xxxⁱⁱⁱ G. S. Rousseau, "'A Strange Pathology': Hysteria in the Early Modern World, 1500-1800," In *Hysteria Beyond Freud*, ed. Sander L. Gilman (Los Angeles: Univ. of California Press, 1993), 153.
- xxx^{iv} Harrison, "Depression and Gender," 102.
- xxx^v James C. Harris, "A Rake's Progress: 'Bedlam'," *Archives of General Psychiatry* 60, no. 4 (2003). <https://jamanetwork.com/journals/jamapsychiatry/fullarticle/207316>.
- xxx^{vi} Megan Jenkins, "Madness, Sexuality, and Gender in Early Twentieth Century Music Theater Works: Four Interpretive Essays," (Graduate Dissertation, City University of New York, 2010), 98.
- xxx^{vii} Mark Hallett, "Manly Satire: William Hogarth's A Rake's Progress," In *The Other Hogarth Aesthetics of Difference*, ed. Angela Rosenthal and Bernadette Fort (New Jersey: Princeton University Press, 2001), 143.
- xxx^{viii} Jenkins, "Madness, Sexuality, and Gender," 98.
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- x^{li} Dixon, *Perilous Chastity*, 199.
- x^{lii} Harrison, "Depression and Gender," 201 and 213; John Mullan, "Hypochondria and Hysteria: Sensibility and the Physicians," *Eighteenth Century* 25, no. 2 (1983): 150. <https://doi.org/10.1093/acprof:oso/9780198122524.003.0006>.
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- x^{lv} Hallett, "Manly Satire," 143.
- x^{lvi} *Ibid.*, 144-6.

^{xlvii} Richard Meyer, "Nature Revers'd": Satire and Homosexual Difference in Hogarth's London," In *The Other Hogarth Aesthetics of Difference*, ed. Angela Rosenthal and Bernadette Fort (New Jersey: Princeton University Press, 2001), 162-166.

^{xlviii} Hallett, "Manly Satire," 144-8.

^{xlix} Meyer, "Nature Revers'd," 166-7.

^l *Ibid.*, 171.

^{li} Harrison, "Depression and Gender," 8.

^{lii} *Ibid.*, 80.

^{liii} *Ibid.*, 2.

^{liv} Glen Colburn, *The English Malady: Enabling and Disabling Fictions* (Cambridge: Cambridge Scholars Publishing, 2008), 7-8.

^{lv} *Ibid.*, 118.

^{lvi} Hallett, "Manly Satire," 150.

^{lvii} Wagner, "Spotting the Symptoms," 104-5.

^{lviii} Tom Almeroth-Williams, "Syphilitic City: One in Five Georgian Londoners Had Syphilis by Their Mid-30s, Study Suggests," University of Cambridge, July 5, 2020, <https://www.cam.ac.uk/stories/syphilis-georgian-london>; Wagner, "Spotting the Symptoms," 109.

^{lix} *Ibid.*, 114-5.

^{lx} Jenkins, "Madness, Sexuality, and Gender," 173.

^{lxi} Angela Rosenthal and Bernadette Fort, "The Analysis of Difference," In *The Other Hogarth Aesthetics of Difference*, ed. Angela Rosenthal and Bernadette Fort (New Jersey: Princeton University Press, 2001), 5.

^{lxii} Harris, "A Rake's Progress: 'Bedlam'," <https://jamanetwork.com/journals/jamapsychiatry/fullarticle/207316>.

^{lxiii} Hallett, "Manly Satire," 152.

^{lxiv} Heath, "Hypochondria: Medical Condition," <https://academic.oup.com/brain/article/134/4/1244/340497>.

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- lxv Hallett, "Manly Satire," 151-2.
- lxvi Harrison, "Depression and Gender," 7.
- lxvii Ibid., 186.
- lxviii Harris, "A Rake's Progress: 'Bedlam'," <https://jamanetwork.com/journals/jamapsychiatry/fullarticle/207316>.
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- lxxiii Ibid., 175.
- lxxiv Kennaway, "Musical Hypnosis," 272.
- lxxv Dixon, *Perilous Chastity*, 178.
- lxxvi Sophie Harland, "Hogarth, A Rake's Progress," Khan Academy, Accessed May 1, 2022, <https://www.khanacademy.org/humanities/renaissance-reformation/britain-18c/britain-ageof-revolution/a/hogarth-a-rakes-progress>.
- lxxvii Wagner, "Spotting the Symptoms," 102.
- lxxviii Harland, "Hogarth," <https://www.khanacademy.org/humanities/renaissance-reformation/britain-18c/britain-ageof-revolution/a/hogarth-a-rakes-progress>.
- lxxix Harris, "A Rake's Progress: 'Bedlam'," <https://jamanetwork.com/journals/jamapsychiatry/fullarticle/207316>.
- lxxx Ibid.
- lxxxi Dixon, *Perilous Chastity*, 174.
- lxxxii Jenkins, "Madness, Sexuality, and Gender," 1-2 and 12.
- lxxxiii Wagner, "Spotting the Symptoms," 102.

^{lxxxiv} Jane E. Kromm, “The Feminization of Madness in Visual Representation,” *Feminist Studies*, 20, no. 3 (1994). <https://doi.org/10.2307/3178184>.

^{lxxxv} Nicolas Powell, *Fuseli: The Nightmare* (New York: Viking Press, 1973), 17.

^{lxxxvi} *Ibid.*, 17.

^{lxxxvii} *Ibid.*, 57-58.

^{lxxxviii} *Ibid.*, 56; Tasca et al., “Women and Hysteria in the History of Mental Health,” <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3480686/>.

^{lxxxix} *Ibid.*, 53.

^{xc} Sarah Carter, “Henry Fuseli and the Sexual Sublime,” (Thesis, University of Guelph, 2015), 68.

^{xcⁱ} Harrison, “Depression and Gender,” 93 and 97; Tasca et al., “Women and Hysteria in the History of Mental Health,” <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3480686/>.

^{xcⁱⁱ} Cleveland Art, “The Bewitched Groom,” Cleveland Museum of Art, October 15, 2021, <https://www.clevelandart.org/art/1966.172>; Powell, *Fuseli: The Nightmare*, 42.

^{xcⁱⁱⁱ} Cleveland Art, “The Bewitched Groom,” <https://www.clevelandart.org/art/1966.172>.

^{xc^{iv}} Powell, *Fuseli: The Nightmare*, 43-44.

^{xc^v} *Ibid.*, 45-48.

^{xc^{vi}} Leslie Tuttle, *Dreams, Dreamers, and Visions: The Early Modern Atlantic World* (Philadelphia: University of Pennsylvania Press, 2013), 59-60.

^{xc^{vii}} Powell, *Fuseli: The Nightmare*, 60.

^{xc^{viii}} *Ibid.*, 64.

^{xc^{ix}} Jaffray, “What is Hysteria?” <https://wellcomecollection.org/articles/W89GZBIAAN4yz1hQ>.

^c Andrei Pop, “Sympathetic Spectators: Henry Fuseli's Nightmare and Emma Hamilton's Attitudes,” *Art History* 34, no. 5 (2011). <https://onlinelibrary.wiley.com/doi/full/10.1111/j.1467-8365.2011.00854.x>.

^{ci} *Ibid.*

^{cⁱⁱ} Powell, *Fuseli: The Nightmare*, 67-70.

^{ciii} Amelia Rauser, “Living Statues and Neoclassical Dress in Late Eighteenth-Century Naples,” *Art History* 38, no. 3 (2015): 465. <https://doi.org/10.1111/1467-8365.12147>.

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