

Being “Hangry”: Gastrointestinal Health and Emotional Wellbeing in the Long Nineteenth Century.

Emilie Taylor-Brown

“Shakespeare was not far wrong when he said that an undigested pea might ruin an empire”, asserted the author of an article published in the *St James’ Magazine* in 1868.¹

The article, which was entitled “Dyspeptic Saints”, argued that the “tyranny of the Inquisition” and Mary the First’s burning of Protestants might be attributed to improper attention to the “philosophy of the stomach.” Bloody Mary, argued the author, injured her constitution by practising fasting, a fact that explains her political violence and sealed her fate as the unhappy and childless wife of a Spanish prince. “And who, remembering the fate of Mary, Queen of Scots,” they continue, “can say that Henry the Eighth’s other daughter, the royal Virgin Elizabeth was of digestion sound?”² The pairing of emotional violence and poor dietetic practice is a linkage that we might recognise in the twenty-first concept of “hanger”: being angry because you are hungry—or as dictionary.com puts it, “feeling irritable or irrationally angry as a result of being hungry”.³ This portmanteau appeared on urban dictionary as early as 2003, and has since been added to online dictionaries published by Oxford and Cambridge university presses, Macmillan, Collins, and Random House.

Despite the contemporary etymology of the word “hanger”, hunger and anger are connected experiences that have a long-standing cultural history, from the political violence of the French revolution—which recalls the famously mistranslated “let them

¹ ‘Dyspeptic Saints’ 26.

² ‘Dyspeptic Saints’, 27.

³ ‘Hangry’, Dictionary.com. <<http://www.dictionary.com/browse/hangry>>

eat cake”—to the devastating protests of the “hungry forties”. Peter urney connects these two historical moments by recognising the incendiary role of the failure of a compassionate response to working-class hunger. Marie Antoinette’s misattributed words and Robert Bullock Marsham’s flippant remark in 1842 that, while workers were unable to buy bread they at least “rejoiced in potatoes”, voice a stark class divide.⁴ This divide, for urney, as well as for scholars like John Bohstedt and Charlotte Boyce, is underpinned by the reality of hunger as a culturally and discursively constructed phenomenon that has historically had political power in mobilising the disenfranchised.⁵ However as Bohstedt argues, in order to provoke food riots, hunger must be accompanied by other socio-political components, such as the ability to deliver collective action and the confidence that the benefits would outweigh the punishments.⁶ Hunger alone does not produce political activism.

The anger or emotional violence precipitated by hunger is, in these cases then, ideological: a rational and politically inflected response to a larger social problem. However, I want to focus on a more physiologically-embodied form of emotional violence made explicit in the “Dyspeptic Saints” article. This pairing of hunger and anger appeared in debates about the interconnectedness of the gastrointestinal and psychological or neurological systems, and so positioned anger in a complex relationship with digestion and appetite. In this essay, I explore the dynamic

⁴ Peter J. Gurney, ““Rejoicing in Potatoes”, 99-136.

⁵ Boyce argues that “hunger is both material condition and cultural construct”. She explores the difficulties in representing working-class hunger to a middle-class audience in “Representing the “Hungry Forties” in Image and Verse: the Politics of Hunger in Early-Victorian Illustrated Periodicals”, 421-449.

⁶ See: John Bohsheddt, “Food Riots and the Politics of Provisions in World History” *IDS Working Paper* 444 (2014), Brighton: IDS, 13 February.

<<http://onlinelibrary.wiley.com/store/10.1111/j.2040-0209.2014.00444.x/asset/idwp444.pdf?v=1&t=jbxng3ao&s=b08426155e18a3b75c025da6d07ba571b3d1e81a>>

relationship between digestion and emotional wellbeing in a variety of nineteenth-century British texts, arguing that the lexis of anger was one of the many lenses through which writers strove to pin down the mechanics of digestive health.

The author of “Dyspeptic Saints” noted that “there was want of due balance betwixt stomach and brain in the case of the great Protestant Queen Bess,”⁷ a dynamic understanding of selfhood that values parity. This played into a rhetoric of balance that underscored much dietetic discourse throughout the century, not to mention wider discussions of medical and social selfhood. As Fay Bound Alberti argues, until at least the early nineteenth century, the humoral model of health dominated medical discourse. This model relied on the notion of humoral balance—a product of both innate characteristics and environment factors such as air, diet, exercise, and sleep.⁸ Throughout the nineteenth century, this notion of bodily balance was continuously recast, at first in response to notions of organic sympathy borrowed from eighteenth century neurology, and later in response to developments in gastric biology. George Cheyne had famously explicated what he termed “the English Malady” in 1733, a “class and set” of nervous disorders that he associated with “the richness and heaviness of our food,” “inactivity and sedentary occupations”, and “the humour of living in great and populous, and consequently unhealthy towns”.⁹ For Cheyne “dietetic management” was of paramount importance in curing nervous illness, and he lamented the disrepute into which medical dietetics had fallen.¹⁰

Following Cheyne’s influential thesis, interest in “the English malady” intensified and it became, as Ien Colburn has argued, “a malleable cultural metaphor that could be

⁷ ‘Dyspeptic Saints’, 27.

⁸ Fay Bound Alberti, *This Mortal Coil*, esp: 10-13.

⁹ George Cheyne, *The English Malady*, i-ii.

¹⁰ Cheyne, *The English Malady*, 149-156.

adapted to a wide range of social [and medical] diagnoses” being used almost interchangeably with hysteria, hypochondria, and later neurasthenia and nervous dyspepsia, and codifying a range of national and political concerns.¹¹ I’m interested in the digestive component to Cheyne’s diagnosis, which continued to accompany discussions of nervous illness in the following century. In the early nineteenth century, English surgeon John Abernethy published his *Surgical Observations* in which he championed the theory of gastric sympathy—that local nervous irritation could derange the digestive organs, which would in turn disorder the wider constitution of an individual.¹² Scottish physiologist, Alexander Philip also endorsed the power of “gastric sympathy”, arguing that indigestion might assume an “inflammatory character” and transform from “a mere nervous affection” into “the source of all mischief”. He considered indigestion to be a disease “not of any one set of organs but of the whole system”.¹³

This position echoes French materialist, François Broussais who believed that the prevalence of gastric symptoms in pathology could be explained by a system in which inflammation of the gastrointestinal tract was passed sympathetically to other organs. In his *Principles of Physiological Medicine* (1832), he claimed that “he who does not know how to manage irritability of the stomach, will not know how to treat any disease. A knowledge of gastritis and of gastro-enteritis is then key to pathology.”¹⁴ In these medical discourses the stomach was placed within a sympathetic network of organs, encouraging a view of the body as being composed of discrete but reactive components.

¹¹ Glen Colburn, “Introduction” *The English Malady: Enabling and Disabling Fictions*, 2.

¹² John Abernethy, *Surgical Observations*.

¹³ Alexander Philip, *On the Treatment of a More Protracted Case of Indigestion*, 3-6.

¹⁴ F. J. V. Broussais, *Principles of Physiological Medicine*, 525.

Broussais also noted that “when the stomach is not sufficiently stimulated by food [hunger occurs, causing] an irritation in this organ, in which the brain partakes [...] such are the fury and mental exaltation of starving persons”.¹⁵ Clearly, healthy digestion is a fundamental tenet of bodily *and* mental health for Broussais. The centrality of the gastrointestinal region and its role in precipitating emotional and physical trauma reverberated in popular culture and commercial medicine. In 1827, *The Electic Review* asserted that “so general a complaint is Indigestion in this country and so much does it influence other diseases, that there could not perhaps be a more useful treatise than one on the manner in which other diseases are influenced by their concurrence with it”,¹⁶ while an author for *The Critic* “tearfully acknowledge[d]” in 1859 that indigestion was “the most common disease met with” in Britain.¹⁷ An advert for Revalenta’s Arabica Food in 1849 charged dyspepsia with, among other things, causing “palpitation of the heart, inflammation and cancer of the stomach, nervous headaches, deafness, noises in the head and ears, pains in almost every part of the body”, “low spirits”, “general debility”, “dislike to society”, “exhaustion”, “melancholy”, suicidal thoughts and even insanity.¹⁸ All of this could be solved, the advert asserted, by “a permanent restoration of the digestive functions.”

Digestion as a process had received renewed attention following the British publication of William Beaumont’s *Experiments and Observations of the astric Juice and the Physiology of Digestion* in 1838, which highlighted the damaging effects of, among other things, “strong mental emotions, such as anger” to the digestive capacity,

¹⁵ Broussais, *Principles of Physiological Medicine*, 524.

¹⁶ “On the Treatment of the More Protracted Cases of Indigestion”, 405.

¹⁷ “A Physician’s Notebook”, 343.

¹⁸ [Advertisement] *The Athenaeum*, 343.

further demonstrating the interconnectedness of emotional and physical health.¹⁹ Beaumont attributed the presence of bile in the stomach to the effect of anger following “violent passionate emotion” (149). His text was ground-breaking because it revealed, for the first time, the inner workings of digestion in a live body. It catalogued a series of experiments that Beaumont, an American army surgeon, had carried out on a Canadian man named Alexis St Martin, who had been shot in the stomach with a musket. The wound never fully healed over, leaving a hole through which the digestive processes could be witnessed in real time, and in an otherwise healthy body.

In his notes to the edition, Scottish physician Andrew Combe argued that it was “useful to notice the analogy which subsists between the process of digestion and that of purely chemical solution.”²⁰ This analogy formed the basis of “gastric chemistry”, an amorphous field of study that concerned itself with the chemical makeup and digestibility of food. From analytic chemists involved in marketing dietetic bread,²¹ to exposés revealing the extent of nineteenth-century food adulteration, food was increasingly submitted to the legitimising gaze of laboratory science. In 1829, *The London Magazine* had published an article, which expressed concern that the growing practice of subjecting food to the tools and methodologies of the laboratory threatened to make a once familiar constituent of life ‘furiously anathematized’.²² Beaumont’s publication catalysed this trend, which had been gaining traction following exposés of food adulteration like Frederick Accum’s *A Treatise on Adulterations of Food and Culinary Poisons* (1820).²³ This increasingly scientific treatment of food and digestion,²⁴

¹⁹ William Beaumont, *Experiments and Observations on the Gastric Juice*, 315.

²⁰ Beaumont, *Experiments and Observations on the Gastric Juice*, 303.

²¹ See, for example, [Classified Ad 29] *Manchester Guardian* (2 Oct 1897), 4.

²² John Scott and John Taylor (eds). “Every Man’s Master”, 347.

²³ Also later: John Mitchell’s *A Treatise on the Falsification of Food* (1848), and Arthur Hill Hassall’s *Food and its Adulterations* (1855) and *Adulterations Detected* (1857),

along with an expansion of local and national food regulation,²⁵ developing ideas about vegetarianism,²⁶ changes in understandings of gastric biology, and the pathologisation of corpulence throughout the nineteenth century,²⁷ all contributed to the prominence of gastrointestinal health in the popular imagination. Discussions of the stomach and its somatic and psychological influence were housed in medical textbooks and science review pieces, but also in novels and poems, in periodical fiction and in general interest essays, in political satire, and in commercial advertisements. Consequently, the mechanics of digestive health found visibility in the cross-talk between disciplines, with generic conventions offering new discursive relationships.

Sydney Whiting's hugely popular mid-century fictional autobiography, *Memoirs of a Stomach* (1853), gave voice to the digestive organ in a bid to educate the public about the importance of gastric health and its interrelations with other bodily processes. As Joyce Huff notes, the text initially appears to "disrupt dominant models of Cartesian dualism"²⁸ by elevating the stomach to a position of seemingly autonomous power: Mr

which exposed the extent of the adulteration of food to the general reader. Following a years long anti-adulteration campaign, "The Sale of Drugs and Food Act" was passed in 1875, and further amended in 1899.

²⁴ See also: Justus von Liebig, *Animal Chemistry; or Organic Chemistry in its Application to Physiology and Pathology* ed. William Gregory (Cambridge: John Owen, 1842) and Mark Finlay's historical overview: "Quackery and Cookery: Justus von Liebig's Extract of Meat and the Theory of Nutrition in the Victorian Age" *Bulletin of the History of Medicine* 66.3 (1992) 404-418.

²⁵ See for example: Michael French and Jim Phillips (eds) *Cheated Not Poisoned?: Food Regulation in the United Kingdom, 1875-1938* (Manchester, Manchester University Press, 2000)

²⁶ See for example: James Gregory, *Of Victorians and Vegetarians: The Vegetarian Movement in Nineteenth-Century Britain* (London: Tauris Academic Studies, 2007)

²⁷ David J. Hutson explores the ways in which body weight became a central concern in medical and popular spheres in "Plump or Corpulent? Lean or Gaunt? Historical Categories of Bodily Health in Nineteenth-Century Thought" *Social Science History* 41.2 (2017) 283-303.

²⁸ Joyce L. Huff, "The Narrating Stomach", 75-93.

Stomach considers himself to “hold a superior position to [his] help-mate, Mr Brain.”²⁹ However, Whiting complicates this reading by codifying multiple forms of agency into the narrative and by using the metaphor of a “double set of electric wires”³⁰ to explicate the connection between the stomach and the brain—an invocation of telegraphy that was common across genres. Physician Edward Johnson, in his 1849 treatise on hydropathy, had similarly referred to this gut-brain connection using the communicative technology: “Now the brain is London, and the stomach is Bristol, and the gastric portion of the pneuma-gastric nerve is the [telegraph] wire.”³¹

The use of such metaphors positioned gastrointestinal health in relation to modernity, making the nervous body synonymous with a fully connected modern society. Laura Salisbury and Andrew Shail have discussed the relationship between neurology and modernity as one of “mutual constitution”, in which the neurological self and the “modern” self were “cogenerative.”³² Such constructions causatively linked emotional, physical, and national wellbeing, while at the same time labelling “nervous” diseases characteristic of “modern” life. By nervous diseases, I refer to diseases that were underpinned by a supposed disruption in the nervous system. While we might now locate gastrointestinal health primarily in the digestive and alimentary organs, in the nineteenth century this was understood, as we have seen, in much broader terms. The nerves connecting these organs and the brain were also brought within the purview of gastrointestinal health by virtue of their role in maintaining the relationships between digestion and emotional wellbeing. Indeed, as Hisao Ishizuka has argued,

²⁹ Sydney Whiting, *Memoirs of a Stomach; Written by Himself, That All Who Eat May Read*, Fourth Edn (London: W. E. Painter, 1853) vii.

³⁰ Whiting, *Memoirs of a Stomach*, 21.

³¹ Edward Johnson, *Results of Hydropathy*, 102.

³² Laura Salisbury and Andrew Shail, “Introduction” in *Neurology and Modernity. A Culture History of Nervous Systems, 1800-1930*, 1.

gastrointestinal disorder was a vital component of the “nervous experience of the modern era”.³³

The gastric component to nervousness was underpinned by a functional connection between digesting and feeling, an age-old idea that was discussed in an 1867 article in Charles Dickens’s periodical *All the Year Round*. The article argued that the seat of the affections was not in fact the heart, but the stomach, since “benevolent feelings towards all mankind are notoriously promoted by a good dinner, [while] a damaged stomach occasions melancholy, disgust, envy, hatred, and all uncharitableness.”³⁴ Recognising its long cultural heritage, the author suggested that one need only observe human nature to divine this fact, noting however that they could bring no “anatomical” proof for it.³⁵ Six years earlier the periodical had featured the serialisation of Dickens’s *Great Expectations*, which had likewise explored the relationship between eating and feeling. We meet Miss Havisham for the second time, after all, amidst a decaying banquet of food that matches her sense of abandonment, and Joe uses food as a means of expressing something like fatherly affection to Pip:

He always aided and comforted me when he could, in some way of his own, and he always did so at dinner-time by giving me gravy, if there were any. There being plenty of gravy to-day, Joe spooned into my plate, at this point, about half a pint.³⁶

³³ Hisao Ishizuka, “Carlyle’s Nervous Dyspepsia”, 82.

³⁴ Charles Dickens (ed.) “Stomach and Heart”, 439.

³⁵ Dickens, “Stomach and Heart”, 438.

³⁶ Dickens, *Great Expectations*, 45

More poignantly, Miss Havisham equates her grief with being eaten when she remarks of the feast, “the mice have gnawed at it, and sharper teeth than teeth of mice have gnawed at me”.³⁷

Kerrie Schoffer and John O’Sullivan argue that Dickens’s fiction reveals a perceptive attentiveness to illness, particularly to nervous disorders, an assertion apparently supported by the *British Medical Journal*’s obituary in 1870, which described Dickens’s “rare fidelity” and the gain it would have been to medicine had he used his “keen[ness] to observe” for “the medical art”.³⁸ It is undoubtedly this keenness of perception that underpins Dickens’s portrayal of Camilla in *Great Expectations*, a character who is eager to play the victim and invokes her husband Raymond as witness to the “nervous jerking” that she has been suffering from following Miss Havisham’s misfortune. Dickens satirises Camilla’s affected weakness of constitution by having her exclaim melodramatically “I cried about it from breakfast till dinner. I injured my digestion”³⁹ and later, “If I could be less affectionate and sensitive, I should have a better digestion and an iron set of nerves.”⁴⁰ Despite his intended ridicule, Dickens is echoing dietetic and biological treatise, which warned that “strong mental excitement [...] will temporarily exhaust the digestive powers.”⁴¹

Such assertions were in dialogue with changing understandings of the body, particularly ideas about a finite store of nervous force that supplied the body with energy. As Roy Porter has noted, the Victorian model of supply and demand in relation to nervous illness borrowed its conceptual and linguistic frameworks from

³⁷ Dickens, *Great Expectations*, 111.

³⁸ Kerrie L. Schoffer and John D. O’Sullivan, “Charles Dickens: The Man, Medicine, and Movement Disorders”, 630.

³⁹ Dickens, *Great Expectations*, 104.

⁴⁰ Dickens, *Great Expectations*, 109.

⁴¹ John Timbs, *Hints for the Table*; 7. See also: Beaumont, 315.

contemporaneous developments in energy physics and from dominant economic metaphors.⁴² These frameworks encouraged individuals to see their bodies in terms of “resources”. Consequently, healthy digestion was often framed as a negotiation with other organic processes, particularly cognitive ones. A faulty digestion might starve the intellect of adequate resources of nervous energy, or vice versa, leading to nervous collapse. An advertisement for Kutnow’s powder outlined this problem in 1898 and placed it firmly in relation to what were considered by many commentators to be the conditions of “modern life”:

The necessity of rapid action and abnormal exertion of the nervous system has increased to such a degree that our supply of nervous energy is not equal to demand. This appears to be owing to our failure to confine our diet to that which is easy of digestion and assimilation [...] to over-work and over-worry and to the unhealthy and artificial conditions under which we live.⁴³

The role of diet in the supply of nervous energy, and the dangers of ‘forcing’ the brains of the overworked and poorly fed, were also depicted in Margaret Harkness’s 1890 social problem novel *In Darkness London* in which the East End doctor asserts, “why, it is brutal to make children go to school without a proper breakfast, to force the brains of boys and girls who have empty stomachs.” It is only due to the “generosity” of the poor to each other that we avoid, the doctor contends, “a generation of idiots”.⁴⁴ Sally Shuttleworth has written about the dangers of “brain-forcing”, particularly in relation to the education of children. She recounts James Crichton Browne’s concerns that there

⁴² Roy Porter, “Nervousness, Eighteenth and Nineteenth Century Style”, 31-50.

⁴³ ‘Kutnow’s Powder’, 7.

⁴⁴ Margaret Harkness, *In Darkest London*, 66.

had been “a huge rise in nervous disorders and brain disease due to overpressure, which was exacerbated for the poor by ill-nourishment.”⁴⁵ Despite the Chief Inspector of Schools, J. . Fitch ’s, damning refutation, Shuttleworth highlights the “huge social and cultural impact” that Crichton Browne’s work had, including a flurry of discussion in the medical and public presses.⁴⁶ Harkness’s novel upheld Crichton Browne’s warning by referring to the experience of East End poverty as one of ‘adulterated and indigestible food’, accompanied by ‘exciting changes in mental condition [...] violent vibrations between hope and fear.’⁴⁷ The physical and emotional trauma of these dietary and emotional circumstances were responsible, suggested Harkness, for the wretchedness and brutalism of the poor.

Scenes like these in novels worked to broaden understandings of the labouring classes’ experiences of hunger, and to draw attention to the complex interplay between the physical and emotional needs of the populace. However, such depictions were not confined to the poor. The fictionalised middle-class also experienced embodied psychogastric distress, and exhibited emotional and physical violence, not in relation to hunger but to more chronic digestive disorders. This is such a common occurrence that it was even a subject of literary complaint. In a review for Arthur Marchmont’s novel *Madeline Power* (1891) the reviewer laments such a convention: “the hero’s father is a man of violent temper who has the gout. In conventional fiction, it is impossible for an old man to have a violent temper without having the gout also. The gout accounts for the temper.”⁴⁸ In these contexts, anger is pathologised as a symptom of disease, rather than a bonafide emotion.

⁴⁵ Sally Shuttleworth, *The Mind of the Child*, 135.

⁴⁶ Shuttleworth, *The Mind of the Child*, 135-36.

⁴⁷ Harkness, 67.

⁴⁸ “One Volume Fiction”, 413.

In *out: The Patrician Malady*, Roy Porter and George Rousseau call gout ‘the most male of all masculine medical maladies’, and recognise its literary construction as a ‘virtual insignia of a ruling patriarchy’, particularly in the eighteenth and nineteenth centuries.⁴⁹ However, this medical gendering was more complex when it came to broader representations of digestive complaint. Dyspepsia, for example, was a complaint that resisted gender stereotypes. As Gail Houston points out, the Victorian gender-based code of consumption mandated that women should not hunger after food (a proxy for other political and sexual activities) in the same way that men did.⁵⁰ Consequently, one might be tempted to label dyspepsia—a condition often associated with excessive consumption—as a male complaint. However, digestive imbalance (with its attendant emotional baggage) was often attributed to men and women in equal measure.

In 1868, *Sharpe’s London Magazine* published a poem entitled “Molly’s Dream”, in which a young woman is plagued by a violent goblin. The poet calls him the “imp of indigestion” and uses a pun on “goblin” and “gobbling” to warn against the perils of overindulgence.⁵¹ Supernatural creatures like this one were commonly invoked to articulate the violence that writers associated with alimentary distress. In this way, disruptions to digestion were understood in physically and emotionally traumatic terms. The goblin in this poem gives imaginative form to Andrew Combe’s assertion that in cases of digestive illness, the stomach is “punishing us with the pangs of dyspepsia as a warning to more reasonable conduct.”⁵² A poem published in *Judy* in 1883 made this idea even more literal with the lines: “A demon stands behind my chair,/And watches

⁴⁹ Roy Porter and G. S. Rousseau, *Gout: The Patrician Malady*, 143.

⁵⁰ Gail Turley Houston, *Consuming Fictions*, xii.

⁵¹ S. C. Hall (ed.) “Molly’s Dream”, 91.

⁵² Andrew Combe, *The Physiology of Digestion*, 243.

what I swallow [...] I taste a tart, the demon digs/me in the chest directly,/As if to say, 'Come stop your rigs/And eat more circumspectly!'"⁵³ While Combe placed part of the blame for indigestion on overindulgence, as his comment suggests, he also noted the importance of the healthy functioning of the relationship between stomach and brain in guiding our ability to make informed decisions. A disruption in this relationship, such as might be caused by "strong mental emotions and earnest intellectual occupation", (16) could cause an individual to lose the ability to "distinguish [hunger's] true dictates" (24).

Combe associated such disruptions to the gut-brain relationship with the working classes, who "suffer physically, morally, and intellectually from being overworked and under-fed", (246) and also with the "brain-worn classes" who suffer from "excessive and deleterious cerebral irritation" (265). Such cerebral irritation might upset the appetite, which he held to be the essential mechanism by which animals replenish energy and resources because it "enforce[s] attention to the wants of the system" (10). In *A System of Phrenology* (1834) his brother, George Combe, associated the appetite with the "organ of alimentiveness", which he located in the zygomatic fossa of the brain. "The stomach is to this organ what the eye is to the sense of seeing," he argued, "cut off the communication between it and the brain and the appetite will be lost".⁵⁴ He argued that "hunger and desire to eat always go together, just as [...] anger is universally accompanied by the propensity to inflict suffering."⁵⁵

Such a parallel was made literal by his assertion that the "organ of alimentiveness" was a continuation of the "organ of destructiveness" situated just above

⁵³ "The Demon of Dyspepsia" *Judy*, 307.

⁵⁴ George Coombe qtd in Jonathan Pereira, *A Treatise on Food and Diet*, 'Appendix (A) pg 10', 265.

⁵⁵ George Coombe, *A System of Phrenology*, 288.

and behind it. This mapped hunger and violence (the boundaries of which, as Combe noted, were in contention) in topographic proximity.⁵⁶ In the appendix to the 1851 edition, Combe used cerebral localisation to explain occurrences of “enormous eating”. He relates a case in which a man lured seven strangers into the woods, brutally murdered, and then ate them. Upon dissection, the man was said to have had an abnormally large “organ of alimentiveness”. This suggested that the extreme violence of murder-followed-by-cannibalism (a starkly transgressive act) was the product of a pathological or non-normative appetite.

In 1876, a writer for Manchester-based journal *The City Jackdaw* also associated violence with the act of eating; however, unlike Combe, who located this pathology in the cerebral tissue, the anonymous author depicted violence as a direct product of gastric derangement. Suffering from a painful dyspeptic episode, he asserted that if he “should ever murder [his] wife and family [...] the fault may be set down to indigestion.”⁵⁷ He went on to warn readers, “do not, my unknown friend, touch that beefsteak pudding, which has been served to you; there is murder in it [...] there is hatred in that crust, revenge in those lumps of fat, and murder, or at least manslaughter, in those lumps of meat and gristle.”⁵⁸ Whilst this statement might equally invoke adulteration scandals or early animal rights movements, it is here firmly embedded in the discourses of dietetics. Indigestible food causes what the author identifies as not only digestive disorder, but embodied emotional distress and violent behaviour.

Like many others had before him, the author used demonic possession as a proxy for his symptoms. In doing this he drew on a network of metaphors and analogies that together formed a cultural referent known as “the demon of dyspepsia”. The demon

⁵⁶ Combe, *A System of Phrenology*, 176.

⁵⁷ A Hypochondriac, ‘What to Eat, Drink. and Avoid’, 379.

⁵⁸ *ibid.*

derived part of its imaginative aesthetic from cartoons like eorge Cruikshank 's famous 1835 cartoon entitled "indigestion", which featured a man beset by goblin-like creatures. In 1888, it gave its name to Adolphus Bridger's medical textbook on indigestion, and as a cultural figure it bridged discussions in literature, medicine, and popular culture because it emblematised both the physical pain and emotional trauma that those suffering from digestive complaint experienced.

As an aesthetic framework it proved popular in part because it neatly reframed folkloric explanations of emotional and physical distress. It was able to reconcile modern medical rhetoric with descriptions, as *Chambers's Edinburgh Journal* noted, of ancient demonic possession. "Science has robbed us of the horns, the hooves, and the tail," asserted the author, 'but it has, with all its poetry-spoiling discoveries, still left us with the essential demon. The monster is called by nosologists "dyspepsia" and by the rest of the world, indigestion."⁵⁹ Significantly, the writer identifies the possession of "a morose unamiable disposition", and "snappish[ness]"—in other words, poorly-regulated and violent emotions—with the presence of chronic indigestion. Emotions and behaviours that had once been attributed to satanic possession were now being viewed as a product of bodily disharmony engendered by digestive distress.

Countless advertisements for curing indigestion and strengthening the stomach also made use of this supernatural analogy. Mother Seigel's Syrup, for example, referred to the first symptoms of chronic indigestion as "the touch of the demon's chilling fingers," and warned readers to "keep out of his clutches."⁶⁰ Other writers went further, offering the violent nightmares of indigestion as explanation for an historical belief in the spiritual world. Dickens's *A Christmas Carol* is proffered as an example of the "horrors

⁵⁹ "Dyspepsia" *Chambers's Edinburgh Journal*, 12.

⁶⁰ Mother Seigel's Syrup [advertisement], 2.

which imagination can body forth under temporary derangements of the sensory apparatus.”⁶¹ The author reads Scrooge’s encounter with the ghost of Marley as nothing more than a dyspeptic episode, a “hobgoblin” precipitated by “the imminent festivities of Christmas.”⁶² Others too read this framework in Dickens; in a synopsis of his short story *The Chimes* (1844) the authors of *Hood’s Magazine and Comic Miscellany* note “for this offence [Trotty] is stunned and lectured by the Bells and mobbed by their goblins; and like Scrooge undergoes an awful vision [...] the Porter awakes, and discovers that he has only been dreaming a bad dream, induced by a too hearty dinner of tripe.”⁶³ In the original story, Meg reprimands her father in kind: “don’t eat tripe again without asking some doctor whether it’s likely to agree with you; for how you have been carrying on.”⁶⁴ With such literary episodes, it is rather unsurprising that dyspepsia finds its symbol in demon apparitions that often functioned to inspire dietetic (and moral) contrition in their victims. In 1878, *Fun* published a poem entitled “Indigestion! A Christmas Carol”, which played on these same connections, using the demon figure to emphasise the violence of digestive complaint:

Then down on your bosom, with pendulum stroke,
The pudding comes clattering—thud!
The pleasant suspicious your *sternum* is broke
Conduces to curdle your blood,
And there on the top is the demon himself,
A goodly king for it all!

⁶¹ “The Literature of Spiritualism”, 1518.

⁶² *ibid.*

⁶³ “The Chimes: A Goblin Story”, 77.

⁶⁴ Charles Dickens, *The Chimes: A Goblin Story*, 79.

You clutch at the clothes to get rid of the elf—
That counterpane is your pall!
And you toss and rear
First there, then here.
And squirming, and foaming, and groaning you rave;
But all in vain,
You'll *keep* the pain;
The demon your agonised efforts will brave.⁶⁵

In this portrayal of the demon of dyspepsia, the poet draws on the association between dreams and indigestion, gesturing to the chest-sitting incubus famously depicted in Henry Fuseli's *The Nightmare* (1781). As Jennifer Ford has argued, the connection between physiological processes and the imagination was the subject of lively debate in the late eighteenth and early nineteenth centuries.⁶⁶ Dreams had long been associated with bodily processes like digestion and artistic depictions of dreams in the late eighteenth century, such as Fuseli's painting, aimed to depict not the symbolic content of dreams, but the physical experience of them.⁶⁷ Sally Shuttleworth notes how, from the mid-nineteenth century onwards, there was a shift in psychiatry away from digestive explanations for mental phenomena like bad dreams. As she points out, while British physician Charles West attributed night terrors to digestive dysfunction in 1848, just six years later in 1854 he had "radically reframed" his understanding of night

⁶⁵ Henry Sampson (ed) "Indigestion! A Christmas Carol", 252. Emphasis in original.

⁶⁶ See: Jennifer Ford, *Coleridge on Dreaming: Romanticism, Dreams, and the Medical Imagination* (Cambridge: Cambridge University Press, 1998)

⁶⁷ See: Nicola Bown, 'What is the stuff that dreams are made of?', 152-3.

terrors in light of a new interest in mental disorders of childhood.⁶⁸ However, it is within the earlier tradition of connecting gastric and psychological processes that the “demon of dyspepsia” operates. In popular discussions of gastrointestinal health, dreams were assigned the dual task of articulating—by analogy—the felt experience of dyspeptics, and at the same time codifying the actual hallucinatory component that accompanied some forms of the disorder. In this capacity the discourses surrounding digestive distress formed a part of modified understandings of hypochondriasis.

In “Hypochondria: Medical Condition, Creative Malady”, literary historian, Stephen Heath gives a useful overview of the history of the disease, which was recognised by the Greeks as a pathology linked to and deriving its name from an anatomical space within the abdomen called the hypochondrium. Famously associated with melancholia and fear of death, it was also characterised by gastrointestinal symptoms. Heath charts its formulations from the sixteenth to the nineteenth century and beyond, as it became increasingly psychologised, and highlights its overlap with neurasthenia, hysteria, and psychosis, to paint a picture of what he considers today to be a “culturally extensive anxiety” about modern life.⁶⁹ This anxiety about the damaging impact of modernity is, of course, not unique to the twenty-first century. Since George Cheyne’s *The English Malady* in the eighteenth century, which had associated nervous conditions like hypochondria with “universal trade,” and urban expansion,⁷⁰ medical and non-medical commentators had increasingly associated disease with what they perceived to be the conditions of modernity or civilisation. By the mid-nineteenth century, a version of hypochondriasis that privileged the role of digestive disorder had risen in visibility with the name “dyspeptic hypochondriasis”, or sometimes “hypochondriacal dyspepsia”.

⁶⁸ Sally Shuttleworth, *The Child of the Child*, 42.

⁶⁹ Stephen Heath, ‘Hypochondria: Medical Condition, Creative Malady’, 919.

⁷⁰ Cheyne, *The English Malady* ii.

Although gastrointestinal symptoms had always been a part of the condition, this heightened focus on them suggested that poor dietetic practice stood at the bottom of what was increasingly characterised as a psychosomatic disorder.⁷¹

Scottish physician Anthony Todd Thomson had recounted the experiences of the hypochondriac in his “Extracts from the Notebook of a Physician” published in the *New Monthly Magazine* in the 1830s. In communicating the patient’s embodied experience, he used part of the imaginative aesthetic that was in this same period being employed in relation to dyspepsia. In both cases, somatic and psychic trauma was expressed as a violence perpetrated by demonic figures:

Like the gnomes of the Rape of the Lock, each has his peculiar province. One pierces with his forked tail, the supra-orbital nerve [...] another whips her shoulder [...] a third digs into a joint [...] a fourth has the temerity to descend into the stomach [...] whilst numbers turn the brain upside down; or reckless, pinch the nerves, exulting in the tremblings, pantings, vertigoes, palpitations, burning heats, and intolerable alarms, which their mischievous pranks awaken in the mind, and the bodily frame of the fair invalid [...] she [the patient] really begins to think that her head must be a steam-engine; that little boys are setting off balloons in her stomach; she fears she will become insane.⁷²

⁷¹ George Rousseau has written on the connection between hypochondriasis and digestive complaint with reference to Samuel Taylor Coleridge in “Coleridge’s Dreaming Gut: Digestion, Genius, Hypochondria” *Cultures of the Abdomen: Diet, Digestion, and Fat in the Modern World* eds Christopher E. Forth and Ana Carden-Coyne (Basingstoke: Palgrave Macmillan, 2005) 105-126.

⁷² Anthony Todd Thomson, “Extracts from the Note-book of a Physician—No. I”, 195.

His reference to the steam-engine here betrays the disease's associations with the industrial revolution, which was characterised by the increasing use of steam power. Indeed, much later in the century, American neurologist George Miller Beard would trace nervous conditions to "modern civilisation" which he considered to be synonymous with "steam-power, the periodical press, the telegraph, the sciences, and the mental activity of women".⁷³ Thomson elsewhere refers to his patient's symptoms as a "host of blue devils", a striking invocation of Cruikshank's depiction of indigestion. He further points to the shared root of hypochondriasis and dyspepsia when he notes that the sufferings of the hypochondriac are due to "physical disturbances of the bodily system [...] the same which generate dyspepsia, and diseases of the alimentary canal."⁷⁴ He asserts that although the supernatural analogies put forward by the hypochondriac (and clearly here perpetuated by the medical profession) appear "ludicrous", they are "nevertheless the recital of *real* morbid feelings". In other words, the demonic figures that haunt the imaginative aesthetic of digestive ill-health corresponded to a real felt experience.

The current definition of hypochondriasis as set out in the diagnostic and statistical manual of mental disorders (DSM-IV-TR) is enlightening here. Included among the somatoform disorders, it is defined as a "preoccupation with fears of having, or the idea that one has, a serious disease based on misinterpretation of one or more bodily symptoms."⁷⁵ This misinterpretation was, in the nineteenth century, often posited as a product of the fraught relationship between stomach and brain. An article in *Bow Bells* in 1871 argued that "mental anxiety and pecuniary embarrassments" could lead to

⁷³ George Miller Beard, *American Nervousness*, vi.

⁷⁴ Thomson, *Extracts*, 196.

⁷⁵ Michael B. First and Allan Tasman, *DSM-IV-TR Mental Disorders: Diagnosis, Etiology, and Treatment*, 1002.

indigestion, while physician John James asserted that dyspeptics are susceptible to the “keenest sensations of an unpleasant nature. They are querulous, irritable, irascible, suspicious and desponding.”⁷⁶ These “hypochondriac affections” he argues manifest when disease has taken seat in the “auxiliary digestive organs”.⁷⁷

Beard would later use dyspepsia as an analogue for insanity, both of which he associated with “civilised lands”, “over-work” and “over-worry”.⁷⁸ Thomson had also made this connection, arguing that his patients often suffered “from illusions similar to those which occur in insanity; that they see individuals and things, which have no real existence.”⁷⁹ He writes of a Scottish lawyer who imagined that he was always attended by a little gentleman in court dress, which over time transformed into a haunting skeleton. He also writes of a lady who would see a black dog sitting on the table near her—both phantoms of a “diseased imagination”. Such phenomena might remind us of Joseph Sheridan Le Fanu’s short story, “reen Tea” (1869), in which the protagonist is dogged by the apparition of a demon monkey. He tries to rationalise it as a “symptom of nervous dyspepsia”, having read about it in the medical journals.⁸⁰ Indeed, Thomson’s notebook provides the basis for just this plot. He notes that hypochondriasis (also known as nervous dyspepsia) has two causes, physical and moral:

The physical causes are the same which generate dyspepsia, and diseases of the alimentary canal, originating chiefly in sedentary occupations, and an improper use, or rather an abuse, of tea, coffee, and similar diluents. Literary men, and those studiously inclined amongst the clergy, indulge in the use of the herb of China to an

⁷⁶ John James, “ART I. An Essay on Indigestion”, 4.

⁷⁷ James, 5.

⁷⁸ George Miller Beard, “The Extent of Insanity”, 668-699.

⁷⁹ Thomson, “Extracts from the Note-book of a Physician—No. I”, 195.

⁸⁰ J. Sheridan Le Fanu, “Green Tea”, 58.

extraordinary degree; the consequences of which [...] invariably terminates in hypochondriasis.⁸¹

The protagonist's condition in "reen Tea " then corresponds to Thomson's understanding of dyspeptic hypochondriasis. Jennings is a clergyman who had been studying ancient metaphysics and drinking green tea—a recipe for hypochondriasis. The "diseased imaginations" of Thomson's patients and Le Fanu's protagonist blur the boundaries between dyspepsia, hypochondriasis, and insanity—an epistemological uncertainty that drives the plot of "reen Tea ". Irish physician, Richard Madden, had too erected this framework, asserting that these conditions were part of a sliding scale of ill-health: "hypochondria is the middle state between the vapours of dyspepsia and delusions of monomania".⁸² Le Fanu's characterisation of the demon monkey as persistently violent and malicious (as well as supernatural) again drew upon the aesthetics of the demon of dyspepsia, and thus further encoded discourses of gastrointestinal health into a narrative traditionally read for its depictions of delusional insanity. This entanglement was consistent with many physicians' assertions that hypochondriasis was in fact "an aggravated form of dyspepsia",⁸³ and that hallucinations belonged just as rightly to the symptomology of digestive disorder as they did to that of psychological illness. In their review of Madden's book, the *Quarterly Review* criticised Madden for overstating the influence of dyspepsia on the mind and body in his suggestion that "giddiness" and "petulance"—"languor" and "irascibility"—"dejection"

⁸¹ Thomson, "Extracts from the Note-book of a Physician—No. I", 197.

⁸² Richard R. Madden, *The Infirmities of Genius*, 153.

⁸³ Madden, *The Infirmities of Genius*, 155.

and “revenge” “headache” and “artifice”—“palpitation of the heart” and “parsimony of paper” were symptoms of the condition.⁸⁴

In a 2010 paper on the psychopathology of functional gastrointestinal disorders, Lukas Van Oudenhove et al. highlight the importance of American and Danish psychologists William James and Carl Lange to current theories of gastroenterological “psychosomatics”. In the 1880s, both James and Lange independently forwarded theories of emotion that implicated physiological processes directly in the experience of emotion. For them, the physical changes of the body in response to emotional stimuli were not the by-product of emotion but rather were constituent of the feeling of that emotion.⁸⁵ Oudenhove and colleagues note that these theories critically arose out of an international medical community engaged in constant debate about the direction of influence between disturbances and psychopathology. Read in this context, William Beaumont’s assertion that “violent passions” such as anger cause secretion of bile, suppress the secretion of gastric juice, irritate the stomach lining, and interrupt the process of digestion, intervenes in not just the physiology of digestion, but in the physiology of emotions and their mutual intertwinement. Not only do these discourses bring emotions like anger into the lexis of the pathological, but they also interrogate and attempt to modify the boundaries between feeling and emotion.

Gastrointestinal ill-health thus becomes a much richer and more nebulous category of complaint, its difficulty of expression reflected in popular culture by the anthropomorphising of gastric symptoms as supernatural demons and the use of violence to codify psychosomatic distress and alimentary guilt. In 1846, *The London*

⁸⁴ ‘ART. II.-The Infirmities of Genius illustrated by referring the Anomalies of the Literary Character to the Habits and Constitutional Peculiarities of Men of Genius’, 42.

⁸⁵ Oudenhove et al, “Psychosocial Factors, Psychiatric Illness and Functional Gastrointestinal Disorders” 203-4.

Journal published a poem sent in by a reader that recounted his experience of being hungry on his sickbed. “Why dread the angry cloud/Of thunder, tempest, rain/When there’s an element as loud/That rages in our brain?” he wrote, lines that recognised the emotional distress of what he calls “the howling cry of famished organs”, which were “by passion undermined.”⁸⁶ Such a depiction of the hunger of an invalid voices a timeless and complex lived experience that in this period formed, and was formed by, a nexus of discourses in literature, gastric biology, neurology, and the burgeoning genre of dietetics. As the “Dyspeptic Saints” article with which I opened argued, to be critically unmindful of the “philosophy of the stomach”⁸⁷ was to be insensitive to the sometimes indistinguishable boundary between physiological and psychological distress—or, between being hungry and being angry.

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⁸⁶ “Hunger”, *The London Journal*, 424.

⁸⁷ ‘Dyspeptic Saints’, 26

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