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**'Breathing for a while on our earth': Re-reading S. T. Coleridge's 'Dejection: An Ode'
and 'Letter to Asra' in Light of his Severe Rheumatic Fever.**

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Statement of Originality

This is to certify to the best of my knowledge that the content of this thesis is my own work.

This thesis has not been submitted for any degree or other purposes.

I certify that the intellectual content of this thesis is the product of my own work and that all the assistance received in preparing this thesis and sources have been acknowledged.

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Abstract

Hitherto overlooked medical sources ascribing Coleridge's ill health to a deadly strain of rheumatic fever should prompt us not only to reinterpret 'Dejection: An Ode' as an empirical narrative of respiratory distress as much as a lament for lost or lessened imaginative power, but also to reconsider its long-standing classification as a 'conversation poem' and to reassess the relation of the ode to the letter from which it derives.

Whereas discussion of air and breathing in Romantic literature tends to be metaphysical, this thesis addresses the question of what happens when we place the physiology and pathology of respiration at the centre of an analysis of a major Romantic poem. Analysing Coleridge's response to his rheumatic fever as a case study of respiratory writing, I trace the ways in which the poet's facility for literary osmosis transforms his daily management and mismanagement of bodily ailments into poetic legacy. Coleridge's rheumatic fever inextricably knots together his body and imagination, such that breathlessness figures in his writing as both a conventional poetic trope and a frightening lived experience. Coleridge's acute awareness of sensation and relationship with pain led him to understand breathing within material and ethereal spaces. His rheumatic reflections in letters and notebooks play a large part in shaping his literary identity, and respiratory dysfunction, especially the sense of smothering oppression, is crucial to an understanding, his own as much as ours, of his deeply dejected state.

This thesis examines papers published by physicians close to Coleridge, such as William Cullen, David Dundas, and William Charles Wells; records pertaining to Coleridge's autopsy; and an editorial from the London *Times* reflecting on his death, in order to identify rheumatic fever as Coleridge's primary ailment, against countervailing diagnoses of opioid addiction, scrofula and lassitude.

The scientific investigation of breathing was familiar to Coleridge from his youth, during which the study of pneumatic chemistry and pneumatic medicine flourished. He immersed himself in a world of 'new airs' including Joseph Priestley's *Experiments and Observations on Different Kinds of Air*. Engagement with a pneumatic zeitgeist that deconstructed elemental air saw him act on medical advice from Thomas Beddoes' Pneumatic Institute. With his close friend, Humphry Davy, he experimentally inhaled nitrous oxide and to Davy confided his rheumatic grief. Yet the alarm Coleridge felt about the spiritual consequences of such novel scientific enquiries must inform any exegesis of 'Dejection: An Ode,' even as we must also look beyond his nostalgia for an older vitalist response to breath to affirm the centrality of the physical body in his ode's deeper poetic truth. I find all the ode's motifs invite respiratory comment, from the lost screaming child and trampled men to the suffocating nightmares and crushing vipers. (499 words)

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I. Introduction

In 1802, in his ‘Letter to Asra’ and ‘Dejection: An Ode,’ Coleridge draws on a vocabulary of respiratory constriction and breathlessness caused by the chronic rheumatic fever that afflicted his lungs and heart.¹ I argue that this aspect of his medical history, routinely overlooked and misunderstood, determines how we should interpret both texts as linking intimately the physiological with the psychological in their expression of imaginative distress and actual sickness.

I am decisive about the importance of the poetics of breath to the ode. Just as Coleridge’s lungs noisily signal the presence of rheumatic disease through wheeziness and a chronic cough, his poetry signposts respiratory malady. Ironically, despite all signposting, Coleridge’s lungs have been cursed like an ancient Greek Cassandra—continuously ignored or misinterpreted.

As rheumatic narratives, the letter and the ode direct the reader repeatedly to Coleridge’s respiration, through failed and failing lungs, in material and imaginative contexts. Both texts are explicit on the importance of suffocation and I use the following section, unchanged in letter and poem, to support a reading of rheumatic breathlessness:

My genial spirits fail
And what can these avail
To lift the Smothering weight from off my Breast?
It were a vain endeavour,
Though I should gaze forever
On that green light that lingers in the west:
I may not hope from outward forms to win
The passion and the life, whose fountains are within²

¹ Samuel Taylor Coleridge, ‘Dejection: An Ode’ in *Poetical Works: Part One. Poems*, vol.I.1, ed. J. C. C. Mays (New Jersey: Princeton University Press, 2001), 121-125. ‘A Letter to _____, Apr 4 1802’ in *Poetical Works: Part One. Poems*, vol.I.2, 679-690. ‘Dejection: An Ode’ is, at times, abbreviated to ‘the ode’ and the letter to Sara Hutchison (named as ‘Letter to _____,’ in the Princeton edition of Coleridge’s poetry) is here referred to as ‘Letter to Asra’ or ‘the letter.’ I use ‘the ode and the letter’ with content relevant to both forms or ‘the ode and letter to Asra’ where there is a need to distinguish ‘letter to Asra’ from other correspondence discussed in the thesis.

² Coleridge, *Poetical Works*, vol.I.1, 123.

Unpleasant suffocation—an absence of breath—defines the ode’s central motif of ‘Smothering weight’ in melancholic vocabulary unaffected by literary revision. I examine passages from Coleridge’s notebooks in the late 1790s and early 1800s, and letters from Malta in 1804, which repeatedly mention ‘smothering weight’ in connection with feelings of suffocation. From these sources, I find Coleridge’s expressions for respiratory difficulty strikingly like those of physician William Charles Wells, writing about rheumatic fever at a time when it underwent a metamorphosis, as Peter English explains, in its ‘ecology.’³

Coleridge and Wells’ vocabulary speaks to the changing opinions on rheumatic fever held by other medical contemporaries, almost certainly unknowingly on Coleridge’s part until 1816 when his residence with Dr. James Gillman provided access to an extensive medical library. Other doctors who published on rheumatic fever include: John Cheshire in *A Treatise Upon the Rheumatism*; David Dundas in *An Account of a Peculiar Disease of the Heart* (on the connection between lung and heart failure towards the end of a patient’s life); and William Cullen’s *First Lines on the Practise of Physic* (defining acute rheumatism as different to new ‘chronic’ rheumatic fever).⁴ Coleridge documented similar, dramatic symptoms to their patients and to those of Wells: breathlessness, lung compression, pounding heart, inflammatory spasms, shifting pains and chronic cough.

I bring Coleridge for the first time into rheumatism’s eighteenth-century narrative of instability, specifically the disease’s shift from joint aches to a killer strain of heart pain and breathlessness. Rheumatic fever’s new narrative was curious; it had structure and characters but no (medical) rationale. English asserts that streptococcal bacteria triggered the emergence of this

³ Peter English, *Rheumatic Fever in America and Britain* (New Brunswick: Rutgers University Press, 1999), 159; Peter English, ‘Emergence of Rheumatic Fever in the Nineteenth Century,’ *Milbank Quarterly* 67. 1 (1989): 34.

⁴ John Cheshire, *A Treatise Upon the Rheumatism, as well Acute as Chronical: with Observations Upon the Various Causes that may Produce Them; and a Method of Cure* (London: C. Rivington, 1735), 104-106; David Dundas, ‘An Account of a Peculiar Disease of the Heart,’ *Medico-Chirurgical Transactions* 1 (1809): 44; William Cullen, *The Works of William Cullen, M.D: Containing his Physiology, Nosology, and First Lines of the Practise of Physic*, ed. John Thomson (Edinburgh: William Blackwood, 1827), 98-99.

deadly variant although neither modern nor nineteenth-century medicine can explain why. Molly Lefebure's medical and historicist approach for her Coleridge biography, *A Bondage of Opium*, offers some insight. She worked with a specialist from the Royal College of Surgeons in London who speculated on Coleridge's 'shortness of breath [as] the sign of mitral stenosis' in a rheumatic patient, but there is no mention of the disease's defining change from an acute to a chronic form during Coleridge's lifetime, probably due to her pharmacological focus.⁵

Certainly, any diagnosis of the ode as an illness narrative (and any diagnosis of Coleridge) needs to take account of his chronic opium addiction. Opium, as Lefebure explores extensively, was bound up in his identity as a poet, further complicated by a habit, typical of the era, of self-medicating. I present opium usage in this complex patient as entwined with rheumatic suffering, confusing his, and our, understanding of its aetiology and teleology.

Autopsy procedure of the era cannot definitively confirm or explain chronic rheumatism either. Coleridge died two years after the Anatomy Act of 1832 when the move to view autopsy as the study of disease, rather than anatomical dissection, was still in flux.⁶ As Harry Keil's history of rheumatic fever explains, 'The heart was considered as an invulnerable organ,' its interior not routinely examined during a post-mortem.⁷ A procedure with Coleridge's (questionably) 'invulnerable' heart did not therefore take place, although, without the appropriate microscope or immunologic knowledge, its findings would have been questionable.

Although there is no record of organ incisions, I judge Coleridge's autopsy record to be critical in its observations of the lung cavity. Evaluated next to the history of rheumatic medicine, the autopsy strongly suggests a new diagnosis, and so I argue for rheumatic fever, not psychosomatic gout or scrofula as Coleridge's chief complaint (among myriad lesser ones).

Rheumatic fever accords with a note on the autopsy (an unsigned handwritten copy that

⁵ Molly Lefebure, *A Bondage of Opium* (Worthing: Littlehampton Book Services, 1974), 47.

⁶ Piers D. Mitchell, *Anatomical Dissection in Enlightenment Britain and Beyond: Autopsy, Pathology and Display* (Farnham: Ashgate Publishing, 2012), 2, 22.

⁷ Harry Keil, 'Dr. William Charles Wells and his Contribution to the Study of Rheumatic Fever,' *Bulletin of the Institute of the History of Medicine* 4.10 (December 1936): 808.

corroborates Joseph Green's comments on the autopsy findings) and an 1895 editorial in *The Lancet*, all of which record pleural fluid and heart damage as causes of death and earlier suffering.⁸ *The Lancet* piece refers to a third primary source connected by breathless rheumatics—a letter written by Lucy Watson, grand-daughter of Gillman, for whom rescuing Coleridge's reputation also served her grandfather's legacy as his physician. Regardless of Watson's questionable motive and the limitations of autopsy procedure in 1834, *The Lancet* journal makes salient observations of damage to Coleridge's heart and lungs consistent with the prevailing definition of rheumatic fever.

From youth to posthumous correspondence, Coleridge's rheumatic fever tells a story. I trace the temporality of rheumatic fever, a slow and deadly disease, in 'Dejection: An Ode' and 'Letter to Asra,' treating both as a confession to longstanding bodily illness. In near-identical passages, towards the end of the poem and the middle of the letter, is a lost child who alone 'now moans low in utter grief and fear —/ And now screams loud, and hopes to make her Mother hear.' Critics generally agree the lines refer to a night Coleridge spent lost outdoors after he ran away from home. It is an episode that his letters, and correspondingly many biographers, have determined as the cause of subsequent lifelong rheumatic pains.⁹

The scene in both texts forms a recount of the childhood origins of Coleridge's rheumatic affliction, but I also argue that it contains an overlooked relationship between 'utter grief,' rheumatics and poetic diction. Just like the mournful lost figure of the letter and the ode, Coleridge howled to no avail while the local village searched for him, and whether true, embellished or imagined, the scene lends a personal quality to the poem's vocal lament of 'screams' and 'hopes' for attention.

⁸ 'Tyranny of the Body,' *Lancet*, 145. 3746 (15 June 1895): 1527.

⁹ Nicholas Roe, 'Coleridge's Early Years' in *The Oxford Handbook of Samuel Taylor Coleridge*, ed. Frederick Burwick (Oxford: Oxford University Press, 2009. 8. Humphry House, *The Clark Lectures, 1951-52* (London: R. Hart-Davis, 1953), 38.

I find a similar vocal expression of grief among the early Romantic poets by holding up Coleridge's voice in the ode and the letter against that of Lyca, 'The Little Girl Lost' in William Blake's *Songs of Innocence and Experience*.¹⁰ Both poems' breathy, grief-filled protestations differentiate them from the upbeat reminiscence ('thanks to the human heart by which we live') in parallel 1804 'Ode: Intimations of Immortality from Recollections of Early Childhood' by William Wordsworth.¹¹

I develop the idea of uncomfortable breathing within Coleridge's pre-occupation with dread and nightmares, the etymological root of which includes respiratory agitation. In response to Tim Fulford's idea that Coleridge exploited nightmares for artistic identity, I examine the ode's use of Wordsworth and Asra as alternate interlocutors.¹² Although Coleridge placed his central female figure 'Asra' on a moral pedestal beyond blame for the poet's dejection, she exhibited almost spirit-like powers, a sort of daemon of his dreams, in her ability to inhabit his body and mind, and exert influence over his breathing patterns.

As Jennifer Ford notes, observations of pain in the mind and body, during waking and dreaming, led Coleridge to explore 'constrained breathing' triggered by nightmares.¹³ In doing so, Coleridge perceived our lungs' potential to sustain an opposite, harmless state of breathlessness during sleep. He questioned the effortless suspension of breathing among figures revolving in the dream world, his '*Dreamatis Personae*,' fascinated by their 'apparent lack of consciousness of breathing.'¹⁴

I note that Margaret Atwood's protagonist in *The Blind Assassin* identifies with a similarly multi-faceted experience of breathing. Iris Chase experiences anxious breathlessness from her

¹⁰ William Blake, *The Complete Poems*, ed. Alicia Ostriker (London: Penguin, 2004), 120.

¹¹ William Wordsworth, *William Wordsworth*, ed. Stephen Gill (Oxford, Oxford University Press, 2010), 285.

¹² Tim Fulford, 'Dreams and the Egotistical Sublime: Coleridge and Wordsworth,' *Dreaming* 7. 2 (1997): 85-98.

¹³ Jennifer Ford, *Coleridge on Dreaming. Romanticism, Dreams and the Medical Imagination* (Cambridge: Cambridge University Press, 1998), 162.

¹⁴ Ford, *Coleridge on Dreaming*, 36, 178.

nightmares described as intense dread of a ‘malign presence,’ but simultaneously, she feels a comforting sense of expansion in her lung space.¹⁵ Atwood, like Coleridge, pins respiratory response to her character’s moral equivocation and damaged spirituality. I connect Atwood and Coleridge’s notion of dread with that of Martin Heidegger who associated fear with breathlessness (as did physician Dundas). Heidegger’s dread created sensations of oppression, ‘corporeally determined’ in human sinew and tissue, yet also the cause of self-alienation.¹⁶

Sorrowful isolation due to uncomfortable lungs prevents Coleridge inhaling enough vitalist ether. It should sustain his whole self and fuel his creative potency; instead, with damage to his respiratory cycle, he must grapple with profound consequences arising from physical and creative suffocation where breathlessness serves feelings of pointlessness, ‘this wan and heartless mood’ in which ‘my genial spirits fail.’ I explore the contextual relevance of vitalism to ‘Dejection: An Ode’ given that Coleridge sided with Thelwall’s conceptualisation of vitalistic energy in the breath,¹⁷ and find that Coleridge brings his version of religio-vitalism into the ode.

The breath is sacred from God, part of the ‘I am’ principle of the cosmos Coleridge defined in the *Biographia Literaria*.¹⁸ I use Drew Leder’s idea that illness brings greater bodily awareness while simultaneously alienating us from ourselves—the ‘paradox of illness’—to decode breathlessness in the ode partly as a crisis of faith.¹⁹ Any corruption in the process of respiration is a break from God, a break from the ability to reproduce and a reminder of death—the end of

¹⁵ Margaret Atwood, *The Blind Assassin* (London: Virago, 2001), 279.

¹⁶ Martin Heidegger, *History of the Concept of Time: Prolegomena*, trans. Theodore Kisiel (Bloomington: Indiana University Press, 1985), 290.

¹⁷ John Thelwall, *An Essay towards a Definition of Animal Vitality; Read at the Theatre, Guy’s Hospital, January 26, 1793; in which Several of the Opinions of the Celebrated John Hunter are Examined and Controverted* (London, T. Rickaby, 1793), 3, 37. The vitalism debate was another example, alongside concerns with breathable air quality and developments in pneumatic chemistry, of the lungs’ importance to public health and intellectual life, and therefore close to Coleridge’s consciousness between the mid-eighteenth to mid-nineteenth centuries.

¹⁸ Coleridge, *Biographia Literaria*, ed. James Engell and W. Jackson Bate (Princeton: Princeton University Press, 1984), 270-272.

¹⁹ Drew Leder, *The Distressed Body* (Chicago, University of Chicago Press, 2016), 15.

the breath. In my reading, breathlessness assumes a dramatically more sinister position than if it were only a trope for emotional intensity.

Coleridge looked beyond his interior for a self-diagnosis. He used a debate around agency, including medical climatology, to seek release from ‘the disease.’²⁰ Influenced by popular theories on British weather, his letters contain frequent complaints that climate exacerbated rheumatic pains in his limbs, a claim since corroborated by twentieth-century studies that measure a damp environment’s importance to rheumatic fever.²¹ He wrote his letter to Asra and then the ode following a long bout of rheumatic illness during which he repeatedly received advice from his contemporaries on changing location.²² I apply the work of Jan Golinski on climate within historical and literary studies, to determine the ontology of weather, geography and melancholic rheumatics in his correspondence at this time.²³

Typically, Coleridge did not adopt one belief-system in its entirety but blended materialist and mentalist conceptions of illness and disease as Neil Vickers explains. I lay out Coleridge’s move from the embrace of rheumatic fever to a materialistic stance involving gout, and then to scrofula’s mentalist approach with its damaging treatment of spirits and opium.²⁴ I argue that a philosophical quest for unified theories confused his judgement on medical matters, turning Coleridge (and his circle) away from a more compelling diagnosis of rheumatic fever.

Not all his non-rheumatic judgements were unhelpful. Other diagnoses emerged from Galenic-influenced interconnected systems, a medical perspective that prevailed during the Romantic period despite an earlier challenge to its humours-based doctrine of ‘Calor, Frigus,

²⁰ Coleridge to William Godwin, 23 June 1801, *Collected Letters*, vol.1, 735. To Thomas Poole, 5 July 1801, *Collected Letters*, vol.1, 741. To James Coleridge, 14 December 1802, *Collected Letters*, vol.1, 895.

²¹ M. Greenwood and Theodore Thompson, ‘On Meteorological Factors in the Aetiology of Acute Rheumatism.’ *Epidemiology and Infection* 7: 2 (1907): 171-181.

²² Appendix 1. *Letter Extracts on Rheumatic Fever and Related Medical Matters in S.T. Coleridge’s Correspondence: Winter 1801 to Summer 1803*, 80.

²³ Jan Golinski, *British Weather and the Climate of Enlightenment* (Chicago: University of Chicago Press, 2007), 153.

²⁴ Neil Vickers, *Coleridge and the Doctors: 1795-1806* (Oxford: Clarendon Press, 2004), 85.

Humidum, Siccumve' by influential early eighteenth-century physician Thomas Sydenham.²⁵ Roy and Dorothy Porter illustrate how long-established humoral physiology and pathology connected Air (breath) with the blood (heart). Coleridge related respiration to the working of his heart, to use one well-known poetic example, 'By vital breathings secret as the soul / Of vernal growth, oft quickens in the heart.'²⁶ By doing so, he summoned imagery familiar to the Romantic sensibility with its appreciation of 'intrinsic constitutional health produced by "humours"'.²⁷ However, understanding a pathological interplay between Coleridge's breath and heart, beyond poetic metaphor, did not occur and a diagnosis of chronic rheumatism remained elusive.

Critics have not framed Coleridge's poetry in terms of chronic rheumatism; yet, for Coleridge, poetry was the fitting dictum for purging inner sickness. Writing about imperfections in Wordsworth's contributions to *Lyrical Ballads*, he decided: 'we may compare them to some diseases, which must work on the humours, and be thrown out on the surface.'²⁸ A similarly cathartic conception of rheumatic disease led Coleridge to wonder whether Nature's familiar sounds 'Might now perhaps their wonted impulse give, / Might startle this dull pain, and make it move and live!', lines that give an empirical quality to illness. I read the ode strophe by strophe as an illness narrative. For example, I exploit the previous lines' depiction of movement in organic disease, holding it up as a mirror to the pervasive progress of rheumatic fever through Coleridge's lungs to his heart.

Illness disrupts the regular functioning of bodily and neurological systems and clearly disrupted those of Coleridge. I apply Drew Leder's distinction between illness and disease, where the former indicates experiential suffering and the latter is a medically defined term imposed on the patient, mindful of Coleridge's fluid philosophy on health during the early 1800s, to

²⁵ Thomas Sydenham, *Opera Universa* (London: Walter Kettilby, 1685), preface:14.

²⁶ 'To William Wordsworth,' *Collected Poems*, vol.I.2, 815-816.

²⁷ Dorothy Porter and Roy Porter, *In Sickness and In Health: The British Experience 1650-1850* (New York: Basil Blackwell, 1989), 30-31.

²⁸ Coleridge, *Biographia Literaria*, 151.

exonerate him from (some) charges of self-delusion and moral weakness.²⁹ I favour Havi Carel's more complex neurophysiology over Porter and Porter who typify the commonly-held opinion of Coleridge's ill-health as psychological in origin.³⁰ For example, by questioning what constitutes ill-health, Coleridge pre-empts some of Carel's contemporary work on the experience of illness as a 'breakdown of meaning.'³¹

Twenty-first-century research continues to approach lung pathogenesis from multiple perspectives.³² Increasingly studied and documented is an awareness of poor respiration's psychological impact, for example by interdisciplinary project team: Life of Breath.³³ I refer to the Breathe Oxford neuroscience project, which investigates how the brain 'generates the feeling of being breathless and how it is affected by stress, mood and previous experience.'³⁴ I also describe how recent clinical research on disease and the breath now seeks to understand 'how emotional and cognitive processes affect not only the perception but also the pathophysiology of breathlessness.'³⁵ It is clear that a 'smothering weight' of pleural fluid from rheumatic fever (as Coleridge's autopsy showed he lived with) triggers these cognitive responses, eliciting painful thoughts, for example about a loss of control or death.

Despite clinical and historical textual evidence, surprisingly little critical importance has been accorded to Coleridge's pain and breathlessness. Critics have chosen not to explore the

²⁹ Leder, *Distressed Body*, 15.

³⁰ Porter and Porter, *In Sickness and In Health*, 221. Coleridge's tone in letters to Robert Southey can also sound defensive on illness regarding moral and familial responsibility with blame for physical ailments primarily on infirmity of character.

³¹ Havi Carel, 'Why Use Phenomenology to Study Illness?' in *The Phenomenology of Illness* (Oxford: Oxford University Press, 2016), 2-3.

³² Despite increased medical specialisation, modern Western science researches a pathological connection between the lungs and heart disease. For example, trials involving artificial *enoses* can detect the presence of heart disease in a patient's exhaled breath through damaged particles that remain in the constitution of natural exhalation. European Society of Cardiology, "'Smelling" heart failure: Evaluation of an electronic nose' in Science Daily, 29 Aug 2011.

³³ Life of Breath, breathing and breathlessness research programme, Durham University and University of Bristol, <https://lifeofbreath.org/>.

³⁴ Breathe Oxford, breathlessness neuroscience research programme, Nuffield Department of Clinical Neurosciences, <https://www.ndcn.ox.ac.uk/research/breathe-oxford>.

³⁵ Carel, 'A Phenomenology of Breathlessness' in *The Phenomenology of Illness*, 3.

impact of rheumatic fever on the imagination's activity. With limited previous study of the transformation from physical disease to the intellectual in a major work by Coleridge, I place the breath at the centre of the analysis, treating respiration, like Leder, as a 'physiological...threshold,' with a caveat that 'cartesian boundaries cannot fully account for a porous identity for our breath, in its act of contraction and expansion across the universe.'³⁶

In addition, I rely on Carel's *Phenomenology of Breathlessness* for its detail of how poor respiration initiates psychological loss, fear and despair.³⁷ Other recent neurophysiological work on debilitating breathlessness with heart failure has shown that dyspnoea arouses the same brain pathways that deal with pain.³⁸ In the same study, these cortico-limbic structures confirmed that breathless distress leads to thoughts about death as well as loss of control—the poetic lament of 'Dejection: An Ode.' I assert that a similar emotional discharge due to illness forms the prominent motif in other poetry including 'Pains of Sleep.'³⁹

As a result, the thesis reconciles Coleridge's immersion in material suffering with psychological responses to his illnesses, as well as to 'Dejection: An Ode.' I deem incomplete any interpretation of suffering as psychosomatic, as mental flaws driven by wild emotions, because it ignores the actuality of disease. In a more nuanced reading of the ode, physiology fuses with psychological responses to pain. Breathlessness and weighty, smothering oppression blend with unrequited love, the torments of addiction, feelings of inadequacy and a loss of potency.

There are other critics dubious about an abstract interpretation of the ode. Reeve Parker, for example, rejects the idea of the poem as a functional review of Coleridge's despair prior to a transcendental display of the imagination as it 'misread[s] the subtle logic.'⁴⁰ However, most do not. Critics typically adopt a psychological position on the ode as a lament to lost poetic power.

³⁶ Drew Leder, *The Absent Body* (Chicago: Chicago University Press, 1990), 171-173.

³⁷ Carel, 'A Phenomenology of Breathlessness,' 2.

³⁸ Mari Herigstad, Anya Hayen, Katja Wiech, and Kyle T. S. Pattinson, 'Dyspnoea and the Brain,' *Respiratory Medicine* 105. 6 (2011): 811. Causes of dyspnoea include asthma, compressed chest cavity or oxygen desaturation.

³⁹ Coleridge, *Poetical Works*, vol.I.2, 754-755.

⁴⁰ Parker, 'Dejection: An Ode,' 196.

They often reference Coleridge's confessional writing around the time of the poem's genesis, most notably his letter to William Godwin in 1801 that self-proclaims: "The poet is dead."⁴¹ I decode the letter's theatricality rather than its disclosure and furthermore, argue for essential materiality to chest compression, its pressure and relief, to accompany a standard motif of lost poetic power.

Accordingly, breathlessness as a metaphor represents a loss of imagination and at the same time physical impotence. Catastrophically, an absence of Asra (Sara Hutchison) is also an absence of breath. In contrast with the fecundity of panting or heaving as respiratory tropes for desire and sexual activity, the poetic persona can no longer 'hope from outward forms to win / The passion and the life, whose fountains are within.' Instead, his barren body is short of life-sustaining vitalistic air with a corresponding weakening of the heart. I agree with Neil Vickers that a loss of earthy sexual energy drove autobiographical despair and internalised those 'viper thoughts that coil around my mind,'⁴² linking loss of sexual energy with ragged breathlessness from rheumatic fever.

Carel notes that patients lose coherence when breathless. She expounds on her interpretation using a non-medical frame of reference, as the patients' experience leads her to view illness as a 'deep phenomenon' in the same way as Art.⁴³ Breathing activates the brain's amygdala which handles memory and emotions, the state of imaginative consciousness that Coleridge sensed two hundred years previously, exploring how the physical entered into and emerged from his artistic expression. He sensed a powerful connection between his interior physiological condition (the emotional world) and his creative output, musing: 'my bodily feelings are linked in so peculiar a way with my ideas.'⁴⁴ I find 'Dejection: An Ode' to be a

⁴¹ Coleridge to William Godwin, 25 March 1801, in *Collected Letters of Samuel Taylor Coleridge*, vol.2, ed. Earl Leslie Griggs (Oxford University Press, London, 1956), 714. Discussion of the letter as self-confessional text in Richard Holmes, *Coleridge: Early Visions* (London: Hodder and Stoughton, 1989), 301-302; M. H. Abrams, *The Correspondent Breeze* (New York: W.W. Norton and Company, 1984), 106.

⁴² Vickers, *Coleridge and the Doctors*, 126, 132.

⁴³ Carel, 'Why Use Phenomenology to Study Illness?', 2-3.

⁴⁴ Coleridge to Mrs. S.T. Coleridge, 23 November 1802, *Collected Letters*, vol.2, 887.

fundamental expression of this ‘peculiar’ linkage intuited by Coleridge. It transformed his rheumatic, breathless lungs and damaged heart into poetic imagery, motif, and structure, an osmosis of physical symptoms and negative emotions, in what H. W. Piper calls the ‘divine power in man by the act of perception.’⁴⁵

A respiratory perspective problematises how we categorise ‘Dejection: An Ode’ in Coleridge’s poetry. From the perspective of bodily health, where illness is experienced as art, I assert that it does not consistently conform to Reeve Parker’s ‘deliberate art’ of what he terms ‘meditative poems’ nor M. H. Abrams’ cultivated art of meditation.⁴⁶ As a creative transformation of physical illness, I challenge A. Gérard and George McLean Harper’s classification of ‘Dejection: An Ode’ as a ‘conversation poem’ alongside ‘The Eolian Harp,’ ‘Frost at Midnight’ and ‘This Lime-tree Bower my Prison and others.’⁴⁷ I argue that the metre and overall ‘shape’ of the ode do not conform to this genre in which many critics place the poem, and I find that while the ode exhibits the intimacy and sense of dialogue that typifies a conversation poem, it lacks their characteristic unity of rhythm.

As someone highly sensitive to disturbance in the workings of his imagination and intellect, illness affected Coleridge’s choice of form for the ode. I agree with John Spencer Hill’s view that ‘the poem is (despite other influences) recognisably part of the English Pindaric tradition.’⁴⁸ In ‘Dejection: An Ode,’ he constructs a Pindaric platform, a form that his daughter thought to possess a ‘deep spirit of reverence for the Supreme and the Invisible,’ most notably in the poem’s stormy opening.⁴⁹ Athleticism associated with Pindaric origins in choral movement

⁴⁵ H. W. Piper, *The Singing of Mount Abora, Coleridge’s Use of Biblical Imagery and Natural Symbolism in Poetry and Philosophy* (London: Fairleigh Dickinson University Press, 1987), 93.

⁴⁶ Reeve Parker, ‘Dejection: An Ode’ in *Coleridge’s Meditative Art* (London: Cornell University Press, 1975), 206.

⁴⁷ George McLean Harper ‘Coleridge’s Conversation Poems’ in *English Romantic Poets: Modern Essays in Criticism*, ed. M. H. Abrams (New York: Galaxy, 1960), 152. ‘Conversation poem’ was the term he coined.

⁴⁸ John Spencer Hill, *A Coleridge Companion: An Introduction to the Major Poems and the Biographia Literaria* (London: Macmillan, 1983), 199.

⁴⁹ Sara Coleridge, *Memoir and Letters of Sara Coleridge*, ed. Edith Coleridge (New York: Harper and Brothers, 1874), 287-288.

across the stage reflect an intensity of breath required to deliver its triadic pattern; I suggest this brings forceful breath patterns to Coleridge's themes of love, loss and sorrow, while the form's intentional irregularity best serves Coleridge's damaged lungs and erratic breathing.⁵⁰

According to Owen Barfield, Coleridge's philosophy around 1800 often synthesised Platonic opposites but in this thesis, using binarisms to critique the ode does not work in reverse.⁵¹ Binarisms of our imagination versus our reality, the intellect versus the emotions, are limiting to an illness narrative. For example, symptoms rooted in real suffering also take on an imaginary life. Similarly, despondency is not necessarily separate from intellectual insight on melancholia.

Another (common) interpretation, incongruous with this thesis, reasons that 'Letter to Asra' is a declaration of doomed love whereas 'Dejection: An Ode' suppresses personal revelation. Accordingly, most criticism insists on a difference between the letter and re-drafted poem, applauding the ode or the letter but not both. Heidi Thomson, however, offers the idea of symbiosis in arguing for the poem as a palimpsest of the letter which I assert is compatible with chronic disease as a guiding principle.⁵²

Coleridge's distinction between imitation and copying (that imitation incorporates the original into the new while copying represents the thing copied) and Joann Kleinneier's 'indexes of external reality,' where poems are imprinted expressions of the cosmos and the word of God, should lead us to view 'Dejection: An Ode' as an imitation that has imported a diseased imprint from 'Letter to Asra.'⁵³ In doing so, 'Dejection: An Ode' unites with 'Letter to Asra' (the prototype) to reveal both a personal poetic and medical truth.

⁵⁰ Alex Preminger; Frank J Warnke and O. B. Hardison, ed., *Princeton Encyclopedia of Poetry and Poetics* (Princeton: Princeton University Press, 2015). The oratorical significance is that Pindaric odes may have been spoken in the Agora in celebration of an athletic victory.

⁵¹ Owen Barfield, *What Coleridge Thought* (London: Oxford University Press, 1972), 166.

⁵² Heidi Thomson. *Coleridge and the Romantic Newspaper: The 'Morning Post' and the Road to 'Dejection'* (London: Palgrave Macmillan UK, 2016), 217-8.

⁵³ Joann Kleinneier, 'The Chemical Revolution in British Poetry' (PhD diss., Stanford University, 2007), 198.

In summary, this thesis places medical, poetic and philosophical analyses of respiration together to elucidate a holistic response to both texts. I also read the letter and poem as a single work using the term ‘atmospheres of breathing,’ from Škof and Berndtson’s respiratory philosophy, to define a space in which the ‘aeriform effusions’ of the ode, the letter and problematic ventilation co-exist.⁵⁴ The conclusion is a new, porous reading of the ode as metaphysical and physical, guided by respiration’s materiality and ethereality.

⁵⁴ Tim Fulford, ‘Science and Poetry in 1790s Somerset: The Self-Experiment Narrative, the Aeriform Effusion, and the Greater Romantic Lyric,’ *ELH* 85. 1 (2018): 85-117. Lenart Škof and Petri Berndtson, *Atmospheres of Breathing* (New York: SUNY Press), 2018.

II. A Climate of Rheumatic Despondency

Coleridge complicated his time spent ‘breathing for a while on our earth’ with debilitating illnesses.⁵⁵ Many critics respond to Coleridge’s illnesses in terms of psychological suffering but with insufficient attention to physical ailments. I assert that Coleridge’s main affliction was a radical form of rheumatic fever in existence during the Enlightenment. It pervaded his emotional life in the early 1800s and should determine our reading of ‘Dejection: An Ode,’ and its originating verse ‘Letter to Asra,’ as confessional of Coleridge’s physical illness.

Claiming the ode and letter as illness narratives necessitates exploring Coleridge’s relationship with, and response to, rheumatic fever, arriving at three main outcomes: a challenge to the classification of ‘Dejection: An Ode as a conversation poem plus its re-interpretation as a palimpsest or translation, not as a counterpoint to ‘Letter to Asra.’ The second outcome demonstrates how ideas around vitalism interact with rheumatic breathlessness to create melancholia in the ode and the letter. Finally, this study makes a contextual case for re-defining the major work due to Coleridge’s medical history.

Both texts are presentations of his state of dejection and show sensitivity to both psychological and physical suffering that reached back to childhood. The ode and the letter’s defining scene of mental despair, for example, is nostalgic and rheumatic. In the well-referenced episode, Coleridge the young boy ran away, reaching a nearby riverbank where he fell asleep while the village searched. Found outdoors after a damp night on the ground, the episode left an enduring impression on the poet. Near-identical passages, with Coleridge transmogrified into a female towards the middle of the letter to Asra and end of the ode, memorialise a distressing experience:

’Tis of a little child

⁵⁵ John Beer quotes an anonymous entry to *London University Magazine* in 1830. John Beer, *Coleridge The Visionary*, London: Chatto and Windus, 1970, 29-31.

Upon a lonesome wild,
Not far from home, but she hath lost her way:
And now moans low in bitter grief and fear,
And now screams loud, and hopes to make her mother hear.⁵⁶

She exists in a similar poetic landscape to William Blake's 'The Little Girl Lost' named 'Lyca' from the *Songs of Innocence and Experience* who, 'Lost in desert wild,' also falls asleep.⁵⁷ Blake, too, moves between poetic personas that firstly describe Lyca's isolation and then adopt her first-person interior voice: 'Sweet sleep come to me / Underneath this tree.' Both poets use lost children for their Romantic 'cognitive, moral and aesthetic exploration,' fusing personal and imagined experiences with a lyrical song to create a distinct medium for conveying vocal anguish.⁵⁸ In both texts, intensified noisy breath patterns deliver the distress. Like the ode, Blake's group of poems depict vocally expressive grief for parental longing; for example, 'The Little Girl Found' has Lyca's parents 'Hoarse with making moan:' and weeping 'With hollow piteous shriek.'⁵⁹

Coleridge frames the much-cited story 'As Otway's self had framed the tender lay—,' possibly drawn to Thomas Otway's popular seventeenth-century drama *The Orphan* with its familiar themes of familial tension and sexual desire.⁶⁰ Coleridge's choice of the word 'tender' in qualifying the tale frequently appears in Otway's play; for example, orphan Monimia's claim that 'Sure my ill-fate's upon me / Distrust and heaviness fit round my heart.' (1:1:206-207) leads to the reflection 'and, like a tender child, / ...I fear its harm' (1:1:212-214).

Perhaps he saw Sara Hutchison's living arrangement with the Wordsworths in that of Monimia, the adopted daughter in a family of amorous twin brothers, with himself and Wordsworth as the play's fraternal rivals for the lady's affections. Another reason for connecting

⁵⁶ Coleridge, *Poetical Works*, vol.I.1, 124.

⁵⁷ Blake, *Complete Poems*, 120.

⁵⁸ Stephen Prickett and Simon Haines, ed., *European Romanticism: A Reader* (London: Bloomsbury Academic, 2010), 275.

⁵⁹ Blake, *Complete Poems*, 121.

⁶⁰ Thomas Otway, 'The Orphan' in *The Works of Thomas Otway: Plays, Poems, and Love-Letters*, ed. J. C. Ghosh (Oxford: Oxford University Press, 1968).

Otway to 'Letter to Asra' concerns matrimonial discord. 'Marriage is a mortifying thing' (1:1:269) proclaims the Page, foreshadowing the play's tragic outcome.⁶¹ The play's full title on the 1680 manuscript—*The Orphan: or the Unhappy-Marriage: A Tragedy as it is Acted at His Royal Highness The Duke's Theatre*—⁶² remained on eighteenth-century editions that Coleridge encountered, and strikes a chord with his faltering marriage to Sara Fricker at the time of the letter and the ode's genesis. Potentially, Coleridge empathised with Otway's creative process of infatuation with his muse (lead actress Mrs. Elizabeth Barry for whom Otway 'harboured an unrequited love'), as he crafted 'Letter to Asra' for his great, unrequited love.⁶³

The lost, bitter child of 'Letter to Asra' and 'Dejection: An Ode' is a typically Coleridgean invention, of attention-seeking and illness-ridden drama, which perpetuates his sense of self as lost and damaged. He frequently re-told this childhood Ottery *lai*. For example, in correspondence with Thomas Poole in October 1797 (in what became known as his autobiographical letter series) Coleridge reinterprets his exposure on the 'dreadful stormy night,' painting his recall as follows: 'I woke several times and finding myself wet & stiff, and cold, closed my eyes again that I might forget it.'⁶⁴ In addition to this night foreshadowing many subsequent nights of rheumatic suffering, his letter to Poole goes on to recall fragments of memories, each one united by a vocal expressiveness that typifies his presentation of rheumatic illness. In his account, there is emotional poignancy in the vocal searching of the villagers; 'I was *cry'd* by the crier in Ottery,' writes Coleridge of this moment of bathos. Eventually, the child's mournful, erratic, faint crying, matched by calls of the villagers, yields success and a rescue ensues but not before (life-long) physical damage to the respiratory system has occurred.

⁶¹ Otway, 'The Orphan,' 14, 16.

⁶² Thomas Otway, *The Orphan: Or, The Unhappy-Marriage: A Tragedy As it is Acted at His Royal Highness The Duke's Theatre* (London: R. Bentley and S. Magnes, 1680).

⁶³ Kate C. Hamilton, "'The Famous Mrs. Barry': Elizabeth Barry and Restoration Celebrity,' *Studies in Eighteenth-Century Culture* 42 (2013): 309.

⁶⁴ Coleridge to Thomas Poole, 22 October 1797, *Collected Letters*, vol.1, 352.

His childhood cries, in anguish at non-discovery, strain the breath in a prolepsis of sorrow in 'Letter to Asra' and 'Dejection: An Ode.' Decades later, their reimagined depiction of the lost child scene has the same respiratory urgency; grief-ridden 'moans' rise to 'screams' as the section's final two lines unite a young Coleridge with his later dejected poetic persona. Seeking attention when in a state of emotional angst takes a familiar form of distorted respiratory patterns: of exhalations through sighs, sobs, moans, panting or screams.

This childhood episode aptly demonstrates how Coleridge connected his rheumatic fever to despondency following (perceived) abandonment, usually involving the significant women in his life—his mother, wife Sara Coleridge, and lover Sara Hutchison. As the fictional and actual audience for Coleridge's outpourings in the ode and the letter, these female figures often functioned as catalysts for outbursts of literary misery during bouts of rheumatism. If we wonder whose attention the 'little child's' breath entreats in the ode and letter to Asra, Coleridge's account to Poole offers an answer. He reported his Mother's frantic reaction to her youngest son's absence and being 'outrageous with joy—' at his return.

The socio-dynamic of illness that emerges in the letter is one of loneliness and isolation caused by sickness. In this respect, the lost child episode is pivotal. Neil Vickers affirms Coleridge's opinion that loneliness, an inadequacy that started in childhood, resulted in his being 'insufficiently loved' thereafter.⁶⁵ Henry Crabb Robinson also conveyed his friend's temporal pinpointing of sorrow-filled illness in childhood. He explained that 'embittered by the recollection of ignominious punishments he suffered when a child,' his sorrow 'comes to him in disease and when his mind is dejected.'⁶⁶ Dejection and disease, it seems, were never far apart.

Rheumatic fever was undoubtedly a successful means of attracting attention from female and male audiences, and Coleridge exploited his recurrent bouts of rheumatic fever in various guises. Unhesitant in attributing a wide and wild inventory of afflictions to rheumatism, the

⁶⁵ Vickers, *Coleridge and the Doctors*, 132.

⁶⁶ Richard, Holmes, *Coleridge: Darker Reflections* (London: HarperCollins, 1998), 132.

condition he reports is varied and conjectural. It also neatly illustrates the very different relationships he sustained by letter with his closest confidants and as such has a bearing on his presentation of illness in 'Letter to Asra.' For example, to loyal friend Thomas Poole in 1796, rheumatism was corporeal: 'I have a rheumatic complaint in the back part of my head and shoulders'; while the specifics of suffering, relayed from the Scottish damp to his wife in late 1803, suggest he craved sympathy: 'rheumatism in the right of my head afflicts me sorely when I begin to grow warm in my bed.'⁶⁷ In contrast, he maintained a brave front in 1799 for Robert Southey, his brother-in-law and a critic of Coleridge's lack of stoicism in domestic affairs, commenting: 'the rheumatism is no such bad thing as people make for. And yet I have, and do suffer from it...'⁶⁸

Other Coleridge letters tell a different narrative of rheumatic fever from contexts beyond that of social relationships. For example, there is a dominant geo-medical perspective linking his geography with his rheumatism. As the tables below show, Coleridge wrote a meaningful proportion of letters that reference rheumatism at Keswick in the Lakes of Northern England between late-1800 and mid-1803, the period most pertinent to 'Letter to Asra' and 'Dejection: An Ode.' Most critics have afforded some attention to this contextual resonance of Coleridge's suffering in their analyses of 'Dejection: An Ode,' but none have written in detail on rheumatic fever. The following table demonstrates the attention Coleridge paid to his time as a 'slave to rheumatism' in the Lake District with his wife, a few miles from his lover.

⁶⁷ Coleridge to Poole, 18 December 1796, *Collected Letters*, vol.1, 288.

⁶⁸ Coleridge to Southey, 15 Oct 1799 to Southey, *Collected Letters*, vol.1, 539.

TABLE 1. Rheumatic Fever References, by Location and Season (in S.T.C.’s Correspondence: Winter 1801 to Winter 1803)⁶⁹

Location / Season	Carmarthen	Keswick	Pembroke	Scotland	Season Total
Winter (Dec-Feb)	-	6	1	-	7
Spring (Mar-May)	-	8	-	-	8
Summer (Jun-Aug)	-	4	-	-	4
Autumn (Sept-Nov)	1	1	-	1	5
Total	1	19	1	1	22

As table 1 shows, a rheumatic continuum is traceable in the Lake District during colder, wetter months of British Winter and Spring during 1801 and 1802. Isolation due to illness led Coleridge to exploit his rheumatic fever, in effect an interpretation of myriad symptoms, to again engage an audience. The first six months of 1801 were an essential gestation period for feelings that emerge in ‘Letter to Asra’ in 1802 and this period’s correspondence provides critical examples of self-pity and mistreated (genuine) symptoms combined with rheumatic theatricality.

A letter stamped from Keswick in January 1801 confided to Thomas Poole: ‘I write, alas! From my bed, to which I have been confined for almost the whole of the last three weeks with a Rheumatic Fever—.’⁷⁰ Coleridge deploys a plaintive tone to list various pains, including a sore hip and swollen testicle, deemed secondary symptoms of a vicious bout of the disease. Four days

⁶⁹ *Collected Letters of Samuel Taylor Coleridge*, vol.2.

⁷⁰ Coleridge to Thomas Poole, 7 January 1801, *Collected Letters*, vol.2, 661.

later, Coleridge manipulated the timbre of his rheumatism for the audience of Humphry Davy. In playful mood, yet reminiscent of genuine literary zeal for the French Revolution, he elevates his latest bout of the disease to a Parisian gaol experience: ‘the next day I was taken ill, & by the Lettre de cachet of a Rheumatic Fever sentenced me to the Bed-bastille—.’ The same litany of complaints that Poole endured then follows, including ‘a most excruc[ia]ting pain . . ., playing Robespierre & Marat in my left Hip & the small of my back.’ For Davy’s entertainment, he elaborates in self-parody on his swollen testicle and applications of vinegar and ‘Sal ammoniac’ with their subsequent ‘frantic & intolerable *Itching*,’ which sit alongside less dramatic but intense ‘pains in the Calves of my Legs.’⁷¹

Apparent in these exchanges is Coleridge’s love of self-diagnosis and willingness for experimentation when treating rheumatic fever. However, the letters also show the acceptance of rheumatic fever as an explanation for various maladies, setting up a pattern for his medical theorising over the following years. Neil Vickers describes the eighteenth-century proliferation of untrained, self-appointed men of medical matters, and Coleridge’s early rheumatic fever letters suggest an enthusiastic response to this mostly unregulated therapeutic milieu. For example, rheumatism led him to the Georgian practice of collecting recipes for tinctures to self-administer as his next communications show.⁷²

Shortly after the Davy letter, Coleridge (still reeling from the rheumatic experience on which he blamed his andrological complication) wrote again to Thomas Poole on rheumatic fever and its *materia medica*. He described the results of a treatment received in Keswick as ‘Torment in Hell.’ In addition to the itching in the groin that he had detailed to Davy, ulcers now appeared in the vicinity, to which he administered ‘*three* Leeches. . . kept bleeding the whole day,’ and ‘applied poultices, of bread grated & mixed up with a strong solution of Lead—.’ Astonishingly in a modern context, Coleridge reports the success of this treatment for a bout of

⁷¹ Coleridge to Humphry Davy, 11 January 1801, *Collected Letters*, vol.2, 663

⁷² Vickers, *Coleridge and the Doctors*, 21.

rheumatism, triumphing that ‘the fever toward night is almost gone,’ and concluding his correspondence (seemingly without irony) with the endorsement: ‘Our Surgeon and apothecary is an excellent, modest, truly intelligent man—.’⁷³

To a modern reader, these may seem to be amusing examples of Georgian medical incompetence and patient ignorance. However, amongst his panoply of symptoms, is a correlation with rheumatic fever’s medical history. Analysis by English, on the complex nosology of Enlightenment rheumatic fever, points to the nineteenth-century criteria for dangerous rheumatic heart disease compiled by Walter Butler Cheadle. The criteria include rashes and subcutaneous lumps, joint pain, heart problems and severe cough.⁷⁴ Therefore, Coleridge’s skin complaints and ‘Boils behind my ears’ in 1801, that were atypical of acute rheumatism’s arthritic pains, may have signified the onset of chronic rheumatism.⁷⁵

His letters show an unwitting and intuitive conviction that rheumatic fever engulfed his being during the germination of ‘Letter to Asra.’ Regardless of therapeutic accuracy, rheumatic fever continued to be Coleridge’s general repository for his complaints, and the topic of choice for letters written in the months immediately preceding ‘Letter to Asra’ and the first version of ‘Dejection: An Ode.’ John Thelwall was another recipient of the January 1801 rheumatic updates, although he was spared the sexual health detail of previous interlocutors and told only that Coleridge ‘was seized with a Rheumatic Fever, & after that with an Hydrocele—.’⁷⁶ What does exist is the same personification of rheumatic fever and its overwhelming oppression. His choice of singular noun ‘a fever,’ used in a sentence in the passive voice, is consistent with Coleridge’s impression of his affliction as an irrepressible external force, an agency whose power he was under during the winter of January 1801.

⁷³ Coleridge to Thomas Poole, 1 February 1801, *Collected Letters*, vol.2, 668

⁷⁴ English, *Rheumatic Fever in America and Britain*, 7,55,106.

⁷⁵ Coleridge to Thomas Poole, 7 January 1801, *Collected Letters*, vol.2, 661.

⁷⁶ Coleridge to John Thelwall, 23 January 1801, *Collected Letters*, vol.2, 667.

He attempted to exert control over his habits of self-diagnosis, treatment regime and most importantly over communication of his woes. Essentially, rheumatic fever necessitated an audience because the slow, chronic nature of the disease became habituated to Coleridge's misery. His dry remark about rheumatism to Thelwall in 1801: 'My own moans are grown stupid to my own ears,' reveals habituation to pain, negating the wretchedness that his voice once carried while lost in the Ottery night.⁷⁷

Rheumatic fever often appeared in letters as an entertaining device deployed to attract sympathy, with Coleridge self-presenting as a passive victim, vexed and powerlessness in the grasp of rheumatic fever. However, Coleridge should also be held to account. He pro-actively influenced his rheumatic fever through social geography in the disastrous decision to re-locate near Wordsworth's coterie in the Lake District of Northern England. Damp and cold conditions that typify the Lakes (particularly in winter) were precisely those that triggered episodes of rheumatic fever. In short, the location was 'the worst that he could have chosen' as Lefebure remarks.⁷⁸

The topic of improved climates as prevention or treatment was a familiar one and ultimately, Coleridge followed the advice of many friends including Thomas Beddoes, his advisor on 'matters of diet and pharmacopoeia,' to winter somewhere warmer and drier.⁷⁹ In February 1802, two months before the earliest known manuscript of 'Letter to Asra,' he wrote to his wife from London—with Mediterranean aspirations. In London partly to escape the harsher Northern winter which had caused such rheumatic discomfort the previous year, he concluded, 'I have small doubt, that a residence of two years in a mild & even climate will, with God's Blessing, give me a new Lease in a better Constitution.'⁸⁰ Coleridge continued to fret over how to improve his health as the early nineteenth-century progressed. In 1802, 'Well!' proved to be an

⁷⁷ Coleridge to Thelwall, *Collected Letters*, 667.

⁷⁸ Lefebure, *Bondage of Opium*, 47.

⁷⁹ John Harris, 'Coleridge's Readings in Medicine' in *The Wordsworth Circle* 3. 2 (Spring 1972): 90. Although Beddoes' envisaged the warm weather to be a cure for what he termed scrofula, not rheumatic fever.

⁸⁰ Coleridge to Sara Coleridge, 24 February 1802, *Collected Letters*, vol.2, 788.

ironic opening word to the ode and the letter, and its exclamatory punctuation foreshadows the crises that followed. By 1804, as if in answer to the jocular opening line, ‘Well! If the Bard was weather-wise,’ Coleridge the bard *was* weather-wise and actively sought an improved situation, on Malta, to make himself ‘Well!’—that previously elusive state during the construction of ‘Letter to Asra’ and ‘Dejection: An Ode.

Following his move to the warmer Mediterranean island in 1804, as the advisor to Malta’s governor Sir Alexander Ball, fewer rheumatic fever comments appeared in the notebooks and letters written during the arrangement’s three winters. He responded as medical climatology of the time predicted. Scientific papers published a century later concur with the judgment of Coleridge’s contemporaries regarding health benefits of warmth and dryness for rheumatic sufferers. For example, studies conducted in London between 1873 and 1903 have upheld an Enlightenment British public’s perception that cold, damp climates triggered episodes of rheumatic disease with increased frequency while twentieth-century reports from a more comprehensive global analytical field, have also substantiated the negative impact of damp, cold conditions.⁸¹

Although Coleridge’s circle of interlocutors was geographically wide, climactic advice to leave the North of England, due to concerns about rheumatism and healthful breathing, came mostly from associates living in the South. Thomas Poole, for example, had observed Coleridge’s better health during comparatively mild West Country winters at Nether Stowey in the late eighteenth century. Furthermore, instruction on his health often came from those working in cities such as Charles Lamb (a committed Londoner) or Thomas Beddoes. The latter’s Bristol-based Pneumatic Institute aspired to reform the treatment of ‘social’ diseases by experimenting with lung disorders. Respiratory health seemingly entwined with the civic agendas of doctors in changing cityscapes, where newly urbanised perspectives on clean air affected the interpretation

⁸¹ English, *Rheumatic Fever in America and Britain*, 98-99.

of disease. In summary, Coleridge's rheumatic unsuitability to the Lake District elicited climactic and medical advice from those living outside its vicinity and their comments are notable for a consistent respiratory focus. Beddoes' advice to Coleridge, for example, communicated his revised theories of asthma and respiratory complaints born of experiments with air quality and eudiometers.

Respiration was a fashionable topic. As miasma theory continued to influence the interpretation of illness during the 1790s, the pulmonary system and its effusions became the subject of increased clinical focus. *Correct* breathing increasingly contributed to good health, bringing economic opportunity as the breath was swept along with the highly marketable commodity of 'new airs.' During the late eighteenth-century period of 'pneumatick' experimentation, physicians promoted a new awareness of breathing in isolation from the rest of the body. Respiration became a more medicalised procedure, drawing on crucial experimentation with oxygen, nitrogen and carbon dioxide gasses across Europe, including the influential papers Joseph Priestley published in 1775.⁸²

Fellow Lunar Society member Erasmus Darwin promoted the use of containers of oxygen gas to treat respiratory pathologies including 'asthma.' In a 1796 letter, Darwin proposed a new product—oxygen inhalation—to a female patient suffering from shortness of breath:

I am glad that you attended a little to the new air, as it may happen, that it may be of service to you sometime to breathe some oxygen-air, which if necessary I can easily teach you how to procure and manage.⁸³

Darwin's authorial voice seems convinced by the efficacy of breathing new air, issuing instructions with polite authority. His hesitant usage of 'may' and 'sometime...if necessary'

⁸² Joseph Priestley, *Experiments and Observations on Different Kinds of Air* (London: J. Johnson, 1775). As Joseph Priestley lived in Leeds and Manchester, his involvement with the Lunar Society and Lunar Circle was more associative than Erasmus Darwin as a founding figure and regular member.

⁸³ 'Letter from Erasmus Darwin to female patient recommending opium for asthma for managing and procuring "oxygen-air"' (1796), MS/1204, Collection of Sir Frederick Stovin (London Science Museum Archive: Wroughton).

suggests his caution in prescribing the medical innovation, perhaps conscious of their novelty; he may also convey deference to the upper-class private patient's higher status relative to his own as a medical professional. Oxygen was a commodity for the wealthy and the patient administered Darwin's treatments orally, directly impacting their respiration.

While Darwin's oxygen interventions of the 1790s depicted medical procedures increasingly based on respiration, his letter neither refers to 'breath' discretely, even in the pathology of a patient's asthma, nor appends respiration to other bodily diseases, unlike doctors outside the pneumatic circle—namely Cullen, Dundas and Wells. Despite being engaged in pneumatic medicine, Beddoes and Darwin did not initially observe rheumatic fever's shifting disease epidemiology, which is strange given that the new, chronic form of rheumatic fever presented with severe breathlessness and chronic cough.

Perhaps the era's paradigm shifts in pneumatic chemistry explains their omission, namely a deconstruction of air and gradual dismantling of Galenic, holistic views of the body. The lungs increasingly became a mechanical apparatus to be *repaired* as if they were a set of bellows. Pneumatic medicine, therefore, did not treat rheum in the lungs as an infection of the whole body. In the public health space of late eighteenth-century England, pneumatic thinking on breathing was more likely to fuse with miasmatic views on airy matters, not with chronic rheumatism. Industrialisation and increased urbanisation, not rheum's internal fluids, influenced beliefs on the causes of rheumatic disease. As the theory of miasma hinged on poisonous effluvia from rotting matter, so living near piles of waste in townscapes caused new sanitary challenges. Pneumatic and miasmatic concepts of respiration coalesced with the epidemiology of new diseases, provoking questions, for example, on the source of chronic asthmatic coughs.

The debate over agency relating to weather and health (from a British Enlightenment worldview) further negated rheumatic fever as a viable diagnosis for lung pathology. Were the new respiratory symptoms of breathlessness seen in early nineteenth-century rheumatic patients triggered by Britain's dampness or yet another sign of dangerous air quality in its cities?

Determining pathological sources in an emerging medical landscape was not helped by the ideological distance between miasmatic contagionists and climatists. It was a gap Coleridge's reading bridged. He was as equally drawn to the former's opinion—that personal responsibility and moral virtue dictated hygiene—as he was to a climatist notion that a 'wretched climate' could explain 'five or six violent colds, and a rheumatic infection that had proved incurable.'⁸⁴

Climatic influence on rheumatic fever was a compelling idea, which prevailed throughout Coleridge's lifetime. It formed part of an ideology, connecting climate to health, prevalent among the British, in America and Europe. Thomas Sydenham, John Arbuthnot and William Cullen's students Alexander Wilson and William Falconer examined 'climatic susceptibility'—the weather's impact on psychological and intellectual sensibilities—and decided that the weather in Britain determined mood in 'a kind of surrender to the passions, closely allied to melancholia, hypochondria, and enthusiasm.'⁸⁵

These geo-medical perspectives connecting geography with personal health outcomes are essential to this study of Coleridge. For example, they interpret the role of the Lake District's climate in Coleridge's determination to leave the Wordsworths and Sara Hutchison, in turn catalysing circumstances around the composing of 'Letter to Asra.' Coleridge recognised that controlling his rheumatic reactions determined his well-being, and that the decision to follow Wordsworth (and by default, Sara Hutchison) had been unhealthy in a physical sense and the cause of much emotional angst. Melancholy from griping rheumatic pains (part of a tapestry of ill-health) was bound up in his rheumatic response to the climate. Therefore, implicated in the construction of the ode and the letter is the rheumatic legacy of location which, I argue, requires new thinking about illness-induced emotional angst and its literary outlets.

⁸⁴ Golinski, Jan. 'Debating the Atmospheric Constitution: Yellow Fever and the American Climate' in *Eighteenth-Century Studies* 49 Issue 2 (2016): 157.

⁸⁵ Golinski, *British Weather*, 153.

The years 1801 to 1802, when Coleridge conceived of the long verse letter, later written in draughty Greta Hall, Keswick, were particularly detrimental to his physical health. Coleridge's editor J. C. C. Mays observes that lines in 'Letter to Asra' 'draw on observations and feelings that had been gestating for twelve months and more.'⁸⁶ As those gestating feelings included gloominess caused by severe rheumatic illness, critical responses to 'Dejection: An Ode' and 'Letter to Asra' should include climate-influenced rheumatics in their analyses of melancholic crafting.⁸⁷

Many Romantic poets exploited the topic of melancholia for its poetic potential and Coleridge was not alone in selecting imagery from lofty subjects, intent on projecting melancholy as an aesthetic experience. Marilyn Gaull argues for an artistic elitism to Romanticism's melancholia in its attribution of excesses 'to biology, to climate, to religion...but never to hunger or poverty.'⁸⁸ However, I would argue that there isn't the artful intention of 'Dejection taken up for pleasure's sake,' as Wordsworth phrased it in Book VI of *The Prelude*, but Coleridge's authentic belief in climate's medical connection to his negative emotions.⁸⁹ His concerns resounded with Thomas Willis' concept of melancholia as a 'complicated Distemper of the Brain and Heart,' an interaction of mind and body.⁹⁰

Furthermore, Coleridge did not align with the nihilism Gaull associates with a Romantic notion of melancholy which 'stripped of its spiritual significance and consolations became a fact of life;' instead he remained resolutely Christian in his efforts to understand what Gaull calls 'large, permanent principles of human experience.'⁹¹ His depictions of melancholy in the

⁸⁶ Coleridge, *Poetical Works*, vol.I.2, 677.

⁸⁷ Humphry House discusses Coleridge rheumatic fever bout of 1799. House, *The Clark Lectures*, 38-40.

⁸⁸ Marilyn Gaull, *English Romanticism: The Human Context* (London: Norton, 1988), 218.

⁸⁹ William Wordsworth, *The Prelude 1799, 1805, 1850: Authoritative Texts, Context and Reception; Recent Critical Essays*, ed. Jonathan Wordsworth, M. H. Abrams, and Stephen Gill (New York: W.W Norton and Co, 1979), 214.

⁹⁰ Willis, Thomas, *Two Discourses Concerning the Soul of Brutes, which is That of the Vital and Sensitive of Man*, 1683, trans. S. Pordage (Gainesville: Scholars' Facsimiles and Reprints, 1971), 188.

⁹¹ Gaull, *English Romanticism*, 139, 218.

ode and the letter—the ‘dull sobbing draft, that moans and rakes’ of an ‘inanimate cold world’—may be replete with Nature rather than Biblical imagery, but it would be incorrect to assume that absence equates to ‘stripped of spiritual significance.’ Instead, despondency arises from Coleridge’s failure to reconcile physical and emotional misery within an ever-present spiritual framework.

The melancholia of Coleridge’s major work centres on the literary tradition of lung exhalations. In keeping with his early Ottery rheumatic experiences, respiratory moodiness was integral to Coleridge’s artistry, and ‘Dejection: An Ode’ and ‘Letter to Asra’ express sorrow in the form of sobs, wailing or sighing. He used these expressions frequently in his poetry, appropriated from sources such as Robert Burton’s influential 1651 treatise *The Anatomy of Melancholy* with its pertinent lines: ‘when I lie, sit, or walk alone / I sigh, I grieve, making great mone.’⁹² Burton categorised multiple strains of the melancholic condition including ‘windy melancholy’ which presents very much like rheumatic fever. Its physical expression of ‘palpitation of the heart ... sometimes suffocation, difficultas anhelitus, short breath’ has a destructive creative consequence, as windy vapours ascend into the brain, trouble the imagination and cause fear, sorrow, dullness and heaviness along with ‘many terrible conceits and chimeras.’⁹³

Coleridge’s reading records indicate his familiarity with *The Anatomy of Melancholy*, a text whose frontispiece and accompanying rhyming couplet prescribe hellebore and borage, herbs that Coleridge used to self-medicate, for ‘melancholy...[to] clear the heart / Of those black fumes which make it / smart; / To clear the brain of misty fogs.’⁹⁴ Essentially, Willis’ text offered

⁹² Robert Burton, *The Anatomy of Melancholy, what it is, with all the Kindes, Causes, Symptomes, Prognosticks, and Severall Cures of it: In Three Maine Partitions, with their Severall Sections, Members, and Subsections, Philosophically, Medicinally, Historically Opened and Cut Up*, 2nd edition (Oxford: John Lichfield and James Short, 1624), vi. Written under pseudonym Democritus Junior.

⁹³ Burton, *The Anatomy of Melancholy*, 272.

⁹⁴ Ralph J. Coffman, *Coleridge’s Library* (Boston: G.K Hall, 1967), 38.

him a strong example of restricted lungs, heart pain and damaged imaginative powers. It was an alluring combination, appropriated to construct 'Letter to Asra' and 'Dejection: An Ode.'

III. 'Turning Disease into Pearls'? Diagnosing 'Dejection: An Ode'

Most critics have classified 'Dejection: An Ode' as a 'conversation' poem, the name for a group of Coleridge poems that achieve their artistic goals through a similar structure. In his 1967 essay 'The Systolic Rhythm,' A. Gérard defined the structure of Coleridge's conversation poems as a representation of respiratory rhythms.⁹⁵ The poems *breathe* as they recount potent experiences. Emotional intensity forms poetic inhalations, meditation awakens self-knowledge and poetic exhalations announce spiritual transcendence.

'The Eolian Harp' illustrates Gérard's structural design. Its iambic pentameter, for example, aligns with natural speech patterns and easy breathing. Each line contains what Gérard terms a 'heartbeat rhythm of systole and diastole, contraction and expansion,' a rhythm that enlivens the poem's inner world with a 'widening perspective leading to a sort of cosmic view.'⁹⁶ The Romantic lyric evokes an enchanted music seamlessly entangled with celestial breezes; they communicate on a metaphysical level before the poem's speaker glimpses infinity in Nature. Coleridge admired William Cowper's 'chastity of diction' that aimed to combine 'natural thoughts with natural diction;⁹⁷ and indeed the natural 'conversation' of 'The Eolian Harp' exhales as it moves along on wafting 'gentle gales' while melody, the poem's essence, flourishes amongst structurally animated vital 'breezes.'

However, supposed conversation poem 'Dejection: An Ode' disappoints any anticipation of even breath-like gentle rhythms. Instead, Coleridge rejects the natural uniformity of consistent iambic pentameter. As a Pindaric Ode, it has an intentional confusion of rhythm interspersed with contractions and expansions achieved through introspection and reaching towards an

⁹⁵ A. Gérard, 'The Systolic Rhythm: The Structure of Coleridge's Conversation Poems,' *Essays in Criticism* 10. 3 (1960): 81, 85.

⁹⁶ Gérard, 'The Systolic Rhythm,' 85.

⁹⁷ Coleridge, *Biographia Literaria*, 18.

external audience. In respiratory terms, the rich vocal tradition of the ode renders its speaker's powerful melancholia more poignant because there is 'no natural outlet' for exhalation:

A stifled, drowsy, unimpassioned grief,
Which finds no natural outlet, no relief,
 In word, or sigh, or tear—
O Lady! In this wan and heartless mood,
To other thoughts by yonder throstle wooed.

The tuneful 'throstle' (a song thrush) has highly developed and complex songs, like those of the Pindaric ode, and it is not hard to see the throstle used to represent the poet.⁹⁸ In these lines, Coleridge's throstle is arrestingly quiet as if its throat throttles all sound. Preoccupied and 'yonder,' it contrasts with the joyful intensity of Wordsworth's throstle from 'The Tables Turned' in *Lyrical Ballads* of 1798: 'And hark! how blithe the throstle sings! / He, too, is no mean preacher.'⁹⁹ Voice communicates identity, but unusually Coleridge's voice in the ode cannot purge itself through standard cathartic exhalations of 'word, or sigh, or tear—.' There is no beneficial *conversation* with nature, only grief with no passion, fuelled by ambivalence that implodes inside its host. For a writer engaged in a lifelong spiritual dialogue, conversation also had theological implications. Our voice is God's gift, and so its failure to release profound grief, suggests the severe matter of broken faith.

In his essay, 'The Physiology of Versification,' Oliver Wendell Holmes discusses how a poet's respiration influences their choice of poetic metre. Holmes' view of the breath as an influencer of poetic expression, of 'intimate relation with the structure of metrical composition,' offers a rationale for breathlessness and poetic form.¹⁰⁰ From Holmes' perspective, Coleridge's erratic breathing (distorted by rheumatic fever) subconsciously influenced his rejection of ballad, blank verse, Homeric hexameter or rhyming couplets as too ordered for 'Dejection: An Ode.'

⁹⁸ Christopher Perrins ed., *The New Encyclopaedia of Birds* (Oxford: Oxford University Press, 2007), 252.

⁹⁹ William Wordsworth, *William Wordsworth*, ed. Stephen Gill (Oxford, Oxford University Press, 2010), 47-48.

¹⁰⁰ Oliver Wendell Holmes, 'The Physiology of Versification' in *Pages from An Old Volume of Life: A Collection of Essays, 1857-1871* (Boston: Riverside, 1899), 316.

Certainly, the irregular Pindaric ode form he did choose seems suited on physiological as well as a metaphoric level.

Coleridge's choice of form (subconscious or otherwise) for 'Dejection: An Ode' is at odds with its usual categorisation as a 'conversation poem.' In place of a unity of rhythm, Coleridge constructs an opening in erratic ballad form brought to an emphatic stop by the wind: 'the dull sobbing draft that moans and rakes / Upon the strings of this Aeolian lute, / Which better far were mute.' The lute of 'Dejection: An Ode' is a disappointing instrument compared to the melodious, inspiring gales that waft creatively and seductively in 'The Eolian Harp.' In the ode, the lute's song is one of pain-filled 'sobbing [and] moans,' made with the hard, consonant sound 'rakes' to evoke auditory discomfort. Subsequently 'mute,' the instrument's silenced strings denote a rhythmic change. This pause in music heralds the familiar sounds of a storm, welcomed only for its potential to awaken latent suffering, a shift in mood marked by a change of metrical poesis.

Initially, we might interpret the new metre that supersedes the opening's balladic rhythm to be inspired by the Spenserian stanza, but it does not last long. The first alexandrine rounds up the opening's storm-narrative and posits that the winds 'Might startle this dull pain, and make it move and live!,' giving physicality to the sensation of grief. For Coleridge, 'The Eolian Harp' was 'my favourite of my poems,' and in 'Dejection: An Ode,' a symbolic broken Eolian harp now awakens latent sorrows, forcing their painful motion.¹⁰¹ From the broken harp onwards, stanzas scatter themselves across multiple rhythmic patterns of a ballad, iambic pentameter and alexandrines, creating disjointed typography as the intentional irregularity of a Pindaric Ode emerges. Coleridge described the ode form as the 'gorgeous eloquence of Pindar,'¹⁰² choosing its sweeping choral form to inhabit and elevate his speaker's despondent interior world, and we can easily imagine Sara Coleridge (the author's daughter and poetess) to have had 'Dejection: An

¹⁰¹ Coleridge to John Thelwall, 31 December 1796, *Collected Letters*, vol.1, 170.

¹⁰² Coleridge, *Biographia Literaria*, 282.

Ode' in mind in her comment on Pindar's 'strange metre' that was 'of a regularity so varied and complex, that it seems like lawlessness and wild extravagance?'¹⁰³

The spontaneity and recklessness of Pindaric poetic dissonance in 'Dejection: An Ode' appear most prominently in strophes one, three, six and seven, which contain its most poignant scenes of illness. For example, the first sestet of section six that meets challenges with potent optimism— 'This joy within me dallied with distress.... For hope grew round me,' collapses under the weight of illness: 'But now afflictions bow me down to earth.' The poem's central concern is emphatically that of physical illness entwined with creative output; hence, it is not the superficial loss of joy that the poet laments but the theft of joy-creating imaginative powers by his personified afflictions. For Coleridge, 'My shaping spirit of Imagination' came at birth from God with the first breath of life; so, each bout of illness ('each visitation') erases creative potency and 'Suspends what nature gave me at my birth.' Any attempts in this verse to ignore a life of passion may calm palpable excitement but are spiritually pathological. He may temporarily reduce emotional exertion on the heart, but each suppression perpetuates sacrilegious damage to the soul, 'Till that which suits a part infects the whole, / And now is almost grown the habit of my soul.'

Harper considers that conversation poems 'require and reward considerable knowledge of his (Coleridge's) life and the life of his heart.' While conceding that cognisance of the heart applies to 'Dejection: An Ode,' I reject Harper's view that 'It is an ode in form only; in content it is a conversation poem.'¹⁰⁴ The 'exalted' tone and 'elaborate and complex stanzas' of the Pindaric Ode breathe with Coleridge's ideas,¹⁰⁵ building in intensity then ebbing as the poetic voice moves between personas: lover, husband, child, philosopher, disaffected poet and, I argue, afflicted sufferer of rheumatic fever.

¹⁰³ Sara Coleridge to Rev. Henry Moore, 5 September 1846, *Memoir and Letters*, 217.

¹⁰⁴ Harper, 'Coleridge's Conversation Poems,' 145, 154.

¹⁰⁵ Stephen F. Fogle, *Princeton Encyclopedia of Poetry and Poetics*, ed. Alex Preminger, 585.

To some extent the ode fits Gérard's interpretation of Harper and the conversation poems as 'a personal effusion, a smooth outpouring of sensations, feelings and thoughts, an informal releasing of the poetic energies in Coleridge's capacious mind and soul.'¹⁰⁶ Intimacy is present in the ode, as is the reflective dialogue that typifies conversation poems including 'Frost at Midnight' and 'This Lime-tree Bower my Prison.' However, 'Dejection: An Ode' lacks their tight cohesion of structure and subject matter. The accepted description of these poems as meditative conversations between oneself, landscape and absent interlocutors including God, advocated by M. H. Abrams and John Beer, is problematic in respect of 'Dejection: An Ode.'

Abrams explains narrative flow in the conversation poems as 'the speaker begins with a description of the landscape; an aspect ... evokes a varied but integral process of memory, thought, anticipation, and feeling.'¹⁰⁷ This is true of conversation poem, 'The Eolian Harp,' whose opening landscape of foliage surrounding a marriage cot evokes a memory of the poet's betrothed. Also following the convention, 1798 poem 'The Nightingale' opens with a sky of absent sunset colours that foreshadows (short-lived) sorrow, in this 'Most musical, most melancholy bird!'¹⁰⁸

But 'Dejection: An Ode' does not quite follow the prescribed pattern. An imaginary landscape opening (in this case stormy weather) serves as prolepsis to psychological angst rather than Gérard and Harper's specific thought or feeling:

I see the Old Moon in her Lap, foretelling
The coming-on of Rain and squally Blast
O! Sara! That the Gust even now were swelling,
And the slant Night-shower driving loud & fast!

¹⁰⁶ Gérard, 'The Systolic Rhythm,' 78.

¹⁰⁷ M. H. Abrams, *The Correspondent Breeze: Essays on English Romanticism* (London: Norton, 1984), 77.

¹⁰⁸ Coleridge, *Poetical Works*, vol.I.1, 517.

Intensity of language ('squally,' 'slant,' 'O! Sara!') lend Pindaric formality to the communication of a strophe in which the weather dances ominously, creating patterns of 'heightened diction' associated with the Pindaric Ode,¹⁰⁹ not conversation poems.

'The Nightingale' immediately rejects the idea that God's creations can be sorrowful ('In Nature there is nothing melancholy,')¹¹⁰ whereas natural elements in the ode conspire with the poet's abjection. Abrams' persuasive argument is that the moon, rain, stars and voice of the ode's harp 'reappear as the metaphors of the evolving meditation on the relation of mind to nature.' However, he brings together the elemental and psychological ('in this poem nature is made thought and thought nature') to define a process of beneficial positivity, an outcome that I question.¹¹¹ As the ode progresses, so too does nature's spectacle as mental torment, a representation of despair causing an 'inanimate cold world,' which speaks 'To the poor loveless ever-anxious crowd' in a tableau lacking any warmth from human connection.

Abrams reclassified the conversation poems with his influential term 'Romantic lyrics,' yet despite the re-naming, he was not entirely convinced by the ode's inclusion in the group of 'conversation' poems, singling it out as the 'Greater Romantic Lyric.' He felt that its expansive matter was atypical and unstable, but it was not a commonly held view.¹¹² For example, Reeve Parker also created a label— 'meditative poems'— for the 'conversation' group but, unconcerned by the instability that aroused Abrams' attention, his list firmly included 'Dejection: An Ode.'

Perhaps the issue of definition hinges on structure. Abrams maintains that the poems' defining cyclical structure performs an essential transformative function: 'In the course of this meditation the lyric speaker achieves an insight...Often the poem rounds upon itself to end where it began, ...with an altered mood and deepened understanding which is the result of the

¹⁰⁹ Fogle, *Princeton Encyclopedia of Poetry and Poetics*, 585.

¹¹⁰ Coleridge, *Poetical Works*, vol.I.1, 520.

¹¹¹ Abrams, *Correspondent Breeze*, 102.

¹¹² Abrams, *Correspondent Breeze*, 76.

intervening meditation.¹¹³ Again, this serves a conversation poem such as ‘The Eolian Harp,’ whose poetic voice, transported by insights from intellectual wanderings between the immediacy of the moment and intangible worlds beyond the self, achieves transcendence; but it continues to be problematic with regards to the ode and the letter. In both, the poetic persona rejects his domestic setting and instead lingers on failure, muting irresolution in a dismayed confessional with arguably no prospect of transcendence:

I turn from you, and listen to the wind,
Which long has raved unnoticed. What a scream
Of agony by torture lengthened out
That lute sent forth!

Regardless of naming convention (conversation, lyric or meditative), I find ‘Dejection: An Ode’ to be an unreliable inclusion to the group that includes ‘Frost at Midnight,’ ‘This Lime-tree Bower my Prison,’ ‘The Eolian Harp’ and ‘The Nightingale.’ Ultimately, the seemingly erratic Pindaric structure and continued regression to pain ensure that neither letter nor poem conforms to the cultivated art of meditation with uplifting denouement that Abrams and others have embraced.

Topics of breath and breathing problematise the poem’s classification in my view, with response to the ode’s respiratory references provoking questionable critical interpretation. For example, although Parker rightly places Coleridge the Neoplatonist as an ‘exile from the universe of harmony,’ he refuses the possibility of organic causes to explain Coleridge’s exile. His analysis of the poem opposes any criticism dealing with respiration as a form of ‘organicism [that] tends towards biological metaphors for the creative process,’ rejecting Gérard’s structural analysis of systolic and diastolic rhythm, contraction and expansion.¹¹⁴ Also dismissed is an interpretation of stanza seven as a ‘still diseased sensibility.’¹¹⁵ Whilst Parker admits the importance of vocal

¹¹³ Abrams, *Correspondent Breeze*, 76-77

¹¹⁴ Parker, ‘Dejection: An Ode,’ 10.

¹¹⁵ Parker, ‘Dejection: An Ode,’ 197.

communication to ‘Dejection: An Ode’ as a means of ‘voicing distress’ and ‘painful articulation,’ it is because he wants to explore respiratory articulation as an intellectual, non-bodily experience. In my view, this perspective becomes problematic because Coleridge’s poetic voice cannot self-authenticate sorrow and becomes more of a theatrical device to represent Platonic forms of grief.¹¹⁶

Parker argues that a letter Coleridge wrote to *Blackwood’s Edinburgh Magazine* in 1821 described meditation as an instrument for attaining “‘comforts and consolations” especially in situations of mental distress.’ However, he does not expound on Coleridge’s material acknowledgement later in the letter that ‘The best and surest nepenthe [sic] of solitary pain’ is to embrace ugliness and imperfections in ‘the revealing body with its indwelling soul’—a definitively corporeal theory.¹¹⁷ Parker’s view is one of many psychological, imagist or imaginative interpretations that ignore a transference between physical and imaginative experience. But it is a transference that Coleridge did not ignore. It is only with an acceptance of the unpredictable nature of our health, Coleridge says, that we might turn ‘diseases into pearls.’¹¹⁸

Given contemporary research, it seems provocative for critics to term ‘Dejection: An Ode’ as a ‘meditative poem’ yet reject the essentialism (the ‘organicism’) of the mechanics of breathing. The breath’s relationship to emotional health is an important topic in current neurophysiology and pathophysiology with much ongoing research. In one example that reconciles our perception of pain with our bodily experience of pain, a 2018 study describes how respiration (in the form of breathlessness) creates internal worlds with ‘transduced sensory inputs [that] are continuously compared to the brain’s model of the world.’¹¹⁹

¹¹⁶ Parker, ‘Dejection: An Ode,’ 183, 193-194.

¹¹⁷ Coleridge, ‘Letter V. To a Junior Soph at Cambridge,’ *Blackwood’s Edinburgh Magazine*, 10. 56 (1821): 260.

¹¹⁸ Coleridge, ‘Letter V,’ 261.

¹¹⁹ O. K. Faull, L. Marlow, S. L. Finnegan, K. T. S. Pattinson, ‘Chronic Breathlessness: Re-thinking the Symptom,’ *European Respiratory Journal*, 51: 1702238 (2018): para 5.

Without the possibilities of twentieth-century neurophysiology, and writing specifically on 'Dejection: An Ode,' Abrams, optimistically, argues for hope because the poet has imaginative powers. He considers the poem to be a review of Coleridge's afflictions and a conduit towards greater imaginative release as 'the speaker inventories the conditions of his death-in-life,' which erupts into vitalised life to 'demonstrate the power of imagination in the process of memorializing its failure.' In this, he supports a view of essential transactions between subject and object in Romantic lyrics' meditation on nature.¹²⁰ I concur that important instances occur where the conversation uplifts (the poem's middle section five for example), but I argue this is only because of a shift in tone connected to a new focaliser 'Asra,' and not from any personal awakening. The poet acknowledges a change by directly addressing his beloved as 'O Lady! ... O pure of heart,' elevating passionate love and desire to 'Joy the luminous cloud.' Vitalistic breezes and clarity of breath now enable her 'sweet voice' to communicate joy as she denotes health and powerful symbiosis with nature. In contrast, Coleridge's autobiographical voice at this point 'turns from you' (Asra) and alternately 'groans,' 'moans' or 'screams' as his rotten lungs recall misery.

Similarly, stanza eight with its positive lexis of 'healing' and 'cheerful eyes' is a reference to Asra 'my friend' and not the poet so troubled by recent illness. The speaker wishes upon her a restorative 'gentle sleep' that he has abandoned all hope of experiencing. He therefore desires her awakening of 'light heart' and 'joy,' not that of his damaged self. Although, perhaps the line, 'To her may all things live,' implies that he can be reborn—in her. If all forces including life-sustaining respiration live in her, then Coleridge will not suffocate in her presence under the 'smoth'ring weight' of grief on his chest. However, the poetic distance and tone of passive observation suggest otherwise. Their former intimacy is only a pleasurable memory that fades, damaged beyond hope, along with his debilitated physical and spiritual condition.

¹²⁰ Abrams, *Correspondent Breeze*, 27, 101-103.

Thus, Abrams' subject-object transference between man and nature, exists instead in the ode, between ill poet and his disease, between dyspnoea and rheumatic fever. The act of severing nature from humanity destabilises the ode's standard grouping as a conversation poem by most critics and introduces chronic rheumatic fever's potential for literary destabilisation.

Coleridge embodied what Drew Leder terms 'the paradox of illness' in which 'we are brought home to a heightened awareness of the body, but it is a body in which we no longer feel at home.'¹²¹ Coleridge was no longer at home in his diseased body after the rheumatic months of 1801, experiencing displacement that needed poetic expression. In 'Dejection: An Ode,' he seeks solace in his Ottery childhood body, but only uncovers the origins of rheumatic fever; he shifts to reminiscing about love with Sara Hutchison, but his breathlessness becomes dispassionate, not erotic; finally, he retreats to earlier happier days of poetic composition only to be reminded of dull pains that smother his efforts, literally and metaphorically.

There is self-banishment in his poetic malady and his perceived world is one of suffering—as Leder says, 'illness is an exile.' Leder draws a clear distinction between sickness and disease, and it is a useful methodology for interpreting Coleridge's poetic expression of rheumatic fever. From this approach, illness refers to 'suffering and disability a transformation of one's experiential world' while disease is a medically defined term.¹²²

I find that Coleridge also separated terms for illness in his writing, often to understand and pursue his 'disease' as an external imposter. As such, his letters after the rheumatic year of 1801 become notable for their reference to 'Disease' as an abstraction, frequently labelled 'my Disease' or 'the Disease.' Coleridge cast around for explanations concerning his ailments (illness) and suffering, adopting the label of rheumatic fever as he did so. Applying Leder's definition to nineteenth-century rheumatic fever brings together a disease located in the heart with illness

¹²¹ Leder, *Distressed Body*, 15.

¹²² Leder, *Distressed Body*, 13-14.

experienced in the lungs; therefore, Coleridge's rheumatic fever created profound sickness, typified by experiential suffering, with disability in the form of breathlessness.

In the absence of a definitive diagnosis, Coleridge created representations of his suffering in poetry. This included 'Dejection: An Ode' and correspondence including the verse 'Letter to Asra.' These were words of personal import as their revisiting during multiple versions conveys. Post-composition, he repeatedly returned to the ode and the letter, appropriating them with self-deprecation for audiences of his close circle. For example, he incorporated the poem written 'in language more forcible than harmonious' into a letter to William Sotheby on 19 July 1802, not long after the original letter to Asra.¹²³ Some of the poem's 'Lines that would give you no pleasure...' were also in a letter to Robert Southey on 29 July 1802 and Coleridge continued to adapt his poetic dejection for epistolary entertainment into the following year.¹²⁴ In a long letter to Sir George and Lady Beaumont, he copied large parts of the original 'Letter to Asra,' stopping abruptly with: 'I am so weary of this doleful Poem that I must leave off...'¹²⁵ Behind a mask of self-effacement, the poem's content was useful to Coleridge. By forging an ongoing literary relationship with its sorrowful imagery, he was able to pursue a deeper understanding of his illness.

His letters and notebooks testify that health was a topic of utmost interest to him and belief in contemporary medicine was crucial to Coleridge's thinking. The early nineteenth-century medical discourse that Coleridge engaged in blurs Leder's straightforward distinction between illness and disease, as the poet aspired to unified solutions for his (increasingly complicated) medical affairs. He solicited varied historical and contemporary sources, his philosophical concerns often 'anchored in medical debates' within a dangerously unregulated industry.¹²⁶ Rheumatic fever preoccupied Coleridge but not exclusively. His fascination with

¹²³ Coleridge to Robert Southey, 19 July 1802, *Collected Letters*, vol.2, 815.

¹²⁴ Coleridge to Robert Southey, 29 July 1802, *Collected Letters*, vol.2, 831.

¹²⁵ Coleridge to Sir George and Lady Beaumont, 13 August 1803, *Collected Letters*, vol.2, 973.

¹²⁶ Neil Vickers, 'Coleridge, Thomas Beddoes and Brunonian Medicine,' *European Romantic Review* 8:1 (1997), 59.

(many) other pathologies showed a tendency to hypochondria shared with men of his era, and which he coloured with rigorous study. Given Coleridge's gargantuan appetite for reading, his library records unsurprisingly show a plethora of texts on clinical medicine and *materia medica* borrowed for abstract intellectual curiosity as well as self-medication.

Intellectual pursuit moved into practical action. For example, Coleridge frequently served as his own apothecary between 1801 and 1802, during the creation of the ode and the letter. As John Harris notes, Coleridge identified recipes for 'tincture of wolfbane,' 'rhubarb infusion,' or 'camphorated julep' as herbal remedies for 'cough medicines, pain relievers, [and] skin conditioners,' many of which he assiduously copied into his notebooks from the *Edinburgh Dispensatory* and other periodicals.¹²⁷ It was an activity explicitly related to the treatment of rheumatics. For example, in a confluence of his love of diagnostics and pharmacopeia, Coleridge requested Davy's advice in October 1800 for a lady complaining of rheumatism, mentioning 'having seen in an advertisement something about essence of mustard curing the most obstinate cases of rheumatism.'¹²⁸ In this respect, his thinking about rheumatics upheld Georgian practices of 'self-physicking' supported in eighteenth-century publications such as *A Guide for the Self-preservation, and Parental Affection; or Plain Directions for Enabling People to Keep Themselves and Their Children Free from Several Common Disorders* by Thomas Beddoes.¹²⁹

As Coleridge was acutely aware (yet pathologically deceitful about) his self-diagnosis required an account of chronic opium addiction, and it would be incomplete to write about Coleridge's health in the early years of the nineteenth-century without reference to the drug. Regardless of the debate over what dosage or how much influence opium held over Coleridge's poetic imagination, it was crippling.¹³⁰ Opium fuelled destructive patterns and Coleridge's

¹²⁷ Harris, 'Coleridge's Readings in Medicine,' 93-94.

¹²⁸ Coleridge to Humphry Davy, 11 January 1801, *Collected Letters*, 662.

¹²⁹ Alexis K. Chema, "'Complaining Scrolls': Coleridge's Representations of Illness, 1800-1803' (M(Res) diss., Georgetown University, 2009), 15; Thomas Beddoes, *A Guide for the Self-preservation, and Parental Affection; or Plain Directions for Enabling People to Keep Themselves and Their Children Free from Several Common Disorders* 3rd edition (Bristol: Bulgin and Rosser, 1794).

¹³⁰ Lefebure, *Bondage of Opium*, 37.

propensity to delicate health in what Porter and Porter term: 'The superfine sensibility seeking sensation.'¹³¹

Opium also muddies diagnostic waters. It is highly probable that Coleridge wrote parts of the ode and the letter under the debilitating influence of opiate side-effects as well as those of rheumatic fever. For example, Coleridge's rheumatic fever, when treated with opium, displayed secondary symptoms of (commonly discussed) chronic stomach ache and bowel disorder. Coleridge constantly strove for salvation from opiate guilt and to alleviate this mental suffering, he substituted alternative medicine for opium. He recommended alternative pain relief in the form of the plant 'henbane' and a 'tincture of digitalis' to his brother in December 1802.¹³² In fact, they were also herbal replacements to treat rheumatics. Doctors such as Charles Wells and David Dundas treated rheumatic joint pain and chronic cough with digitalis so, in an unexpected homeopathic twist, treating his addiction to opium eating may have improved his rheumatic fever.

While Coleridge's personal drug use, circle of interlocutors and literary curiosity gave him an unusually broad medical knowledge, it did not halt his rheumatic fever. His was an era before examination by microscope technology or stethoscope invention, which eventually led to an acceptance of microbial contagion. A deeper understanding of the seemingly disparate symptoms of rheumatic fever did not arrive until after 1860 when germ (or sepsis) theory superseded miasma theory of airborne disease. But during Coleridge's lifetime, it was Britain's early industrialisation, new institutions and political ideologies, as well as a classical revival and individuals' career advancement that shaped the emerging picture of health. Also, as Vickers points out, Coleridge drew his medical opinions from a class-ridden system of academic

¹³¹ Porter and Porter, *In Sickness and In Health*, 221.

¹³² Coleridge to James Coleridge, 14 December 1802, *Collected Letters*, 896-897.

privilege, in which the untrained but university educated were entitled to set themselves up in medical practice.¹³³

Predictably, Coleridge self-diagnoses within a medical context altogether unfamiliar to the modern patient. Modern assumptions behind the terms ‘physician’, ‘surgeon,’ and ‘apothecary’ do not necessarily correlate to the conventional medicine of the day. Physicians mostly dealt with ‘Internal medicine,’ of fevers and tuberculosis or respiratory diseases but not necessarily skin lesions or boils. It was common for the public (including Coleridge) to solicit multiple opinions from the profession, with the views of the untrained barely differentiated from qualified doctors; as Vickers explains, ‘the eighteenth-century public did not make a great distinction between the proprietary medicines of regular practitioners and those of quack tradesmen. They judged as they found.’¹³⁴

Although Coleridge’s efforts did not yield permanent improvement, his ineffectual treatment regarding rheumatic heart disease is understandable given medical historians’ acknowledgement of its nineteenth-century complexity. During all his reading and attempts to self-medicate in the early 1800s, chronic rheumatic fever’s new pathology remained hidden to Coleridge—and to most doctors and the public.¹³⁵ As the eighteenth century became the nineteenth, Coleridge like so many other rheumatic sufferers had no idea of its silent machinations and strange new symptoms. In the meantime, his self-diagnoses moved around with contemporary medical debate as an often-luckless patient of its textured medical landscape.

Rheumatic fever (and gout and scrofula) were names Coleridge used to classify the same medical condition. As modern readers, we need to be careful of his usage of nineteenth-century terminology. In an example influenced by a Galenic sense of airs in the body, Coleridge defined a problem with flatulence as ‘asthmatic puffing’ to Thomas Wedgwood in September 1803,

¹³³ Vickers, *Coleridge and the Doctors*, 15.

¹³⁴ Vickers, *Coleridge and the Doctors*, 16-17.

¹³⁵ David Dundas identified a new rheumatic heart disease in his case notes early in the century but didn’t publish findings on its deadly Enlightenment form for another five years.

expressing relief that it did not leave a bad taste in the mouth.¹³⁶ He also wrote in a March 1804 notebook entry, ‘N.B. Opium always in the day-time increases the puffing Asthma.’¹³⁷ Coleridge appropriated ‘asthmatic,’ a term used since the sixteenth-century for respiratory conditions, to describe a digestive disorder.¹³⁸ It is a useful reminder that while Coleridge was familiar with a vast array of medical texts, he was untrained in interpreting his ailments. This included his understanding of rheumatism.

Relationships with people of a medical background shaped Coleridge’s interpretation of rheumatic fever. Ideological influence came from Dr. Thomas Beddoes, renowned for treating pulmonary disorders at his Pneumatic Institute, and an advocate of the ‘mentalist’ interpretation that physical illness originates in the mind. Coleridge particularly petitioned Beddoes for advice between 1801 and 1803, a time crucial to the design and writing of ‘Letter to Asra and ‘Dejection: An Ode,’ including the poem’s first newspaper publication and its subsequent sharing in letters. Influenced by the doctor’s endorsement of John Brown and ‘Brunonianism,’ which treated perceived internal deficiencies of excitability with narcotic and alcoholic stimulants, Coleridge’s broader thinking on personal health and morality incorporated rheumatism as a (temporary) self-diagnosis, evolved alongside altering ideological positions on the cause of disease.¹³⁹

However, when thinking about his health (rheumatic or otherwise), Coleridge remained characteristically uncommitted to one specific theory. Instead, he adopted different medical positions that ultimately resulted in a blended mentalist and materialist theory on health. For example, following Beddoes’ counsel and that of empiricist William Cullen, Coleridge replaced rheumatic fever in 1803 with ‘irregular Gout.’¹⁴⁰ After gout, the diagnosis changed again as

¹³⁶ Coleridge to Thomas Wedgwood, 16 September 1803, *Collected Letters*, vol.2, 991.

¹³⁷ Coleridge, *Notebooks*, vol.2, ed. K. Coburn (London: Routledge and Kegan Paul, 1957-2002), 1977.

¹³⁸ OED Online, *The Oxford English Dictionary Online* (Oxford: Oxford University Press, 2000).

¹³⁹ John Brown, *Elementa Medicinae* (Edinburgh: C. Elliot, 1780).

¹⁴⁰ Coleridge to Robert Southey, 17 February 1803, *Collected Letters*, 928.

Coleridge flirted with the idea of scrofula for his chief complaint.¹⁴¹ Vickers summarises his shifting and blended medical perspectives:

It was characteristic of Coleridge not to choose between two overlapping but distinct medical hypotheses but to adhere to both at the same time with varying degrees of conviction. The diagnoses of gout and scrofula enabled him to entertain two mutually antagonistic theories without considering the conflict between them. Until the last quarter of 1803, talk of gout was a vehicle for quasi-materialist speculations about the relationship between physical infirmity and mental disturbance. Scrofula, likewise, was synonymous in his thinking with medical mentalism.¹⁴²

By 1803, Coleridge ignored rheumatic fever in favour of alternative explanations, and I argue that some critics also erroneously dismiss rheumatic fever. Humphry House makes several references to Coleridge's rheumatic fever, for example in *The Clark Lectures, 1951-52*, when he discusses the poet's health, but negates the disease's validity as an explanation for suffering. House permits that 'illness intensified his delight in things external' but does not deconstruct how rheumatic illness might translate into poetry, probably because he does not believe that Coleridge ever had the disease. Instead, he insists that Coleridge's frequent references to rheumatic fever were a misdiagnosis giving the following unreferenced medical opinion: 'I am advised that we should now call this a serious influenza with rheumatism.'¹⁴³

There is no discussion of rheumatic fever or rheumatism in Martin Wallen's 2004 study *City of Health, Fields of Disease: Revolutions in the Poetry, Philosophy and Medicine of Romanticism*. Instead, Wallen presents a diagnosis of scrofula, 'scrofulous pressure,' as Coleridge's major contributory pathology.¹⁴⁴ Coleridge gave a direct assessment of his suffering with scrofula in an often-cited letter to his brother James in December 1802: 'I have no doubt that there is a taint of Scrofula in

¹⁴¹ Vickers, *Coleridge and the Doctors*, 85.

¹⁴² Vickers, *Coleridge and the Doctors*, 162.

¹⁴³ House, *Clark Lectures*, 38-39.

¹⁴⁴ Martin Wallen, *City of Health, Fields of Disease: Revolutions in the Poetry, Philosophy and Medicine of Romanticism* (Aldershot, Hampshire: Ashgate, 2004).

my constitution.¹⁴⁵ But given his deference to Thomas Beddoes, whose influential theories on scrofula have since been discredited, we ought to question Coleridge's certainty on this topic. As Coleridge's letter to his brother continues, it becomes apparent that scrofula is being used as a familiar device. Scrofula, like rheumatic fever, operates as a label, under which to attach blame (in this case indolence and vivid ideas), therefore creating a mistaken assessment.

In another letter to Thomas Wedgwood from Keswick, dated 16 September 1803, Coleridge devotes an unusually large portion to medical complaints, perhaps to excuse projected yet unrealised work for his benefactor. Scrofula features strongly as a lament to the same constellation of complaints previously assigned to rheumatic fever. He depicts night terrors, stomach acid and extreme digestive problems experienced over the previous months before confidently asserting the bewildering judgment: 'I myself fully believe it to be either atonic, hypochondrial Gout, or a scrophulous affection of the mesenteric Glands.'¹⁴⁶ The previous months had included a walking tour of Scotland with damp beds and wet weather—perfect climatic conditions for another rheumatic episode, not scrofula. It was also the tour during which Coleridge parted company from William and Dorothy Wordsworth and took significant doses of opium for his resultant dejected state. Opium has similar side effects to those Coleridge attributed to scrofula: nightmares, stomach pains or bowel problems. Furthermore, scrofula is a skin disease of the tuberculosis family, often caught by inhaling air contaminated by its bacteria, causing lymph nodes in the neck to become painfully infected. Yet, in his notebook of the Scotland tour, Coleridge does not mention neck pain; neither is it clear where he would have been breathing noxious air whilst crossing Glen Coe and making arduous ascents among The Trossachs.

It seems more likely that Coleridge mistook scrofula for rheumatic fever. There are similarities between the two conditions. Although scrofula does not cause heart palpitations, it

¹⁴⁵ Coleridge to James Coleridge, 14 December 1802, *Collected Letters*, vol.2, 897.

¹⁴⁶ Coleridge to Thomas Wedgwood, 22 September 1803, *Collected Letters*, vol.2, 992.

can create fluid on the lungs like rheumatic fever, causing pleural effusion (fluid between the lung and chest wall) and scrofula can affect joints and skin.¹⁴⁷ Tellingly, Coleridge did not write about the classic symptoms of scrofula in its worsening form of tuberculosis—blood in the phlegm with accompanying chronic cough. Furthermore, portraits from his later years certainly do not show the typical weight loss that would make a diagnosis of scrofula more plausible. Despite Coleridge’s epistolary assertions, there is no conclusive physical evidence for a diagnosis of scrofula over rheumatic fever.

Coleridge’s mentalist and materialist positions on gout, scrofula and rheumatic fever do reveal how he manipulated physical illness. He translated them into a non-physical realm and are therefore relevant to the poetics of ‘Dejection: An Ode.’ In the ode and the letter, Coleridge frequently illustrates the metamorphosis of illness using Nature. Important lines ponder whether Nature’s familiar sounds are distinct from an individual’s condition, and ‘Might now perhaps their wonted impulse give, / Might startle this dull pain, and make it move and live!’ Here, Coleridge seems to adopt humoralism to emphasise the realism of illness at a part of the ode where dysfunctional movement is integral, his poetic dejection moving with the physical pervasiveness of rheumatic fever on its passage from lungs to the heart.

To further an understanding of the process from illness to artistry, I consider Havi Carel’s perspective of what constitutes illness. Like Leder, Carel unpacks the experience of illness as distinct from the empiricism of disease. Illness, as Carel defines it, does not involve minor ailments; it is severe and ‘a breakdown of meaning’ that causes ‘existential transformation’ and the potential to destroy ‘overall coherence in one’s life.’¹⁴⁸ Carel’s list of the essential features of illness: ‘loss of wholeness... loss of certainty... loss of control...loss of freedom to act...and loss of the familiar world,’ reads like a catalogue of Coleridge’s despair.¹⁴⁹ Indeed, Carel affirms

¹⁴⁷ Joseph P. Byrne, *Encyclopedia of Pestilence, Pandemics, and Plagues* (Westport, Connecticut: Greenwood, 2008), 452.

¹⁴⁸ Carel, ‘Why Use Phenomenology,’ 2.

¹⁴⁹ Carel, ‘A Phenomenology of Breathlessness,’ 11-13.

illness as a ‘deep phenomenon’ akin to another example of vulnerability—art. If an illness is the lived experience of disease, we should view ‘Dejection: An Ode’ and its vulnerable self-expression as the artistic embodiment of illness, specifically that of chronic rheumatism. Carel states that ‘our contact with disease is through our experience of it.’¹⁵⁰ Consequently, it is of limited relevance whether Coleridge understood the label of rheumatic fever as his ‘contact’ with it came through symptoms and suffering.

We cannot apply recent medical research on breathlessness and the heart, such as ‘functional magnetic resonance imaging, in combination with detailed measures of physiology and psychology,’ to Coleridge’s physical body.¹⁵¹ Yet, part of the ode’s poetic legacy is its artistic representation of actual pulmonary suffering. As the creative process relies on our lungs for communication, in which breathing fuels the transfer of ideas from intellect to reader or listener, then damaged respiration must surely alter artistry. If we can accept that art conveys the experience of suffering, and Carel and Leder’s distinction between disease and suffering in illness, then we can conceptualise ‘Dejection: An Ode’ and ‘Letter to Asra’ as poetic representations of a disease (rheumatic fever) whose lines and imagery are cognisant of suffering from its symptoms.¹⁵²

In this way, my reading extends the standard consideration that poetic illness is only psychological, not physical. There is a seeming irresistibility for critics to potentialise illness as a powerful metaphor (not a reality) when considering Coleridge’s immersion in suffering during the early 1800s. In contrast to Carel’s neurophysiology, Porter and Porter’s mentalist view negates the relevance of material symptoms, asserting that ‘despite his reflex protestations, Coleridge’s maladies were not external afflictions, but were expressions of a self ever pained, and

¹⁵⁰ Carel, ‘A Phenomenology of Breathlessness,’ 3.

¹⁵¹ Breathe Oxford, neuroscience research programme, <https://www.ndcn.ox.ac.uk/research/breathe-oxford>.

¹⁵² This situates ‘Letter to Asra,’ ‘Dejection: An Ode’ and rheumatic fever within the same conceptual framework. Emily B. Stanback uses the term ‘Romantic disability poetics’ in her book *The Wordsworth-Coleridge Circle and the Aesthetics of Disability* (London: Palgrave Macmillan UK, 2016) arrived upon with insufficient time to take into consideration.

traumatized by inability to act.’ A limiting viewpoint when applied to rheumatic fever, the blaming of illness on personal defects is a familiar opinion. Such perspectives focus on psychological flaws and weaknesses, seeing Coleridge as ‘A slave to self’ whose ‘Illness was an objective correlative to inner weakness, enabling him to deflect spiritual conflicts while expressing them.’¹⁵³

Mentalist views do carry some weight as an interpretation. There are numerous notebook entries and letters in which Coleridge protests his shortcomings and weakness of character. Likewise, those who knew him well, including William Wordsworth and Henry Crabb Robinson, rooted blame for his physical ailments in character deficiencies such as an infirmity of conscience or resolve—or both. Similarly, his brother in law Robert Southey affirmed Coleridge’s lack of domestic stability and refusal to assume familial responsibilities to be morally reprehensible and the cause of a debilitating Christian Fall.

However, Coleridge had a more convoluted, more compelling explanation. He recognised a troubling connection between his psychological thoughts and physical symptoms, typified by the following notebook extract in which a heart weighed down by negative emotion restricts a respiratory release:

Alas, my Heart seems of very truth palsy-stricken/ It is dead-alive,
yet trembles ceaselessly. O mercy! O for the *power* to cry out for
mercy from the inmost.¹⁵⁴

His literary construct of the breath has a synthesis of material, spiritual and psychological elements with an aspiration to repair his interior through intellectual intention. Therefore, rheumatic fever tells us about Coleridge’s sensitivity to somatic sensation. Informing Robert

¹⁵³ Porter and Porter, *In Sickness and In Health*, 225.

¹⁵⁴ Coleridge, *Notebooks*, vol.3, 3353.

Southey that ‘when the pain intermits, it [rheumatism] leaves my sensitive Frame *so* sensitive,’ brings symbiosis of body and mind to his interpretation of medical matters.¹⁵⁵

Around the time of writing ‘Dejection: An Ode,’ Coleridge also sensed a powerful connection between the interior conditions of health and the intellect. We find this topic in a letter to his wife a few months after the poem’s publication; he wrote: ‘My bodily Feelings are linked in so peculiar a way with my Ideas, that you cannot enter into a state of Health so utterly different from your own natural Constitution—you can only see & know, that so it is.’¹⁵⁶ Here was an explicit echo of his creative identity, the ‘shaping spirit of Imagination’ of the ode and letter to Asra that ‘each visitation’ of illness smothers. It was a theft that stole ‘From my own nature all the natural Man—.’ Each example serves our understanding of how Coleridge reconciled the effect of illness on the process of poesis. He philosophised about his persistent health problems, welding them to his consciousness, fusing thinking and feeling to poetic inspiration. Consequently, ill health (his muse) found a comfortable place within a poetic imagination so often philosophical about dysfunction.

From these (and other) examples, we can conclude that Coleridge attributed a holistic combination of mind and body to his experiential suffering from rheumatic fever. References to breathlessness in his letters often accompany their rational assessment or psychological evaluation. For example, he recognised that respiration can release stifled emotions through the voice, purifying toxic emotional suffering. In another letter from Malta in July 1804, a sensation of suffocation, precipitated by thinking, generates precisely this type of personal analysis:

[I] find my whole Salvation in never suffering myself to be idle ten minutes together; but either to be actually *composing*, or walking, or in Company—for the moment I begin to think, my feelings drive me almost to agony & madness: & then comes on the dreadful *Smothering* upon my chest &c¹⁵⁷

¹⁵⁵ Coleridge to Robert Southey, *Collected Letters*, vol.1, 539.

¹⁵⁶ Coleridge to Mrs. S.T. Coleridge, *Collected Letters*, 887.

¹⁵⁷ Coleridge to Mrs S.T. Coleridge, 5 July 1804, *Collected Letters*, vol.2, 1143.

He went on to write of a lack of breath when idle or reading and of a panacea in the regimen of regular exercise and meals.

I posit that predominantly psychological readings of Coleridge's disease and illness are incomplete. To define his literary illness at that time as a product of mental flaws driven by wild emotions, negates his rheumatic fever's materiality. Also, it does not account for emerging medical evidence of a connection between pulmonary disease, the psyche and artistic endeavour. Critiquing the ode and its originating letter from a neuroscientific perspective, that bodily damage can inform psychological disturbance, may not fully align with Coleridge and his contemporaries' judgments, but it is essential methodology for assessing the impact of disease upon this artist's imagination.¹⁵⁸

¹⁵⁸ Faull et al., *Chronic Breathlessness*, para 4.

IV. Synchronicity between Letter and Poem

The story that Coleridge tells in the letter and poem, changes under respiratory analysis. To evaluate rheumatic fever's influence on the creative spirit requires thinking about sickness in the ode more broadly, beyond that of a metaphoric trope or structural device. It also necessitates a different approach to thinking about epistle and poem in terms of their textual form.

I assert that a perspective of medical historicism, specifically respiratory, cuts through the long-standing debate over the texts' reception. This includes debate over their respective artistic validities, the integrity of their form and divers comments on authorial intention. In my analysis, both the ode and the letter convey suffering through the same focalising metaphor against a backdrop of disease. From the perspective of ill health, the ode and the letter's textual similarities, not differences, stand out because they contain the most 'diseased' passages. These passages retain the same meanings, and indeed syntax, whether we examine them in the letter or the ode. For example, the stormy disruption, smothering suffocation and alexandrines of painful dejection are identical in 'Letter to Asra' and 'Dejection: An Ode.' The lost child at night, who initiates the pattern of lonely sickness, is also very similar in both forms. As a result, a private self-revelatory letter no longer contrasts with a public ode on the loss of imaginative powers.

In many interpretations, critics have placed 'Dejection: An Ode' and 'Letter to Asra' in opposition to each other, with divisions arising due to their comparative analysis. For example, critical studies have often treated the letter as a romantic epistle, a poetic declaration of doomed love for Sara Hutchison, while pointing to a mask of propriety in the ode. Here, the claim is that a married Coleridge changes the emphasis from a loss of passionate love onto a loss of creative powers instead. Accordingly, much of the poem's critical reception centres on what Jack Stillinger identifies as 'two separate works in the Coleridge canon,' in that they deliver contrasting

interpretations of the letter and re-drafted poem.¹⁵⁹ The editors of Coleridge's *Poetical Works* warn the reader against conflating the texts, despite their similarities. Their accompanying notes downplay meaningful correlation between a private letter and the ode (as published in *Sibylline Leaves*), stating that 'the *Letter* and the *Ode*, even while they share many lines and whole groups of lines, makeup two poems with separate tendencies and aspirations.'¹⁶⁰ Stillinger is one of many critical sources that has given credence to the opinion of textual division because of a change in authorial intention, writing that 'Coleridge changed the poem from a passionate, though somewhat randomly organized, love lament to an almost academic exposition of the shaping spirit of imagination.'

Some critics' oppositional views have favoured the ode's artistry over that of the letter. E. L. Griggs, an editor of Coleridge's vast correspondence, affirms that the poem is an improved revision giving 'a unity lacking in epistolary form ... Thus he turned a poetic letter full of self-revelation and self-pity into a work of art with a timeless and universal significance.'¹⁶¹ In Griggs' view (also sympathised with by H. W. Piper) a subjugation of personal expression was necessary for Coleridge to integrate artistic harmony that the letter lacked. The discipline of poetic structure and opportunity for self-containment created better art, and Griggs' anaphoric use of 'self' and critical epithet 'self-pity' make it seem a worthy sacrifice, which creates a sort of *Ars Poetica*.

In a reversal of Griggs and Piper's position, Humphry House espouses the opposite binarism of an undisguised letter worthy of more artistic unity because of its genuine affections. In doing so, he adopts James Reeve's view that the poem's one hundred and eighty lines lose the complexity, the 'interplay of personal emotion, general speculation and external stimulus' of the three-hundred-line letter.'¹⁶² Reeve reports House's complaint that 'the treatment of his

¹⁵⁹ Jack Stillinger, *Coleridge and Textual Instability* (Oxford: Oxford University Press, 1994), 91.

¹⁶⁰ Coleridge, *Poetical Works*, vol.I.2, 697.

¹⁶¹ E. L. Griggs, Editor's Note to Letter, 4 April 1802, *Collected Letters*, vol.2, 790.

¹⁶² James Reeve, *Selected Poems of S.T. Coleridge* (London: Heinemann, 1959), 146.

[Coleridge's] poems too much as embryo philosophy, has tended to obscure the place of the affections and feelings in them.¹⁶³ From House's perspective, love for Asra (not sickness as this thesis asserts) forms the letter's epicentre and has a unity around which all other elements orbit.

Heidi Thomson advances criticism of the ode beyond that of limiting binarisms.

Thomson challenges the notion that Coleridge's letters reveal his private self in a hypothesis that points to his unreliability as an interlocutor. It is also pertinent to his portrayal of ill health. Often intended as performance pieces to the receiver, Coleridge's medical detail undoubtedly contains embellishment to enliven an otherwise dull passage, and in more melancholic times, to invite sympathy. In Thomson's rich analysis, unrequited love and domestic discord plus Wordsworth's poetic and marital success occupied the Coleridge of both 'Letter to Asra' and 'Dejection: An Ode,' although there is no specific attention paid to a medical context. In referring to pain in the opening strophe, 'Wordsworth's wedding startles Coleridge's dull pain' (but not rheumatism) and the poet's 'inextricable connection' is one of 'joy, always associated with domestic harmony, with creative genius,' rather than with illness.¹⁶⁴ Her breaking down of public and private contextual spheres still strikes a chord with the poetics of breath. A diseased poet has a heightened confusion of interior and exterior self, a state of co-existence that the breath's pulmonary action mirrors, as it operates between the body's inner and outer realms, between the lungs and the surrounding air.

Not all notions of duality concerning the ode and the letter are unhelpful. For example, the idea that health is a desired state in opposition to the anguish of illness serves as a useful contrast. It is a view aligned with Romantic morality on Socratic models of health in which healthy citizens uphold the values of their city-state to set an example of leadership to those around them.¹⁶⁵ A similar distinction between an idealised principle of health versus a destructive

¹⁶³ Reeve, *Selected Poems*, 146.

¹⁶⁴ Thomson, *Coleridge and the Romantic Newspaper*, 219, 234.

¹⁶⁵ Wallen, *Cities of Health, Fields of Disease*, 15-16.

state of sickness functions in 'Dejection: An Ode.' There is no sense that the 'dull pain' of insomnia, or other 'pain and sorrow' that accompanies suffocating chest oppression, or breathy vocalisations of grief are advantageous to the poet while he is experiencing them. The poet's condition often contrasts with that of Asra whose vitality, joy and unfettered breathing align in an admired tableau of health and rejuvenation: 'O breathe She softly in her gentle Sleep! / Cover her, gentle Sleep! With wings of Healing.'¹⁶⁶ For Coleridge to 'Heal' is an unachievable aspiration that contrasts with the realism of illness in the ode.

The previous binarisms of health and sickness exist within each text, not between the letter and ode. Illness joins, not separates their textual forms. Physical symptoms of a breathless body and damaged heart are as imaginatively charged in the ode, as the letter. They remain the same despite poetic revision. Of relevance here, Carel denounces (in a medical context) the 'dualist flavour' that defines many illness narratives: 'the body fails, but the spirit flourishes; the body is tethered to its failing organs, but the spirit rises free.' Her position maps easily onto the ode and the letter and would not separate them, as illness narratives, from Coleridge's imagination. From this psychophysical perspective, we cannot read the ode, as many critics assert, as a review of afflictions prior to the imagination's transcendence—a glorious poetic phoenix emerging from the poet's interior destruction.

For Carel, such a dualist interpretation of sickness and imagination—that from despondency the poet automatically gains insight into his condition—is unworkable because the spirit tethers body and sickness in an unbreakable bond. In centring her argument on the spirit, Carel finds some common ground with Coleridge and M. H. Abrams, who thought deeply about the spirit (religious and literary respectively), but with a significant difference. Carel's conceptualisation of the spirit pays no heed to an artistic aesthetic (unlike Abrams) while her

¹⁶⁶ Coleridge to Sara Hutchison, 4 April 1802, *Collected Letters*, vol.2, 795.

secular argument ignores the type of religiosity that Coleridge embodied, replacing his Anglican sense of the spirit with her concept of consciousness and the breath.

Conceptualising the breath in literary studies can be problematic. Is it material realism or does it have more of a metaphysical aesthetic? Antti Salminen's useful tenet treats the breath as both ethereal and discrete with the capacity to act as a uniting mediator between the 'singularity' of terrestrial earth and the 'universality' of air.¹⁶⁷ For Carel, these notions of the breath sit comfortably alongside her rejection of dualism concerning physical and spiritual illness. It is neither subject nor object.

Drew Leder also observes that 'there is something more about breathing that makes it a potent tool for surpassing dualism.' The act of breathing is material and essential, and it creates space in the lungs during their respiratory cycle. However, breath's invisible weightlessness occupies another dimension, a space between inhalation and exhalation, that is not always easy to define. Leder uses organic boundaries in his attempt: 'physiologically, respiration stands at the very threshold of the ecstatic and visceral, the voluntary and involuntary.'¹⁶⁸ Oxygen (as the breath's gaseous component) creates life and sustains rhythmic patterns of exchange between all plant life and animals. Therefore, any prolonged disturbance to the breath's rhythms has material and immaterial consequences. For example, a breathing dysfunction causes actual damage to the lungs but also evokes the deepest fear—the cessation of life and the final breath—in a way that other injuries (say to the liver, to the senses or a broken limb) do not. Perhaps we should think about a poet's depiction of unsettled breath differently to that of other bodily ailments.

Based on his writing about illness, I too find it impossible to sever Coleridge's respiratory health from his intellectual powers. For example, Coleridge's best-known theorising on the imagination's 'esemplastic Power' in *Biographia Literaria* (1817) continued to view artistic

¹⁶⁷ Antti Salminen, 'On Breathroutes: Paul Celan's Poetics of Breathing,' *Partial Answers* 12. 1 (2014): 108.

¹⁶⁸ Leder, *Absent Body*, 171.

expression as an essential panacea to sickness, which if left untreated, would cause psychological damage:

It is within the experience of many medical practitioners, that a patient, with strange and unusual symptoms of disease, has been more distressed in mind, more wretched, from the fact of being unintelligible to himself and others, than from the pain or danger of the disease.¹⁶⁹

He may not have fully formed a theory of the imagination when composing the ode and the letter in 1802, but the later text's philosophical ideas on poetic imagination include typical reference to his diseases from an earlier period. Not often discussed in the poem's criticism, the *Biographia Literaria* explicitly deploys the ode's fifteen-year-old poetic language of 'abstruse researches.' Coleridge uses the term to represent a familiar sickness, that of mourning the loss of artistic purpose due to physical illness:

had I never relapsed into the same mental disease; ...delving in the unwholesome quicksilver mines of metaphysic lore... I have sought a refuge from bodily pain and mismanaged sensibility in abstruse researches, which exercised the strength and subtilty of the understanding without awakening the feelings of the heart;¹⁷⁰

Here, Coleridge's philosophy enables disease's enduring presence to infiltrate the sacred imagination where it remains till death. We could apply this more specifically to rheumatic fever to demonstrate the folly of divorcing Coleridge's poetic spirit from rheumatic fever's lung and heart illness. Rheumatism damaged interior health causing 'bodily pain' with corresponding artistic consequences of 'mismanaged sensibility.'

As a respiratory narrative, a lurking, silent, deadly rheumatic fever brings the ode and the letter together in a way that biographical and imagist approaches do not. Viewed through the lens of rheumatic disease, 'Dejection: An Ode' does not require discussion about the private,

¹⁶⁹ Coleridge, *Biographia Literaria*, 168, 234.

¹⁷⁰ Coleridge, *Biographia Literaria*, 17.

interior world of the letter versus the public exterior ‘face’ of the poem. The interiority and exteriority are common to both. Rheumatic fever for Coleridge occupied each realm—he ‘presented’ his symptoms to the world in the form of an increasingly ‘puffy congested appearance,’ breathlessness and coughs while the disease ravaged his interior world affecting neural pathways that also support memory, creativity and the imagination.¹⁷¹

A theory of mimesis proves useful to further explaining the poem’s presentation of illness. Thomson argues for ‘Dejection: An Ode’ of 1802 as a palimpsest ‘of cumulative layering and resonance,’ suggesting symbiosis between the ode and letter’s spheres.¹⁷² Coleridge thought and wrote on imitation as distinct from copying (a distinction that became notoriously inflammatory during his lifetime and beyond, due to his use of unacknowledged German sources). Aside from the debate around plagiarism, Coleridge’s philosophising distinguished between imitation and copying as an aesthetic principle. In a manner that adds weight to this reading, he saw copying as a representation of the thing being copied while imitation incorporated the original into the new.¹⁷³ We might, therefore, consider his revisions to major works as imitations including ‘Dejection: An Ode,’ which incorporates so much of the earlier ‘Letter to Asra.’

Coleridge the Romanticist saw poetic imitation as an expression of revitalising nature, of life’s capacity to renew in artistic representation. As Joann Kleinneier highlights, Coleridge’s poems were an imprint of nature and an active interior impression received from external surroundings, reproducing not copying nature. Nature was its own imprint of God’s cosmos and infinite wisdom and therefore imprinting occurred internally, formed by God’s inspiration within the imagination.

¹⁷¹ Lefebure, *Bondage of Opium*, 47.

¹⁷² Thomson, *Romantic Newspaper*, 217-8.

¹⁷³ Joann Kleinneier, ‘The Chemical Revolution in British Poetry’ (PhD diss., Stanford University, 2007), 11.

Kleinneier uses Coleridge's 'greatest poems' to represent his 'attempt to organically grow a poem from the inside out, uniting form and content' in an indexical relationship.¹⁷⁴ For example, in 'Letter to Asra,' the lute's 'agony by 'Torture lengthen'd out' and its 'Dream of Pain' should be viewed as Coleridge's imperfect interpretation of God's perfect world. Thus, the immaterial appears in the material body in a 'spontaneous process.' Kleinneier's argument presents a fluid, unencumbered natural way of uniting form and content that works with an idealised perfection of nature; however, it does not account for a damaged imitation of 'nature,' where disease distorts the 'health' of the interior being imprinted upon. However, by extending Kleinneier's process of artistic crystallisation, perhaps 'Dejection: An Ode,' as the imitation, can be seen to import a diseased imprint of the earlier letter.

Treating 'Dejection: An Ode' as an 'index of external reality' (rather than a synthesis of opposites) aligns it with 'Letter to Asra.'¹⁷⁵ Both convey profoundly dejected spirits, the 'wither'd branch upon a blossoming 'Tree,' in a broken natural cycle of growth and repair. Coleridge encourages us to question disease's identity in what we deem 'natural.' Disease, of course, has its own (unwelcome) cycle of growth. As a potent symbol of melancholic decay, rheumatic fever moves its invisible bacteria around a rheumy ether into the body until, stripped of vigour, it 'wither[s].' A virulent bacteria's progression affects heart and lungs, damaging two organs deemed the house of the emotions and receiver of the breath of life respectively. What results is a systemic, ailing health condition—a poignant, melancholic sense of suffocation—that infuses all versions of the ode and the letter to Asra.

¹⁷⁴ Kleinneier, 'Chemical Revolution,' 165.

¹⁷⁵ Kleinneier, 'Chemical Revolution,' 198, 200.

V. Breathlessness and Loss of Vitalism

William Cullen's authoritative medical voice wrote on vitality, and specifically vitality in relation to rheumatic fever. He identified rheumatism's source of pain that 'depends upon fibres and vessels being in a contracted state' alongside a lack of vital energy or 'atony.'¹⁷⁶ In an undiscussed connection, I find that Coleridge's breathless rheumatic fever points to the highly influential debate of vitalism.

During the first half of the eighteenth-century Dr. John Hunter 'located' such vital energy in the cardiovascular system. Despite a concession that the breath is intrinsic to our being as a physiological process, his influential consensus asserted that our blood is the source for the spark of life.¹⁷⁷ John Thelwall disputed Hunter's long-held doctrine and his alternative theory engaged Coleridge, interested in pneumatic chemistry's contributions to an intellectual battle on the meaning of life.

In 1793, embracing an end-of-century revolutionary atmosphere, Thelwall gave an influential paper at Guy's Hospital on what constitutes Life. Titled *Animal Vitality*, it directly challenged Hunter's anatomical science in which the blood housed the vital spirit. Instead, he treated the breath as the integral force in matters physiological and metaphysical. He offered a breath-based model of 'spiro' (spirit) and described this precious essence as a 'vital aeriform substance, diffused through the frame, and giving animation to the respective parts.'¹⁷⁸ Partly as a result, the breath featured more prominently in vitalistic interpretations that shifted from blood to ether at the end of the eighteenth century piquing Coleridge's acute sense of the zeitgeist.

Vitalist ideas flowed from medicine to literature as the aspiration to explain life's essence captured the attention of many poets. Like Thelwall, Coleridge favoured vital energy that would

¹⁷⁶ Cullen, *Works of William Cullen*, 98-99.

¹⁷⁷ Stephanie Rispoli, *Anatomy, Vitality, And the Romantic Body: Blake, Coleridge and the Hunter Circle, 1750-1840* (PhD diss., University of North Carolina, 2002), 51. John Hunter, *A Treatise on the Blood, Inflammation and Gunshot Wounds* (London: John Richardson and G. Nicols, 1794), 77.

¹⁷⁸ Thelwall, *Essay towards a Definition of Animal Vitality*, 3, 37.

‘breathe a repairing spirit,’ drawing its energetic origins from pneuma—the wind and the breath, not the blood.¹⁷⁹ While Coleridge’s engagement in any vitalism debate reflected his keen interest in affairs contemporary and controversial, it was also spiritually self-serving. Unlike Thelwall, Coleridge’s interest stemmed from his religiosity. He juggled thinking about the soul in terms of God’s eternal breath of life along with the materialist implications of pneumatic chemistry’s study of this same breath. Jack Haeger emphasises the originating force of God within Coleridge’s scientific speculations: ‘The metaphor of the Breath and the Word...brings home the fact that Coleridge’s conception of “ether” casts it as the dependent agent of God.’¹⁸⁰ When it came to writing poetry, Christian symbolism of a vital, creative breath from God formulated Coleridge’s interpretation of an immortal soul.

A later poem, ‘Human Life: On the Immortality of the Soul’ (written between 1811 and 1815) demonstrates his use of breath as a vitalistic motif for the psyche. Breath forms part of an extended metaphor challenging the notion that, when we die ‘we cease to be.’ Coleridge opens by considering,

If the Breath
Be Life itself, and not its Task and Tent,
If even a soul like Milton’s can know death;
O Man! Thou vessel purposeless, unmeant,¹⁸¹

In this, Coleridge imagines ‘Breath’ as synonymous with physiological life, a premise he refutes. Mays’ editorial note states that Coleridge wrote Latin marginalia ‘Halitus=Anima/Animae tabernaculum’ on one copy of *Sibylline Leaves* next to this poem.¹⁸² Translating as breath equals soul, the dwelling place of the soul, Coleridge offers an alternative worldview in which the breath

¹⁷⁹ Abrams, ‘Coleridge and the Romantic Vision of the World,’ in *Coleridge’s Variety*, ed. John Beer (London: Macmillan Ltd, 1974), 130.

¹⁸⁰ Jack Howard Haeger, ‘The Scientific Speculations of Samuel Taylor Coleridge: Manuscript Transcriptions and a Commentary’ (PhD diss., University of Washington, 1970), 87.

¹⁸¹ Coleridge, *Poetical Works*, vol.I.2, 886-887.

¹⁸² Coleridge, *Poetical Works*, vol.I.2, 887. Editor notes the wording is possibly from Francis Wrangham’s copy and that Coleridge’s son Derwent copied the phrase into his volume.

is 'Life's ... Task and Tent', harbouring a soul whose mysteries, in turn, *protect* the sanctity of human existence.

Coleridge had frequent thoughts about death that Francis O'Gorman explains 'turned about the limits of what could breathe, and about the mystery of life beyond.' As part of the poet's lifelong interest in religious epistemologies, O'Gorman puts forward Coleridge's view that the breath drew in vitalising air from God alone.¹⁸³ Therefore, Coleridge's perspective on the breath, at this point, is that it reveals our interiority at the same time as our human limitations, essentially an ignorance of God's intention.

As Coleridge's version of religious-infused vitalism, his religio-vitalism, accepts that the breath transmits life, his lung complaints must share the same breath as his God-given poetic energy. But an alienation of self from lost vital energy (during illness for example) created rifts between Coleridge and his God. He equated painful, Christian spiritual despondency to a lack of vital energy and more specifically, vital breath. We should, therefore, identify references to physical and creative suffocation in 'Letter to Asra' and 'Dejection: An Ode' as spiritual consequences of this sacred conceptualisation of the breath. Coleridge's heightened awareness of his increasingly laboured respiration accompanied a separation from the plentiful ether. To be 'smothered' and without oxygen deprived him of vitality, creating a climate of despondency, which he expressed as pointlessness. It is exactly 'this wan and heartless mood' in which the crucial third stanza's 'genial spirits fail;' there is a nihilism in the absence of vital air as every laboured breath moves him further from nature's respiratory, life-sustaining rhythm and towards death's final breath.

It is inconceivable that Coleridge would have separated his troubled breathing entirely from a spiritual context. Derived from his interpretation of early Christian mystics and Hebraic divine breathing as well as the Book of Genesis's breath-enabling creation tale, he felt his soul to

¹⁸³ Francis O'Gorman, 'Coleridge, Keats, and the Science of Breathing' in *Essays in Criticism* 61. 4 (2011): 375, 377.

be a gift from the breath of God. His breath-enabled soul supported all that he enacted and wrote, in an extension of the sacred breath that created everything, and as the vital principle in the cosmos, dynamically sustained all. Consequently, the breath's principal role in creating and sustaining life determines our respiratory identity. As Coleridge wrote in the *Biographia Literaria* (on principles of truth), 'that which is neither subject nor object exclusively, but which is the identity of both... This principle... manifests itself in the Sum or I Am.'¹⁸⁴

From a Christian creationist perspective, disordered respiration corrupts this sacred identity enabled by God, 'the Sum or I am,' an alienation that Coleridge alludes to in the ode and the letter where it 'suspends what Nature gave me at my Birth.' Here, Coleridge points us to an absence (or cessation) of breath that symbolises a break with birth and re-birth cycles; he also suggests his death. O'Gorman notes the absence of breath in an earlier Coleridge poem titled 'Lines Composed While Climbing the Left Ascent of Brockley Coomb, Somersetshire,' where exertion on ascent produces no respiratory effect. Discounting the idea of a noisy breath getting in the way of the sublime, O'Gorman claims Coleridge to be 'intrigued by moments when the mind was not merely lifted beyond the body but when the body did not seem to count at all.'¹⁸⁵ Perhaps Coleridge's 'suspension' of nature's gifts was an attempted abandonment of his painful rheumatic body, responding to the idea that his illness offended God.

Vitalism is therefore significant to a new rheumatically-influenced reading of 'Dejection: An Ode.' An absence of the poet's sacred breath foregrounds Asra again, making her a substitute expression of vitality. 'To thee would all Things live from Pole to Pole, / Their Life the Eddying of thy living Soul,' says the poet whose repetition of 'live' and 'life' and 'living' emphasises *her* joyful vitalism in its multiple forms. Joyfully overpowered by her essence, he addresses Asra as 'O pure of Heart! Thou need'st not ask of me,' continuing with a combination of ethereal, airy

¹⁸⁴ Coleridge, *Biographia Literaria*, 270-272.

¹⁸⁵ O'Gorman, 'The Science of Breathing,' 369.

metaphors for her inner spiritual purity: ‘This Light, this Glory, this fair luminous Mist. / This beautiful & beauty-making Power!’

Typically, critics have interpreted ‘Power’ in the line above as a metonymy for creative potency. On one level ‘Dejection: An Ode’ operates as Seamus Perry claims, in ‘some paradoxical space which poetry has long forsaken,’ but only with the trope substituting loss of poetic power for the loss of inner strength that governs all—material and imaginative.¹⁸⁶ Such an interpretation implies destruction, not least in the inability to communicate effectively and is therefore much bleaker than the view Wordsworth addressed to Coleridge that ‘the imagination is altered by grief not destroyed.’¹⁸⁷ There is validity in such bleaker readings when we consider what happens to communication when our vitalised breath fails us. The breath has an essential vocal and intellectual function within communication. It controls delivery when we read work aloud and enables thought processes during composition; it the crucial silent partner to self-expression. A failure to communicate through language is therefore to lose a fundamental part of being human and one’s individuality.

Many critical positions that comment on Coleridge’s loss of expression seem to draw on a letter he wrote to William Godwin in Spring 1801. He stated: ‘The Poet is dead in me—my imagination (or rather the Somewhat that had been imaginative) lies, like a Cold Snuff on the circular Rim of a Brass Candle-Stick.’¹⁸⁸ It was a letter written after three months’ chronic illness in the rheumatic 1801 winter at Keswick as his disease worsened. He clearly still felt its repercussions in March, prostrating himself in the same letter to Godwin with the less quoted line: ‘I myself am the Slave to Rheumatism.’ Suffering from rheumatic fever encouraged feelings of loss and powerlessness which felt like a literary death, but typically, Coleridge’s interpretation of his demise was multi-layered. For example, his subsequent career might suggest a fate other

¹⁸⁶ Seamus Perry, ‘Coleridge’s Literary Influence’ in *The Oxford Handbook of Samuel Taylor Coleridge*, ed. Frederick Burwick (Oxford, Oxford University Press, 2009), 673-674.

¹⁸⁷ Gaull, *English Romanticism*, 296.

¹⁸⁸ Coleridge to William Godwin, 25 March 1801, *Collected Letters*, vol.2, 714.

than extinction—the ‘dead’ poet wrote hundreds of poems thereafter and published a collection in *Sibylline Leaves* to critical acclaim. As such, it is necessary to consider the theatricality in ‘The Poet is dead in me’ correspondence to gauge its full meaning because often the letter is quoted in support of ‘Dejection: An Ode’ criticism without such appraisal.

The letter discusses Godwin’s drafts of a play *Abbas, King of Persia*, a melodrama on which he solicited Coleridge’s literary opinion. Coleridge’s reply uses melodramatic bombast as an intentional critical vehicle to mirror the play’s faults: ‘I was once a Volume of Gold Leaf, rising & riding on every breath of Fancy—but I have beaten myself back into weight & density, & now I sink in quicksilver...’ Rather than a profound revelation, Coleridge’s autobiographical tone on his ‘intellectual exsiccation’ was a blunt tool for communicating to the ‘audience’—Godwin—that his play lacks emotional depth and needs much revision.¹⁸⁹ Lurking behind Coleridge’s portrayal of a dwindling imagination, rheumatic fever played another role of dramatic suffocation: that of stifling Godwin’s literary efforts.

Inhaling God’s life-sustaining ether empowered reproductive ability, and so another respiratory idea, familiar to the ode and the letter, concerns sexual power. References to a change in breathing sometimes identified arousal in Romantic letters and poetry. A ventilatory pattern such as panting may act as a simple trope for sexual excitement, and Wordsworth’s line to his wife on their reunion’s anticipated pleasure, ‘I absolutely pant to behold,’ epitomises the trope’s transparent attempts at restraint.¹⁹⁰ In writing ‘Letter to Asra,’ we can speculate that it was not virile breathiness that Coleridge experienced but an asexual breathlessness from ‘that inanimate cold World’ where reproduction was only a reminder of broken domestic relationships. He taints his marriage to Sara Coleridge with the dysfunctional Classical allusion ‘And like the poet’s Philomel, I sing / My Love-song, with my breast against a Thorn,’ denying his marital union and

¹⁸⁹ Coleridge to Godwin, 25 March 1801, *Collected Letters*, 714. Richard Holmes makes the point about theatricality and self-confession in *Coleridge: Early Visions*, 301-302.

¹⁹⁰ William Wordsworth, *Love Letters—The Love Letters of William and Mary Wordsworth*, ed. Beth Darlington (London: Chatto and Windus, 1981), 157.

their progeny as ‘little Angel Children.’ Here, absence of breath defines the frigidity between husband and wife. In contrast, Sara Hutchison was the frequent subject of Coleridge’s ‘animal passions’ during various emotional crises. In his notebooks, he could write freely of his love for Asra without a letter’s need for delicacy and was still doing so nearly a decade after the long, impassioned verses of 1802. The later notebook entry reads:

It is my whole Being wrapt up in one Desire, all the Hopes & Fears, Joys & Sorrows, all the Power, Vigour & Faculties of my Spirit abridged into one perpetual Inclination. To bid me not to love you were to bid me to annihilate myself—. ¹⁹¹

Coleridge was familiar with ideas about desire and control. For example, he had read Thomas Willis’ opinions on impulsive behaviour in *Two Discourses Concerning the Soul of Brutes, which is That of the Vital and Sensitive of Man*, before writing ‘Letter to Asra.’ It included a theory of breathing as an involuntary action controlled by nerves in the brain that Willis compared to a process of combustion. ¹⁹² With less attention to anatomical or neurological detail, Coleridge spoke on Man’s animal passions during one of two lectures on *Romeo and Juliet* in January 1811, stating that God’s will had guided them to the state of marriage. Furthermore, he asserted ‘that marriage, or the knitting together of society by the tenderest ties, rendered him [Man] able to maintain his superiority over the brutes.’ Human desire or as Hazlitt termed it, the ‘very soul of pleasure,’ existed beyond the mechanical or involuntary impulse of beasts. ¹⁹³ To assume otherwise, that God had ‘given us no moral sense, no yearning, which is something more than animal ... seems to breathe absurdity,’ noted Coleridge. ¹⁹⁴

The subject of desire in ‘Dejection: An Ode’ and ‘Letter to Asra’ warranted more discretion than Coleridge gave to it during his lecture on *Romeo and Juliet*—or in his notebook

¹⁹¹ Coleridge, *Notebooks*, vol.3, 3996.

¹⁹² Willis, *Two Discourses*, 57; Coffman, *Coleridge’s Library*, 234.

¹⁹³ William Hazlitt *Lectures on the Literature of the Age of Elizabeth, and Characters of Shakespeare’s* [sic] *Plays* (London: G. Bell and Sons, 1884), 96.

¹⁹⁴ Samuel Taylor Coleridge, *Coleridge: Lectures on Shakespeare (1811-1816)*, 7, ed. Adam Roberts (Edinburgh University Press: 2016), 84.

entries. As a result, his metaphors for sexual allure in the ode are conventionally restrained in Nature. A stanza addressed to Asra that starts ‘O pure of Heart!’ continues by wistfully imagining their exquisitely, joyful union through marriage:

JOY, Sara! Is the Spirit & the Power,
That wedding Nature to us gives in Dower
A new Earth & a new Heaven
Undreamt of by the Sensual & the Proud.

As well as the public sharing of the poem, it is probable that medical theories informed Coleridge’s ideas about sexual restraint in the early nineteenth century. Coleridge had also read Thomas Beddoes’ 1802 essay collection *Hygëia* before he composed ‘Letter to Asra,’ and was familiar with its mentalist insistence that self-regulation of the mind was necessary for a sound constitution.¹⁹⁵ In short, control of desire promoted health.

Coleridge didn’t heed all of Beddoes’ ideas and his ‘Letter to Asra’ lacks Beddoes’ restraint. It evokes a young love whose flush of passion, the ‘first Dawn of Youth that Fancy stole,’ sees the world (a ‘new Earth’) through different eyes. On the topic of desire, the letter is more an example of Coleridge’s selective approach to medical theorising as he imaginatively side-steps Beddoes’ edict of suppression. Beddoes’ breathless restraint becomes a device to heighten sexual allure. As with Romeo and Juliet’s courtship when ‘palm to palm is holy palmers’ kiss,’¹⁹⁶ Coleridge offers the sensual language of flirtatious seduction to an ‘Asra’ of elevated holy sanctity:

Sister & Friend of my devoutest Choice!
Thou being innocent & full of love,
And nestled with the Darlings of thy Love
And feeling in thy Soul, Heart, Lips, & Arms
Even what the conjugal & mother Dove
That borrows genial Warmth from those, she warms,
Feels in her thrill’d wings, blessedly outspread—

¹⁹⁵ Thomas Beddoes, *Hygëia; or, Essays Moral and Medical, on the Causes Affecting the Personal State of our Middling and Affluent Classes*, vol.2 (Bristol: J. Mills, 1802), 83.

¹⁹⁶ William Shakespeare, *Romeo and Juliet*, ed. Robert Smith and Rex Gibson (Cambridge: Cambridge University Press, 2006), 43.

The passage aptly illustrates that his relationship was an emotionally complex situation, using a religious motif to suggest that even the symbolic Holy Spirit has thrilling urges, delivered with a pacy pentameter's sibilant exhalations.

Rather like the naming of body parts in the quote above, Hazlitt found vibrant physicality in *Romeo and Juliet*: 'the high and healthy pulse of the passions: the heart beats, the blood circulates and mantles throughout.'¹⁹⁷ Another of Coleridge's Shakespeare lectures used the play to explain the male heart's fickleness. He determines that loving a succession of women, 'strong feelings natural to us as men,' is necessary as it charts a path to true love. The poet accounts for Romeo's rejection of Rosaline as typical of first love; she is merely an 'object to which his overbuilt heart attached itself; that our imperfect nature, in proportion as our ideas are vivid, seeks after something in which they may appear realised.'¹⁹⁸ Perhaps Coleridge considered his rejection of wife Sara for Sara Hutchison to result from a similar impetuous attachment of his heart's imperfection.

He certainly conveys vivid contentment with his *true* love in 'Letter to Asra,' allowing himself to luxuriate in a precious memory of their shared breathing space, an intimate evening he spent lying in the lap of Mary Hutchison with Sara alongside him,

And on my Cheek I felt thy eye-lash play.
Such Joy I had, that I may truly say,
My Spirit was awe-stricken with the Excess
And trance-like Depth of its brief Happiness.¹⁹⁹

Coleridge finds health in the most delicate moment of their physical union because he roots intense emotions in the physical world. He returns to this subtly profound experience in another poem of summer 1802, 'The Day Dream' and conceptualises Asra with similarly robust, sensual

¹⁹⁷ Hazlitt, *Lectures*, 96.

¹⁹⁸ Coleridge, *Lectures on Shakespeare (1811-1816)*, 8, ed. Adam Roberts, 95.

¹⁹⁹ Coleridge, *Poetical Works*, vol. I.2, 683.

vitality in his 1801 'Sonnet to Asra.'²⁰⁰ The sonnet repeats the ode's imagery of respiratory fountains flowing love around the heart:

This Love, which ever welling at my heart
Now in its living fount doth heave and fall,
Now overflowing pours thro' every part
Of all my Frame, and fills and changes all,
Like vernal waters springing up thro' Snow.

In all these examples Sara Hutchison's presence does more than sustain Coleridge; she is an excess of oxygen that transports his body and soul. In the ode and the letter, she provides 'The passion and the life, whose fountains are within.' Lines that find airy solace (the 'heave and fall') for 'overflowing' internal feelings survive the change from letter to poetic form. Indeed, their significance means that their motif is developed by the addition of 'Life, and Life's Effluence, Cloud at once and Shower,' despite the ode's reduction in length by half compared to that of the letter.

Coleridge is clear in the letter and the ode where he finds solace. Most importantly, the very essence of Asra is a panacea for the poet's woes. Correspondingly, an absence of Asra is an absence of breathable healing air or to use Coleridge's term, life's 'effluence;' thus, another source of Coleridge's smothering arises from her physical and emotional withdrawal. He conceptualises the pain of being apart, and the resulting emotional constriction that suffocates his passionate feelings, as a suppression unconfined to the world of sensations. He adds his sensitivity for *material* pain to painful *feelings* of lovelessness. He feels the physicality of grief in the heart and lung tissues, and the breath operates as a conduit between both organs. Like Leder's understanding of breath's visceral interiority co-existing with its diffusion into the atmosphere,²⁰¹ Coleridge's expansiveness in the ode and the letter connects individual, inner vitalism with universal life forces:

²⁰⁰ Coleridge, *Poetical Works*, vol.I.2, 362, 704.

²⁰¹ Leder, *Absent Body*, 171-173.

And in our Life alone does Nature live....
Ah! From the Soul itself must issue forth
A Light, a Glory, and a luminous Cloud
Enveloping the Earth.

Coleridge developed a physiological theory in the early 1800s to include the porosity of physical phenomena. He classified body parts according to their connection with sight or touch senses.²⁰² For example, the skin belonged to 'sight' and the 'organic realm' while the lungs belonged in the 'vital realm' of touch.²⁰³ Vickers suggests that the 'abstruse researches' in the ode 'mark a retreat into the realm of organic perceptions,' where over-reliance on organic realm sensations (sight, sound, smell and taste) unbalances the transformational potential of a poet's power: that of intuition.²⁰⁴ The same ideas of retreat and imbalance have materiality when it comes to the 'vital realm' of the lungs. Imbalance affects the lungs' visceral transformation of oxygen into carbon dioxide, of atmospheric fuel into gaseous waste, resulting in breathlessness. Shortness of breath becomes a tangible experience defining and defined by consciousness.

The chronic result of depleted lungs and unbalanced poetic energy is impotence. In contrast to Asra's energetic fecundity, 'Letter to Asra,' suggests a loss of sexual potency, containing painful reminiscences of unrequited love, of life's joy atrophied. Deprived of life-sustaining vitalised air, a barren body withers from inadequate breath. It forms a seductive part of Coleridge's self-deprecatory aesthetic, and in the ode and the letter, bodily illness and psychological suffering often serve each other. A strange bodily rheumatic fever silently stole from aching limbs, through the lungs, to be hosted in the pleural cavities of the heart, causing profound melancholia. And at the core of Coleridge's breathlessness, there lay sorrow at the loss of God's earthy vitalism intermingled with dying lung cells.

²⁰² Coleridge, *Notebooks*, vol.1, 1822.

²⁰³ Vickers, *Coleridge and the Doctors*, 126.

²⁰⁴ Vickers, *Coleridge and the Doctors*, 132.

VI. Coleridge's smothering weight

Coleridge's suffering heightened his awareness of an ill body yet simultaneously alienated him from himself: 'But now afflictions bow me down to earth: / Nor care I that they rob me of my mirth.'

A final thesis section evaluates the overlooked medical content in relation to Coleridge's suffocating despair in 'Dejection: An Ode' and 'Letter to Asra,' finding that it specifically speaks to oppressive sensations of smothering from his unpredictable disease—rheumatic fever. The import of his disease goes beyond that of medical or scientific historicism as Coleridge's pathological breathlessness from secret rheumatic fever destabilises the poetic legacy of major works, 'Dejection: An Ode' and 'Letter to Asra.'

Across Coleridge's lifetime, patients were dying from an intensified strain of the inflammatory disease called rheumatic fever. English's compelling research on the century-long emergence of this deadly form explains:

biological, technological, clinical, institutional, possibly even geographical and climatic elements of rheumatic fever's 'ecology' changed in the nineteenth century in a way that focused attention on damage done to the heart' ...the heart became inflamed, an injury that had not commonly occurred previously.²⁰⁵

Those afflicted were known sufferers of 'acute' rheumatic fever, the term acute denoting the pre-existing, familiar rheumatic condition of aching joints and painful inflammation of the type Coleridge colourfully depicted in his winter letters of 1801-2.²⁰⁶ Importantly, in a radical shift of pathology, acute rheumatic fever changed from a reasonably benign collection of flu-like symptoms into a deadly condition of the lungs and heart.

²⁰⁵ English, 'Emergence of Rheumatic Fever in the Nineteenth Century,' 34.

²⁰⁶ William Cullen, *Works of William Cullen, M.D: Containing his Physiology, Nosology, and First Lines of the Practice of Physic*, ed. John Thomson (Edinburgh: William Blackwood, 1827), 85.

Gerhard van Swieten, the eighteenth-century Viennese natural scientist and physician, was one of the first to notice rheumatism's attack on the lungs beyond the pain of joint inflammation. He used a language of assault and imprisonment in his *Commentaries upon Boerhaave's Aphorisms*, reporting that 'while the rheumatism attacks only the joints, it is rarely fatal; but when it seizes the brains or lungs, it is highly dangerous, and sometimes occasions death.'²⁰⁷ In furthering British medical thinking about rheumatic fever, physicians such as David Dundas, Charles Wells, William Cullen and John Cheshire hypothesised over a transformation in the disease's aetiology in the lungs. Coleridge shadowed the fringes of their medical debate either through contact with his extended circle, or later, from his library reading, while his eighteenth-century contemporaries made the connection between breathlessness and heart pain in their rheumatic patients.²⁰⁸

Suffocation's 'smothering' language, a literary display of the newly metamorphosed rheumatic fever, stuck in Coleridge's vocabulary at the time of writing the ode and letter to Asra, and time did not reduce its importance to the texts. The sensation and lexis of smothering is common to all variations of 'Dejection: An Ode:' the three-hundred-line verse letter of April 1802 to Sara Hutchison; the shorter poetic adaptation crafted a few months later in July; the version published as 'Dejection: An Ode' by *The Morning Post* newspaper on 4th October 1802; the lines he copied into letters to share with friends in 1802 and the published poem in 1817 collection, *Sibylline Leaves*.²⁰⁹ The following lines are a potent example of illness fused with poetic expression that forms part of the verse letter's opening and the third section of the ode:

My genial Spirits fail—
 And what can these avail
 To lift the smoth'ring Weight from off my Breast?

²⁰⁷ Gerhard Van Swieten, *Commentaries upon Boerhaave's Aphorisms: Concerning the Knowledge and Cure of Diseases*, vol.13, [unattributed] trans. from Latin (Edinburgh: Charles Elliot, 1776), 88.

²⁰⁸ For example, the provenance of Dr. James Gillman's library lists several texts by William Charles Wells. One manuscript (on the topic of dew) contains marginalia by S.T.C. It is not inconceivable that Coleridge also read and discussed Wells' book on rheumatism (along with books by Dundas, William Pitcairn and others) that were in Gilman's house.

²⁰⁹ Jack Stillinger, *Coleridge and Textual Instability* (Oxford: Oxford University Press, 1994), 91.

It were a vain Endeavour,
Though I should gaze forever
On that Green light that lingers in the West:
I may not hope from outward Forms to win
The Passion and the Life, whose Fountains are within.²¹⁰

Minute typographical differences between versions exist but are of no consequence. For example, the letter's emphatic capitalisation, a forceful voice directed at a private audience of Sara Hutchison, steers her through the poetic conversation with no change in meaning due the subsequent ode's version with no capitalisation. Each version of the ode has near identical wording in this section, a demonstration of how important suffocation was to Coleridge's sensibility, as he repeatedly returns to respiratory constriction or its resultant breathlessness as figurative possibilities.

Uncomfortable sensations arising from psychological pressure restricted the air's physical passage. These sensations evoked important imagery of suffocation because they foreshadowed the poet's burdens, one of which was sickness. 'Letter to Asra' shapes the idea of a burden, an immovable suffocating 'weight,' resistant to knowledge that Asra shares his horizon and 'art gazing now, like me, / And see'st the Heaven, I see—.' Painful memories of romantic revelations that he shared with 'friends and lovers' flood the poetic persona, as his tone of personal commentary recalls the 'rash Despair' with which he declared extra-marital yearning to 'Hearts of finer Mould!' In a technique common to Coleridge's desultory conversational flow, this verbal confession disburdens the speaker's anxiety in the letter. It correspondingly lessens his oppression and the poet notices that 'The Weight was somewhat lifted from my Breast!' His innate capacity for sharing through conversation and other airy releases such as groans and sighs provides additional respiratory release 'in word, or sigh, or tear.'

Respiratory release was critical to Coleridge's private and public expulsion of grief, serving a purpose beyond that of self-conscious or superficial expression. It denoted his state of

²¹⁰ Coleridge, *Poetical Works*, vol.I.2, 680.

health in its fullest sense, an assessment of the mental, emotional, physical and spiritual stasis on which Coleridge's entire well-being depended, and like a law of nature *in natura naturans*, sharing released his smothering suffocation. However, the ode and the letter show that respite from suffocation was only temporary. Sharing honest feelings with others may have alleviated discomfort, but it caused damaging consequences for a beloved who was moved by these 'fair Remembrances ...even to bodily Sickness [that] bruis'd thy Soul!' Therefore, a sorrowful Coleridge arrives at the weary conclusion that verbal exhalations serve his emotional and bodily needs but are an error of judgement, stating solemnly: 'I spake with rash Despair.'

He likens the condition of being distant from his true passionate self to a theft of identity: 'to steal / From my own nature all the natural man,' and it is a disastrous strategy. Subjugating natural emotions and sexual desire for Asra ends instead in annihilation: 'Till that which suits a part infects the whole, / And now is almost grown the habit of my soul.' An expression of love equates to an expression of nature, and as nature is God's creation, an expression of love is the word of God. For Coleridge to suppress the truth of his yearning for Sara Hutchison is to suppress God's truth, which led to darkness in ill health. The ode and the letter symbolise this catastrophic falsehood with a musical wind, 'The mad Lutanist!' who Mak'st Devils' yule,' a fanfare determined by the poet to suit his failures of judgment and resultant 'viper thoughts.' Devoid of breath, the poet presents a rejection of self that creates doubt about the Christian values on which he founded his moral, belief system. The resulting dejection is not so much due to physical absence from his beloved; after all, he explains that 'I need thee not in sight' if there is 'Health in thy limbs, & in thine Eyes the Light / Of Love.' Rather, it is absence from a sick Asra, 'weak & pale with Sickness, Grief & Pain,' that exacerbates Coleridge's unpleasant suffocation and 'smothering weight' in a section that unites Coleridge and Asra, but only in sickness.

The phrase 'smothering weight' had enduring worth and Coleridge recycled it two years later in 1804 to depict his response to Malta's Mediterranean heat. There is a notable

resemblance between the poetry of 'Dejection: An Ode' and this epistolary expression of crushing lungs. Soon after his arrival Coleridge experienced oppressive sensations, namely the familiar sense of dread of suffocation. A letter to his wife in July described these feelings of heat and laboured respiration, in familiar terms, as a 'dreadful Languor, weight on my breathing.... & then comes on the dreadful Smothering upon my chest.'²¹¹ It is possible the letter is an example of psychological adjustment to life in Malta. Critics, including James McKusick, consider it as 'a time when Coleridge felt lonely and isolated, a stranger in a strange land.'²¹² Nevertheless, the deliberate physical detail and evocative choice of 'smothering' in Coleridge's letter suggest more than homesickness and warrant specific attention.

Firstly, there is a medical connotation to 'smothering.' It has a striking similarity to the wording used for clinical observations of rheumatic fever patients by Coleridge's medical contemporaries. For example, the case notes of Scottish M.D. William Charles Wells include a young man 'Mr. T.M.' whose 'oppression in his chest led to extreme breathlessness.'²¹³ This worrying new symptom, observed in several other rheumatic sufferers, led to Wells' influential paper *On Rheumatism of the Heart* which re-defined rheumatic disease using the term 'oppression.' Read to the Society for the Improvement of Medical and Chirurgical Knowledge in 1810, Wells described 'a sense of oppression and pains in the chest, great and indescribable anxiety in the chest, breathlessness, marked palpitation, a sense of choking, heart beating with considerable violence.'²¹⁴

Scottish surgeon, David Dundas, recorded this connection between the lungs and heart failure towards the end of a patient's life in his influential paper: *An Account of a Peculiar Disease of the Heart* (1809). Based on clinical observations and post-mortem evidence, he astutely observed

²¹¹ Coleridge to Sara Coleridge, 5 July 1804, *Collected Letters*, vol.2 (Oxford University Press, London, 1956), 1143.

²¹² James McKusick, 'Symbol' in *The Cambridge Companion to Coleridge*, ed. Lucy Newlyn (Cambridge: Cambridge University Press, 2006), 221.

²¹³ English, *Rheumatic Fever in America and Britain*, 17.

²¹⁴ Keil, 'Dr. William Charles Wells,' 806.

‘the necessity of attending to the translation of rheumatism to the chest.’ Dundas elaborated that ‘the patient complains of great anxiety and oppression at the praecordia; has generally a short cough, and a difficulty of breathing.’²¹⁵ It is important to note that his restrained language of ‘a difficulty’ or ‘short cough’ did not convey mild symptoms but referred to increased respiratory morbidity. Dundas described the dangers of such a breathing difficulty ‘which is so much increased by motion or by an exertion, as to occasion an apprehension that a very little additional motion would extinguish life.’²¹⁶ It was clear that the new century heralded a dangerous strain of rheumatic fever with breathlessness and heart pain in a lethal combination.

William Cullen’s reclassification of rheumatic fever in 1781 distinguished between ‘acute’ and ‘chronic’ forms. The first was a debilitating and time-consuming illness, although not considered genuinely life-threatening (even by Coleridge). However, the new form was not easy to identify. Cullen published on the difficulty in making a definitive diagnosis, concluding that ‘imperfection attends Nosology’ in matters of chronic rheumatism.²¹⁷ Confusion existed in the new rheumatic world and the medical profession (like Coleridge) could not accurately account for their ‘disease.’ The state of early nineteenth-century diagnostic apparatus was a contributor to the confusion. Neither Dundas nor his contemporaries could explain *why* rheumatic fever fatally moved from the lungs to the heart in the late eighteenth century, partly due to their instruments’ limitation. They lacked the medical apparatus to define clinical observations empirically, with no microscopes to examine lung tissue swabs or stethoscopes to listen to a hitherto hidden world of pulmonary and cardiac interiority.

Autopsy procedure also hampered the accurate diagnoses of early nineteenth-century rheumatic fever because organ dissection was not already a standard practice. With the heart deemed to be *intact*, meaning that no incisions were made during the post-mortem, many deaths

²¹⁵ Dundas, ‘Account of a Peculiar Disease,’ 37, 44.

²¹⁶ English, ‘Emergence of Rheumatic Fever,’ 37.

²¹⁷ William Cullen, *Works of William Cullen*, 98-99.

from heart disease remained undefined. Keil explains why early nineteenth-century dissection ignored the heart's interior: 'the heart was considered...free from disorders of any sort under normal conditions,' so any diagnosis of 'organic' heart disease, in the early decades of the nineteenth century, required a radical shift in thinking about the body, as well as about rheumatism.²¹⁸

Twentieth-century medicine has confirmed the testimonies of Dundas, Wells and Cullen regarding pulmonary and cardiac symptoms in rheumatic fever. However, contemporary medicine still cannot explain why rheumatic fever metamorphosed in this way during Coleridge's lifetime. Peter English posits that streptococcal bacteria in the throat changed causing pericardial effusion and mitral valve stenosis. How bacteria moved from throat to heart is a more straightforward question. It moved via the breath. The act of respiration performed the transference. The heart and lungs—often found together in a poetic sense—worked in bodily tandem moving bacteria between the pulmonary and cardiac systems.

Movement and change define rheumatism's narrative, its 'biological fluidity,' as English's watery metaphor acknowledges. Rheumatic fever's shape-shifting fluidity, in Coleridge's era, flowed through the breath, implicit in activating host responses that inflamed heart valves causing endocarditis. Like the inner turmoil Coleridge sensed in his failing body, English depicts a 'complex disease ecology' to explain the damaged interiority that chronic rheumatic fever caused. He states that 'Far from being a transient, acute illness, rheumatic fever smoldered, doing its damage as it went on.'²¹⁹ And 'damage' directly involved breathlessness, an intense experience for the sufferer making them fearful of death.

Heidegger considers oppression to be part of dread's sinister intangibility. It is sinister because it arises from a preternatural experience in which dread is 'nothing definite and worldly [that]... threatens in this indefinite way.' However, he also notes a tension within our

²¹⁸ Keil, 'Dr. William Charles Wells,' 808.

²¹⁹ English, *Rheumatic Fever in America and Britain*, 158-159.

experiences of dread. He details alienation and defamiliarisation due to dread's destruction of self-knowledge yet evinces dread's realism: '*the world in its very worldhood...*is phenomenally quite definite.' Interestingly, he decides that a respiratory trope conveys these 'phenomenally' 'definite' aspects most effectively. As a result, the actual experience of dread assumes a multi-faceted oppressiveness so 'what thus threatens ...in a way wraps itself around someone and takes his breath away.'²²⁰

Heidegger's sense of dread as a fiendish companion to breathlessness also inhabited Coleridge's darker nights and dejected days, experienced in his frequent nightmares. Modern psychophysiology has identified the relevance of a dejected mood and a loss of sense of self to the study of nightmares. Known as 'negative affect,' contemporary research has classified a dejected disposition 'as a key trigger of nightmares,' associating nightmare severity 'with higher levels of worry, depersonalisation, hallucinatory experiences, and paranoia.'²²¹ Of course, all these were Coleridgean character traits, often related by critics to the creative process of 'Letter to Asra' and 'Dejection: An Ode.' With a wildly vivid imagination and (for a long time) a wildly active opium habit, disturbed dreams and nightmares or 'these Sleeps, these Horrors, these frightful Dreams of Despair ...'²²² occupied Coleridge's thoughts.

The 1803 poem 'The Pains of Sleep' paints this fusion, of dread and respiratory oppression during night terrors:

But yester-night I prayed aloud
In anguish and in agony,
Up-starting from the fiendish crowd
Of shapes and thoughts that tortured me:
A lurid light, a trampling throng,
Sense of intolerable wrong...
... I could not know
Whether I suffered, or I did:
For all seemed guilt, remorse or woe,

²²⁰ Heidegger, *History of the Concept of Time: Prolegomena*, 290.

²²¹ Stephanie Rek, Bryony Sheaves, and Daniel Freeman, 'Nightmares in the General Population: Identifying Potential Causal Factors' in *Social Psychiatry and Psychiatric Epidemiology* 52. 9 (Sept 2017): 1123-1124.

²²² Coleridge, *Notebooks*, vol.2, 2078.

My own or others still the same
Life-stifling fear, soul-stifling shame.²²³

The dreams emanate from an external incubus, a ‘fiendish crowd’ whose Gothic evil form suffocates those in their grip. The recurrent vivid motif of chest oppression is present, this time from a ‘trampling throng’, and once more the consequence is frightening breathlessness as the nightmare causes the recipient to feel a ‘Life-stifling fear.’ Fear takes a form of raw physicality in this poem, much as it does in ‘Dejection: An Ode.’

Accounts of Coleridge’s nightmares contain the same fusion of oppressive weight and fearful smothering found in the ode’s poetic expression. For example, a notebook entry (written during a period of rheumatic drama) reflects on a nightmare he experienced during the rough voyage to Malta in 1804. He describes

feel[ing] oneself powerless, crushed *in* by every power—a stifled
boding ... removed from all touch of Life, deprived of all notion of
Death/ strange mixture of Fear and Despair—. ²²⁴

Coleridge isolates respiration, ‘a stifled boding,’ when he speculates over the role of the imagination during his dream. It was a prescient observation given recent analysis of the breath during sleep disturbances, namely nightmares, that has found ‘constrained breathing’ to be standard.²²⁵ Coleridge struggled with constrained breathing when asleep and awake, and the notebook entry connects suffocating dread during dreams to his diseased body. It articulates a modern understanding of nightmares as both provocative to, and representational of, our lived experience.

In this case, his reflections pushed the limits of his medical knowledge. The note on being ‘crushed *in* by every power—a stifled boding’ concludes, ‘and all this vanishes on the

²²³ Coleridge, *Poetical Works*, vol.I.2, 754.

²²⁴ Coleridge, *Notebooks*, vol.2, 2078

²²⁵ Ford, *Coleridge on Dreaming*, 162.

casting off of ill-tasted Gas from the stomach.’ Although, it formed one of several bodily reflections rooted in a dubious medical belief that inhaling noxious stomach vapours caused ‘asthmatic puffing,’ here, as with ‘Dejection: An Ode,’ we find inextricable blending of psychological with bodily ills. Alongside mental sensations of oppressive horror, the entry promotes the physicality of fear.

Ascribing materiality to a nightmare’s smothering dread, was typical of Coleridge’s perception of the breath as possessing physical and metaphysical qualities. Margaret Atwood also merges physical sensation with respiratory trope for the protagonist of *The Blind Assassin*, specifically her response to night terrors. Iris Chase feels haunted after Richard’s marriage proposal, described by the macabre and grotesque: ‘what I was experiencing was dread ... I was being stared at by a malign presence ... my features dessicated, my fingers gnawed by wolves.’ Later, after years of unhappy marriage, memories evoke physical distress: ‘I became conscious of my heart, and of dizziness. Also of breathlessness, as if I were in over my head—.’²²⁶

Atwood’s focus on social relationships and social alienation as the causes of nightmares would have been very familiar topics to Coleridge. Iris reflects, ‘I woke up desolate... Why does the mind do such things? Turn on us, rend us, dig the claws in. If you get hungry enough, they say, you start eating your own heart.’²²⁷ Her cannibalistic nightmare anticipates a Xanadu-themed charity ball for which extracts of Coleridge’s ‘Kubla Khan’ adorn the invitations and ancient China inspires the dress code. Atwood offers us a comparison between Coleridge’s opulent ‘pleasure-dome’ of Kubla Khan and Iris’ psychological entrapment by her wealthy husband. Iris dreams Coleridge’s frightening ‘earth [that] in fast thick pants were breathing’ oppresses her to the point of self-destruction while Laura, Iris’ sister, quotes from the poem: ‘Beware! Beware! ... and close your eyes with holy dread’ to challenge her fear of despots.²²⁸

²²⁶ Atwood, *Blind Assassin*, 365.

²²⁷ Atwood, *Blind Assassin*, 404.

²²⁸ Coleridge, *Poetical Works*, vol.I.1, 514.

However, Atwood's reading of her protagonist is more nuanced than that of fearful subservience to a despotic ruler. In a newspaper interview, Atwood was clear about her lead character's frightening potential, saying 'perhaps I was afraid of her. She does become somewhat fearsome as the book moves along.'²²⁹ A change in Iris' response to fear, namely her breathing, accompanies her osmosis. It is the act of respiration (specifically inhalation) that creates comfort alongside fear in this section. Iris acknowledges, 'I liked breathing in. The space inside my lungs was all my own,' as she finds satisfaction in being unreachable in her lung chambers.²³⁰ The implication is that Iris' safe space in her lungs protects her secrets from an external world, concealing her fears and dread. As a process, breathing is of philosophical concern to Atwood who uses an earlier framed narrative in the novel (involving the prophets of Saskiel) to demand '*what is the real breath of a man – the breathing out or the breathing in?*'²³¹ Fear and dread may be visible from our breathing out, through laboured or withheld exhalation, but dread also lies in the breathing in, our inhalation of cruel words or stories and poems that precipitate it.

Not all critics perceive that nightmares left Coleridge wretched and suffering. Tim Fulford describes Coleridge's presentation of dreaming as an aesthetic of loss used to 'differentiate his work from that of Wordsworth.'²³² Fulford's Coleridge is an intimidated subordinate to Wordsworth, whose 'sense of inadequacy centred upon what he perceived to be Wordsworth's poetic and sexual power.' The idea that Wordsworth overwhelmed Coleridge's inferiority works well with the imagery of compression. In such a tableau, his collaborator sits metaphorically astride his chest, his poetic force suffocating Coleridge's creativity until it can only gasp out replies to the controlling words of Wordsworth in what Fulford calls 'a responsive echo of Wordsworth's original power.'

²²⁹ Atwood, 'Margaret Atwood on *The Blind Assassin*,' *Guardian*, 9 August 2013 (<https://www.theguardian.com>).

²³⁰ Atwood, *Blind Assassin*, 405.

²³¹ Atwood, *Blind Assassin*, 34.

²³² Fulford, 'Dreams and the Egotistical Sublime,' 88.

The echoing of his fellow poet aligns with a standard view of ‘Dejection: An Ode’ as the response to Wordsworth’s 1802 ‘Ode: Intimations of Immortality from Recollections of Early Childhood.’ They share a ruminative tone and phraseology in ‘there was a time,’ and both sweep through philosophic truths and shifting addressees: ‘thou child,’ ‘O joy.’²³³ We might therefore wonder if Wordsworth, the interlocutor perched menacingly on Coleridge’s chest, is really an empathetic confidante, a companion of shared poetic vision through their odes, and a fellow sufferer who is also sensitive to the disturbances of body and soul that Coleridge described. Unlike Wordsworth’s ode, Coleridge is resistant to his situation’s amelioration. Missing from Coleridge’s ‘response’ is Wordsworth’s exultant resolve: ‘We will grieve not, rather find / Strength in what remains behind.’ His poetic persona finds fresh resolve and inspiration. Not coincidentally, Coleridge’s language of oppressed respiration and related melancholy that pervade ‘Dejection: An Ode’ are also absent from Wordsworth’s ode.

In preference of their relationship’s disharmony, Heidi Thomson cites ‘tumultuous events,’ and Wordsworth’s control over Coleridge’s social, poetic and sexual dominions, before the 1802 newspaper publication of ‘Dejection: An Ode.’²³⁴

his infatuation with Sara Hutchinson (who became Wordsworth’s sister-in-law on the day of the publication of ‘Dejection’) and the despair about his own marriage, ...his alienation from Wordsworth, his uneasy settlement in the Lakes and his awareness of Wordsworth’s felicitous domestic settlement in a chosen place, surrounded by the women who adored and supported him, his expulsion from the second edition of *Lyrical Ballads*, and the mixture of envy and admiration he felt for the connection between domestic bliss and poetic productivity in the Wordsworth household.²³⁵

In a summary of the emotional angst that accompanied his worst attacks of rheumatism, the backdrop to the letter and the ode was one of profound financial worry, of challenge to his

²³³ William Wordsworth, *William Wordsworth*, ed. Stephen Gill (Oxford, Oxford University Press, 2010), 285.

²³⁴ Thomson, *Coleridge and the Romantic Newspaper*, 18

²³⁵ *Romantic Newspaper*, 18.

professional identity and a threat to his most influential friendship. Appended to Thomson's list could be feelings of dread and suffocation from the terrifying nightmares that accompanied bouts of isolating, worry-inducing rheumatism—feelings given an outlet in the ode and the letter as a 'smothering weight.'

The function of breathing of course does not require consciousness, and so, the same respiratory arousal experienced during waking anxiety can appear during sleep disturbance. The relationship of body and mind with pain in dreams particularly interested Coleridge. As Ford observes of Coleridge's nightmares, 'it was no wonder that he dreaded falling asleep—sleep was often no escape from pain.'²³⁶ Seeking answers in disparate places and from (typically) blended personal and intellectual motivation, he absorbed: Hermann Boerhaave's eighteenth-century physiological and psychological enquiries; those of Albrecht von Haller, John Brown and John Hunter and attended Blumenbach's lectures on physiology (while in Germany) to inform his theorising. Coleridge thought about the quality of pain experienced in sleep: 'this astonishing multiplication of Pain into itself, in dreams,' and this notebook observation claims to have felt pain in its very essence, 'This Evening sleeping I...had a most intolerable sense of *Pain* as *Pain*.' Amongst all his possible ailments, he selected rheumatic fever, 'a sense of excruciating patience-mocking Rheumatism in my right arm,' to epitomise pain's essence.²³⁷ Once more, Coleridge could not separate his body's physiology from its imaginative realm, and again the cause was 'Rheumatism.' Damaging his sleep, rheumatism permeated beyond his consciousness in an emphatic demonstration of its capacity for profound disturbance.

Ford's specific references to rheumatism and nightmares lead her to affirm 'the role of the body in forming and influencing psychological states.' To develop this further, she uses the pivotal symptom of breathlessness, noting that 'many of Coleridge's nightmares are characterised

²³⁶ Ford, *Coleridge on Dreaming*, 162.

²³⁷ Coleridge, *Notebooks*, vol.2, 2838.

by a sense of suffocation.²³⁸ Coleridge invented an atmospheric term ‘breezes of Terror’ to fit the lung-emptying screams that accompanied his frightening dreams.²³⁹ His varied literary references to rheumatism, nightmares and suffocation illustrate the importance of unpacking his layers of language on these topics.

The *Oxford English Dictionary* entry for ‘nightmare’ differentiates between a figurative ‘oppressive fear’ (emerging in the nineteenth century), and an earlier more specific ‘feeling of suffocation or great distress experienced during sleep,’ in existence since the sixteenth-century. Across centuries of shifting usage, the sufferer has shared a common respiratory response: breathlessness. It is this fear of breath-cessation that Coleridge exploits in his careful attention to the etymological potential of ‘oppression’ and ‘smothering.’

A masculine perspective on Coleridge’s nightmares risks missing the earlier etymology of ‘nightmair’ as a female invocation ‘supposed to settle on and produce a feeling of suffocation in a sleeping person or animal.’²⁴⁰ The idea of a ‘nightmair’ perhaps reminds us of women in Coleridge’s popular transcendental poems: ‘Christabel’ or ‘Rime of the Ancient Mariner.’²⁴¹ A device involving haunting female spirits may speak to the characters of Geraldine from ‘Christabel’ or Life-in-Death from ‘Rime of the Ancient Mariner,’ yet it feels like a significant poetic leap from these female figures to that of his beloved Sara Hutchison.

Nonetheless, a connection between Asra and torment is worth pursuing. Heidi Thomson directs us to Sara Hutchison and William Wordsworth as confidantes, ‘emblems of poetic prowess and tormented desire,’ and notes ‘Coleridge’s intense paranoia about a possible sexual relationship between Wordsworth and Hutchinson.’ It was a jealousy that intensified during the composition of the letter and the ode.²⁴² Their final literary versions may present Asra as unblemished morally, untainted with blame for the poet’s dejection, but she does possess a

²³⁸ Ford, *Coleridge on Dreaming*, 198, 205.

²³⁹ Coleridge, *Collected Letters*, vol. 2, 975.

²⁴⁰ OED Online, *Oxford English Dictionary*.

²⁴¹ *Collected Poems*, ‘Christabel,’ vol.I.1, 483-504; ‘The Rime of the Ancient Mariner’ vol.I.1, 372-419

²⁴² *Romantic Newspaper*, 71, 151.

spirit-like power. It is *her* presence that manifests when they share the same breathable air whether literally or imaginatively. His breath quickens at the thought of her or lessens in his abjection at their futile relationship; also, his breath changes when the pain he causes her literally suffocates him. In this respect, she is akin to a feminine ‘nightmair’ spirit with a profoundly unsettling presence as she can invade his body as well as inhabit his thoughts.

We could comfortably posit that Coleridge’s perception of nightmares, as a transfiguration of poetic dream figures, shifts between folkloric female form and nightmarish gothic male. This sits comfortably with a thinker of notoriously layered, evolving beliefs who preferred ‘to make room for all facts of experience’ than hold a single, unchanging interpretation on dreams.²⁴³ For example, during 1827, Coleridge translated somatic musings into malleable, dramatic form in an unusual theory. It entails a transmutation of ‘the Organs’ in the form of a ‘Dreamatis Personae’ that ‘manifest their presence to the Spirit of the Whole ...As Men, Women, Children, Serpents, Fairies[?]’²⁴⁴ What fascinates Coleridge is the ability of these ‘Personae’ to perform on a dreamer’s imaginative stage without a conscious awareness of their breath; he calls it ‘one of the most intriguing features of the dream characters.’²⁴⁵ He concludes that thought must be ‘absent from the dreamer’s consciousness,’ an unusual insight into our dream figures’ breathless somnambulism.

A less playful breathlessness exists in the (self-referential) ode and the letter. Firstly, this occurs through the change in focaliser, from Sara Hutchison in ‘Letter to Asra’ to Wordsworth and others in the ode, each of which is a haunting poetic interlocutor whose presence suffocates their narrator. In both texts’ crucial second section, we find an epicentre of shifting identity within its poetics of breathlessness:

A grief without a pang, void, dark, and drear,
A stifled, drowsy, unimpassioned grief,

²⁴³ Trevor Levere, *Poetry Realized in Nature: Samuel Taylor Coleridge and Early Nineteenth-Century Science* (Cambridge: Cambridge University Press, 1981), 1.

²⁴⁴ Coleridge, *Notebooks*, vol.4, 5360. Ford, *Coleridge on Dreaming*, 179.

²⁴⁵ Ford, *Coleridge on Dreaming*, 36.

Which finds no natural outlet, no relief,
In word, or sigh, or tear—
O Lady! in this wan and heartless mood,

The final line's addressee in the original letter is distinctly 'Sara,' though in later poetic versions it transmogrifies into 'William,' then 'Edmund,' finally arriving at the salutation of 'lady.' Across the ode's versions, the men and women that so vividly preoccupied Coleridge's waking thoughts and night terrors between 1802 and 1804 coalesce into an amorphous, mute presence; each is used for the forced climactic exhalation ('O ___!') to his breathless ('stifled'), despondent ('wan and heartless') illness.

A lexicon of constricted breathing in writers' self-diagnoses was not unfamiliar during this era. Other literary usages of 'oppression' include William Wordsworth who pondered on the sensation ('My chest is oppressed in a manner which I cannot describe') when he wrote to Sir George Beaumont in 1803.²⁴⁶ Perhaps Coleridge merely appropriated the common usage of 'oppression' for his more hyperbolic word 'smothering;' in this scenario, it would be simply another example of his playfulness with language informed by (well-acknowledged) voracious reading. After all, letters to friends and family show that rheumatic fever had long been subject to the figurative expressiveness found in a 1799 note to Robert Southey: 'a fit of Rheumatism ... shooting thro' me like hot arrows headed with adders' teeth.'²⁴⁷

However, playfulness with language, as an explanation for oppression in 'Dejection: An Ode,' is woefully incomplete. Coleridge's vivid description of 'dreadful smothering' in Malta is the product of a specific process of reactions: heat plus breath equals smothering. Most importantly, in 'Letter to Asra' and 'Dejection: An Ode,' his experience has physicality. The 'smoth'ring weight' within his body accompanies the active voice of 'lift,' ('And what can these avail / To lift the smothering weight from off my breast?') In contrast to Wordsworth's more

²⁴⁶ William Wordsworth to Sir George Beaumont, 14 October 1803, in *The Letters of William and Dorothy Wordsworth*, ed. Ernest De Selincourt, and Chester L. Shaver (Oxford: Oxford University Press, 2015), 407.

²⁴⁷ Coleridge to Robert Southey, *Collected Letters*, vol.1, 534.

speculative sensation of external causation ('my chest is oppressed'), Coleridge's plethora of material references point to an internal intensity of real experience, a permanence more consistent with actual disease, with its 'void' 'dull pain,' and 'no natural outlet.'

Chronic rheumatic fever implicates Coleridge because it is highly probable he suffered from this new deadly form (in addition to longstanding acute bouts). As rheumatism metamorphosed and its nosology underwent major medical re-evaluation, the disease swept up Coleridge. Symptoms infected his poetic expression with grief, but it is not only Coleridge's smothering vocabulary that mirrors the physicians' case notes. His personal medical history also has important parallels. Coleridge's lungs noisily signaled the disease's presence, through a chronic cough and breathlessness, and like a cursed Cassandra of Greek mythology, his lungs were doomed to be ignored or misinterpreted.

That Coleridge suffered from acute rheumatic fever is an uncontroversial claim. Critics agree that his physical condition fitted its profile with medical evidence of related pain and symptoms in various letters. Nevertheless, there is also evidence for the more dangerous chronic rheumatic fever. Molly Lefebure has made a robust medical case in *A Bondage of Opium* noting heart disease in her summations. She worked with a specialist of the Royal College of Surgeons in London to glean the following perspective of modern medicine:

By his early mid-twenties, the rheumatic disease patient may develop shortness of breath. The sign of mitral stenosis...gradually, over the years, the victim becomes increasingly short of breath, with a puffy, congested appearance...congestion of the lungs may encourage bronchitis and cough.

Lefebure's medically-detailed biography is attentive to Coleridge's rheumatic fever and the shortness of breath he experienced later in life; but it does not develop Coleridge's illness within the context of dangerous new rheumatics. Her subject is opium's influence and therefore she omits the emergence of chronic rheumatism in acute sufferers. The resulting conflation of acute and chronic rheumatism negates the latter's smothering sensation, instead presenting

breathlessness as wheeziness and tending to view threatening coughs as ‘strep throat’ rather than a provocative respiratory condition.²⁴⁸ As such, Lefebure underplays the unexpected emergence of breathing complications during acute rheumatic fever.

A contemporary medical interpretation can be useful. The specialist with whom Lefebure worked diagnosed Coleridge’s condition as ‘aortic disease ...in view of the history of rheumatic fever,’ using recent knowledge of heart complication in rheumatic fever. We can find the same relevance of contemporary medicine to breathlessness specifically. In fact, gaining a modern perspective is highly apt given dyspnoea’s relevance to current medical research.²⁴⁹ These perspectives on breathlessness often have interesting historical similarities. For example, twenty-first century lung pathologies, such as chronic obstructive pulmonary disease, have a similar identifying feature of ‘progressive and debilitating breathlessness’ to nineteenth-century rheumatic fever.²⁵⁰ However, giving a medical opinion on Coleridge’s condition solely using modern terminology such as ‘mitral stenosis’ or ‘aortic disease...and pleural effusion,’ rather than calling it chronic rheumatic fever, has limited aetiology. For example, it has missed the opportunity to interpret Coleridge’s autopsy record from a context of breathlessness, rheumatic disease’s defining symptom, and missed the symptom’s unexpected emergence during Coleridge lifetime.²⁵¹

From a posthumous medical rationale, Coleridge’s autopsy record of 1834 strongly indicates chronic rheumatic fever to have been his primary cause of death. Surgeon-anatomist Joseph H. Green, a close friend to Coleridge and colleague of the writer’s landlord-physician Dr. Gillman, organised the procedure. In the lexis of the time, Coleridge was ‘opened up’ and the record states,

²⁴⁸ Lefebure, *Bondage of Opium*, 47.

²⁴⁹ Lefebure, *Bondage of Opium*, 49.

²⁵⁰ Carel, ‘Phenomenology of Breathlessness,’ 2.

²⁵¹ Lefebure, *Bondage of Opium*, 47, 49.

The left side of the chest was nearly occupied by the heart, which was immensely enlarged, ... The right side of the chest was filled with fluid ... so that the lungs on each side were completely compressed.²⁵²

His post-mortem showed heart failure and pleural abnormality with a highly enlarged heart and fluid on the lungs—the usual symptoms of rheumatic fever’s pathological infiltration of the lungs and heart organ in its early nineteenth-century strain. It was a record replete with ongoing damage to respiratory function as ‘The air tubes throughout exhibited marks of former inflammation.’²⁵³

There are records of the reception of the autopsy’s findings including that of Sara Hutchinson, the source of much emotional angst and joy, who reacted to the symbolism of Coleridge’s heart as his main affliction. Struck by the fact his disease resided in the seat of human emotions (of whose output she had been a frequent recipient), the report to her sister Mary Hutchinson relays: ‘Poor dear Coleridge is gone! He died a most calm and happy death—tho’ he had suffered great pain for some time previous—He was opened—the disease was at his heart.’²⁵⁴ She omits any mention of the disease being at the lungs too, perhaps because she did not receive the full autopsy examination record with unpleasant details such as, ‘Right lung gorg’d with serous fluid—bronchial tubes dilated.’²⁵⁵ Her conflation of emotions with medical disease evokes an April 1804 Coleridge notebook entry in which he identified ventricular damage due to her absence; it was ‘a feeling of yearning, which at times passes into Sickness of Heart.’²⁵⁶

Following the post-mortem report, there was a general sense amongst his closest circle that Coleridge had been (and continued to be) a wronged man, accused of an opiate addiction which merely masked another deadlier disease. Perhaps earlier psychological diagnoses

²⁵² ‘Tyranny of the Body,’ *Lancet*, 1527.

²⁵³ Sara Coleridge to Hartley Coleridge, 5 Aug 1834, in *Collected Letters*, vol.6, 992.

²⁵⁴ Sara Hutchison to Mary Hutchison, 3 or 10 August 1834, in *Letters of Sara Hutchinson*, ed. Kathleen Coburn (Toronto: University of Toronto Press, 2017), 428.

²⁵⁵ Sara Coleridge to Hartley Coleridge, *Collected Letters*, vol.6, 992.

²⁵⁶ Coleridge, *Notebooks*, vol.2, 2000.

demanded re-evaluation—a view shared by his family members. His daughter Sara Coleridge, for example, communicated to her brother Hartley about fluid, enlarged organs and ‘internal pain & uneasiness which he has suffered from all his life,’ noting wryly, ‘[it was] supposed to have been some sympathetic nervous affection...’²⁵⁷

The autopsy also had an influential legacy beyond his circle, and the sense of restorative justice continued into the next generation, informed by increased knowledge of chronic rheumatic cases. Archival records and *The Lancet* journal show the continued interest of a medical audience in Coleridge’s autopsy detail. A manuscript, purporting to be a copy of the autopsy record, repeats the procedure’s findings. Although it is an unsigned handwritten note, it does correlate with Joseph Green’s comments on the autopsy and probably formed part of a letter that Dr. Gillman’s grand-daughter Mrs. Lucy E. Watson wrote in 1895.²⁵⁸ Printed in *The Times* on 8th June, Watson’s letter responded to an earlier piece critical of her grandfather’s long-term patient—Samuel Taylor Coleridge. Watson quotes the newspaper’s derision of Coleridge’s ‘perpetual cry of ill-health,’ which signified ‘little less than opium and indolence.’²⁵⁹ Adopting a scientific posture, her letter addresses the editorial slur. She cites Coleridge’s autopsy report as recorded in James Gillman’s correspondence to Joseph Cottle: ‘The right side of the chest was filled with a fluid enclosed in a membrane...amounting to upwards of three quarts, so that the lungs on both sides were completely compressed.’²⁶⁰ The autopsy wording used in the letter is identical to the unsigned archive note and so is the defensive tone that accompanies both text’s clinical detail: ‘this will account sufficiently for his bodily sufferings which were ...hidden by his fortitude and resignation.’²⁶¹

²⁵⁷ Sara Coleridge to Hartley Coleridge, 2 August 1834, *Collected Letters*, vol.6, 992.

²⁵⁸ ‘A Short Account of S.T Coleridge’s Bodily Sufferings,’ ms autopsy report, Samuel Taylor Coleridge Collection 1786-1949, undated. MS-0865/Container 3.7. Harry Ransom Center, University of Texas, Austin.

²⁵⁹ Lucy E Watson, ‘S. T. Coleridge.’ *Times* [London, England], 8 June 1895: 14 (The Times Digital Archive 1785-2012). The earlier piece she refers to was printed on 27 April 1895.

²⁶⁰ Watson, ‘S. T. Coleridge.’

²⁶¹ ‘A Short Account of S.T Coleridge’s Bodily Sufferings,’ ms autopsy report.

It is fair to suggest Mrs. Watson's intention was to defend her grandfather's legacy; he was after all the dedicated physician to a notorious opium eater. She points out the drug's medical use for alleviating suffering, and opium assumes the dubiously honourable elevation to a medicinal 'necessity of subduing these sufferings by narcotics.' There is clear emphasis on the disease *happening to* a mostly blameless victim, with opium as a coping mechanism. Yet, beyond the psychological, it is the lungs' material physicality that again connects different versions of the same text. In this case, the unsigned note, letters of James Gillman and Mrs. Watson all stress 'bodily sufferings' whose diseased space is the lung cavity.

Creating a new Coleridge persona, one whose clinical disease was bodily (not psychologically) pathological, attracted attention. A week after Mrs. Watson's letter on 15 June 1895, medical journal *The Lancet* picked up the story for its readership with a new agenda and new interpretation of his rheumatism.²⁶² It complemented the reliably erratic Coleridge. Ultimately for the medical journal, Coleridge's experience had upheld the superiority of bodily materiality. Promoting a correlation between Coleridge the artist and his affliction, *The Lancet* trumpets the output of creativity during his deadly rheumatic fever as 'one more instance of the triumph of mind over body.' Alongside emotive marvelling at the silent suffering of 'this intellectual giant' and the literary contributions of 'one so physically disabled,' there is perceptive aesthetic comment. *The Lancet* acknowledges the disease's transformative capacity upon the psyche and personality, lamenting how it 'so restricts vitality as to modify the whole character of the individual.'²⁶³

Rheumatism could be said to have a somewhat paradoxical character; what doesn't change is the disease's ability to change, lending Coleridge's radical rheumatic fever contextual resonance with its incendiary scientific, religious and political times. Along with French Revolutionary zeal, British political turmoil and pneumatic science's disruptive 'discovery' of

²⁶² 'Tyranny of the Body,' *Lancet*, 1527.

²⁶³ 'Tyranny of the Body,' *Lancet*, 1527.

oxygen that deconstructed narratives of an elemental world, rheumatic fever quietly enacted its turbulent upheaval. Always a barometer for the fashionable intrigues of the century's debates, Coleridge seems to have adopted the newest strain of rheumatic fever (albeit unknowingly) and remained involved with historical paradigm shifts, even in death.

VII. Conclusion: Rereading the ode

Coleridge had a complicated disease in the form of ‘chronic’ rheumatic fever that evaded definitive diagnosis even at autopsy, requiring a fresh perspective from medical historians in the following century. Like Coleridge’s opinions, the historical narrative of rheumatic fever was one of fluxion, applied to many types of effusions. Fluxion was apparent to van Swieten whose idea of physiological pathways around the body derived from rheum’s Greek etymology: flow from watery sources of streams, rivers and fluids or through bodily discharge.²⁶⁴ Just like breath-borne pneuma whose effusions were formed from elemental philosophical tradition, rheum’s aqueous origins appealed to a Romanticist such as Coleridge.²⁶⁵ Propelled by respiration, diseased rheum flowed around the body causing Coleridge and many others acute pain in the joints, a persecution that Thomas Sydenham had noticed in ‘De Rheumatisme,’ with its ‘Rigorem & horrorem & febrium’ (stiffness, shivering and fevers).²⁶⁶ A century later, the condition then shifted to include chronic heart pain, with the lungs signaling infection through morbid breathlessness, like a bellows-based early warning system for rheumatic heart disease.

Poetically, it seems obvious to say that the breath manifests our emotional and spiritual state. The writer evokes painful memories and sorrow using changes to breath patterns—panting, nervousness, dread or coughing—to express an altered mood. Still, relationships of correlation or causation between breath and mood are not straightforward. A physical change in breathing, of potentially indeterminate origin, can trigger the same melancholia or memories that it represents. Coleridge intuitively connects sorrow in the form of sighs and exhalations from his lungs with an interior emotional life felt poignantly in the heart. As with Rilke’s sense of the breath as an ‘invisible poem,’ Coleridge appropriates breathiness and breathlessness to illustrate

²⁶⁴ English, *Rheumatic Fever in America and Britain*, 19.

²⁶⁵ Aristotle, ‘On Breath’ in *On the Soul; Parva Naturalia; On Breath*, trans. W. S. Hett (Cambridge: Harvard University Press, 1935), 499.

²⁶⁶ Sydenham, *Opera Universa*, 584.

his failing body.²⁶⁷ Rheumatic fever was not a glorious struggle, but both abhorrent and useful to his aspirations. The poet experienced disharmony of the soul in many different forms including writer's block, inability to find joy in nature and depictions of bleak loneliness, leading to what Mays has termed 'an infection of the soul.'²⁶⁸

The ode's strophes loosely structure a slow infection of the poet's soul and, presented together, they perform a richly rheumatic pageant. The opening strophe's choric resonance is that of rheumatically-charged damp weather, 'the dull sobbing draft, that moans and rakes' as the poet brings his song of sorrowful exhalations, 'which better far were mute' to centre stage. He aligns with the moon in 'foretelling / the coming-on of rain and squally blast'—ferocious wet conditions that blow in his ode on an imagined 'swelling' 'gust' and 'slant night shower driving loud and fast!' The entrance is loud and swiftly moves to his central concern of bodily and spiritual pain. Where previously a storm's dancing sounds of nature sparked the poet's impulse 'and sent my soul abroad,' now his bodily response is stolid and leaden. It is a body wracked with rheumatic 'dull pain' receiving life's melodious backdrop, the sounds of which 'might startle this dull pain, and make it move and live!' The envisaged effect is horrible as his damaged interior only enlivens pain, transient like an uncoiling snake and animated by his respiratory disease's macabre dance circulating within the pulmonary system.

Reading the poem with a respiratory awareness creates an absorbing 'atmosphere of breathing,' in which to experience 'the vastness of the breath in all of its spiritual and ontological possibilities.'²⁶⁹ At the same time, the reading supports the physical realism of 'breath as flesh's life force.'²⁷⁰ In the ode's antistrophe, disharmony of mind and body depict sorrow as 'A stifled, drowsy unimpassioned grief / Which finds no natural outlet, no relief, / In word, or sigh or tear.' These lines situate dejection within an atmosphere of 'stifled' suffocation, a space whose

²⁶⁷ Rainer Maria Rilke, *Sonnets to Orpheus*, 1942, trans. M. D. Herter Norton (New York: W.W. Norton), 2006. Second Part, 1.

²⁶⁸ Coleridge, *Poetical Works*, vol.I.2, ed. J. C. C. Mays, 696.

²⁶⁹ Škof, *Atmospheres of Breathing*, xiv.

²⁷⁰ Škof, *Atmospheres of Breathing*, xxii.

non-porous boundaries do not allow a 'natural outlet' for vocal expressions of grief. Instead, the breathing-space is sealed intact offering 'no relief.' Here the poet represents the absence of breathing, the absence of a life-supporting natural flow, as a space of limited respiratory transference between interior and external worlds. Under such conditions, the speaker's senses function on a superficial level as the second section ends with 'I see' but can 'not feel' the stars' celestial beauty.

This rarefied atmosphere of restricted breathing continues. It extends into a third strophe pervaded with Coleridge's loss as his 'genial spirits fail; / And what can these avail / To lift the smothering weight from off my breast?' The section dramatises the internal and external oppressive forces with which Coleridge must grapple simultaneously, and from which he 'may not hope from outward forms to win / The passion and the life, whose fountain are within.' Alongside the loneliness and frustration from a loss of pleasure in poetry, my interpretation reads an essential vitalism into 'genial spirits fail' in relation to his soul. In these defining three lines, he evokes the same hidden 'weight' on his heart as experienced by sufferers of chronic rheumatic fever with their crucial symptom of 'smothering' breathlessness. His somatic symptom presents a natural counterweight to an equally profound metaphoric suffocation. Coleridge's chosen motif of 'smothering' suffocation endured multiple revisions and the text's transformation in form, from letter to poem, during all of which only a syllable changed, and only in some versions, to form 'smoth'ring' for scansion.

Suffocation served many purposes, and Coleridge exploited it to depict chest pressure experienced during nightmares and his inability to exhale creativity into being, his loss of artistic 'endeavor.' Despite lacking the correct medical diagnosis to acknowledge mitral stenosis or pulmonary disease explicitly, he intuitively felt it. The ode provides compelling respiratory mimesis in response to the pressure failing lungs exerted on his heart. An appraisal of Coleridge's situation in which invisible forces exert influence on his emotions, during the poem's fourth section, leads to reciprocity in love. The poet asserts 'we receive but what we give' in an

unpolluted relationship with Nature and correspondingly a 'poor loveless ever-anxious crowd' can only live in an 'inanimate cold world.' The poet reinforces the conditions when health flourishes as coming 'from the soul itself' whose mode of expression, 'a sweet and potent voice,' requires calm, controlled breathing. It is a rhythmic calm that unites health and deep breathing within Coleridgean holy imagery. An act of expansion, a form of sacred inhalation and exhalation on a massive scale 'issue[s] forth / A light, a glory, a fair luminous cloud / Enveloping the Earth' as enjambment floats imagery of an immense vitalised atmosphere, which rarifies the physical world.

The fifth section of the ode develops the concept of vitality as a life-force of romantic and universal love. The flow of universal energy, 'Life's effluence,' emits 'joy' at our permanent bond with Nature using marital lexis to depict 'the spirit and the power, / Which wedding Nature to us gives in dower,' an indissoluble binding that exists regardless of the healthful quality of 'Life' it encapsulates. Nature should be love and joy in all its representations: of 'luminous mist,' 'cloud ...and shower,' encompassing all experience (and by default sickness) in its optimistic embrace. However, the poet only offers a moment with this optimistic vision and when it becomes clear that the poignant lightness of being will not endure, the section swiftly moves to tragedy.

The poetic voice reveals intense spiritual and intellectual battles, which overpower him by the sixth section. Nature seems impermanent and cruel allowing the poet to glimpse exuberance through visceral memories of body and mind: 'There was a time when, .../ This joy within me.../ Whence Fancy made me dreams of happiness.' Despite dispersing brief scents of hopeful mood, illness overwhelms the previous strophe's health that was simply attained through joy and connection with nature. Illness overpowers joy while self-acceptance reverts to oppressive suffocation. His symptoms menace him, evoking the lament that 'afflictions bow me down to earth' and 'suspend[s] what nature gave me at birth.' Tellingly, his weighty ailments lead to further medical lexis 'till that which suits a part infects the whole,' a toxic evocation in which we

can envisage rheum's stealthy poisonous flow. It is a line that speaks to the poet's fracturing of his well-being. To possess health resonates with truth, potency and Nature; for Coleridge, the spreading of infection systematically destroys such gifts from God till the altered body-chemistry that results 'is almost grown the habit of my soul.'

Moving now with an infected 'whole,' the seventh section evokes more of the stealthy, creeping sensations that throttle and overcome the speaker. The snake motif carries the sinister movement of toxic forces within the body as 'viper thoughts,' which 'coil around my mind' and like the opening strophe, some distorted musicality indicates foreboding irregularity. The wind's medium of an Eolian harp appears instead as a 'mad lutanist' who plays to withered flora, hidden in 'dark-brown gardens,' in the absence of a vitalised air that previously enveloped Earth. All is respiratory contraction. Intense emotional arousal necessitates an emptying of the lungs and the autobiographical child lost in 'bitter grief and fear ... screams loud' in noisy shrieks for its Mother.

Driving this strophe are laboured exhalations that signal wounded and pained communication, and in the middle of its scenes of desolation are disturbing cries:

With groans, of trampled men, with smarting wounds—
At once they groan with pain, and shudder with the cold!
But hush! there is a pause of deepest silence!

The men's ragged exhalations emerge in 'groan[s] with pain' formed by their being oppressed ('trampled'), perhaps in a reference to emotional wounds inflicted by critical voices. However, it is the very physical, brutal smothering inflicted on these 'trampled men' that guides our attention beyond the psychological. Perhaps they are men from the chaos of the French Revolution, struck down by war, whose 'pause of deepest silence' is simply death. Perhaps they are patients hospitalised with a chronic disease. As images from a poet with rheumatic heart disease, the words resonate with personal suffering. Disease enacts an oppressive trampling of the lungs, inflicting 'smarting wounds' like chronic rheumatism's boils and skin lesions or pain from the

treatments sought for their alleviation. The resulting groans arrive in response to discomfort from chronic rheumatism's severe symptoms and fear of its oppressive smothering sensations, leaving the sufferers as helpless victims of a terrifying breathlessness with 'a pause of deepest silence!' locked inside their body.

The final strophe implores joyful health for its female interlocutor as the poet seeks to distance her from his pained, smothered groaning and infected whole. He wishes her a 'gentle Sleep' untroubled by the nightmares that disturb his own. Such sleep will fill her body with health carried on its 'wings of healing.' She will awake, 'with light heart may she rise,' unburdened by melancholy or by breathless pain from rheumatic disease. The tone swells with a choric chant: 'Joy lift her spirit, joy attune her voice; / To her may all things live.' Her unfettered breathing and clear voice radiate pure, healthful, untainted vitalism as if the poet galvanises his final breaths and the poem's final traces of creative power to articulate hope for her salvation. From this respiratory and rheumatic perspective, a different 'Dejection: An Ode' emerges. Out of Coleridge's intuitive awareness of body and mind, it becomes an ode on the loss of physical and spiritual identity resulting from degenerative lung pathology.

'Dejection: An Ode' is not the only Coleridge poem to present a contemplation on human weakness with emotional intensity. In 'Youth and Age' written in 1823, eleven years before Coleridge's death and seven years after entering the care and home of Dr. Gillman, the poet lamented his failing lungs and body as 'This breathing house not built with hands, / This body that does me wrong.'²⁷¹ A dispassionate scientific metonym for failing infirmity shows the despondency of ill-health compounded by a tone of disgust (the anaphoric 'this') at abhorrent bodily failure. It is a poetic interpretation of ruined health with relevance to a study of Coleridge's rheumatic fever. Like 'smoth'ring,' the term 'breathing house' constructs a shell of

²⁷¹ Coleridge, *Poetical Works*, vol.I.1, 1012.

corporeality around a body enduring the loss of vitality that betrays his inner sense of self, its soul.

Breathlessness, the long-term pulmonary consequence of rheumatic fever and a key indicator of heart disease, often occupied Coleridge. He self-consciously reflected on breathing difficulties in notebook observations that include ‘Brandy palpably affects my Breathing—’ among many entries on health. The notebooks’ editor, Kathleen Coburn, recognised the essential connection between Coleridge’s literary reflections and respiratory health. She clarified the previous entry about ‘Brandy’ with the important note: ‘difficulty in breathing, frequently noticed in letters and notebooks, was endemic to Coleridge’s physical condition, as revealed by the report of the post-mortem examination.’²⁷²

Coleridge died two years after an Anatomy Act of 1832 that shifted the emphasis from anatomical dissection as a lesson in physiology, onto autopsy as a study of disease pertaining to the cause of death. The latter eventually involved heart incisions as standard procedure, but it did not happen during the poet’s lifetime.²⁷³ It was the final in a long list of bodily disappointments for Coleridge who was keen to reveal the interior of a body he had speculated over for so long. Ultimately, death brought a dramatic revelation that justified in part his long-standing pre-occupation with health. Although not quite the singular ‘disease’ or truth to which he aspired, death offered some form of resolution to his narrative. His post-mortem examination, which became a matter of public interest, showed pulmonary and heart damage that we now recognise as chronic rheumatic fever, indicated all along by his breathlessness. It was a longstanding condition of his heart and lungs that resonates profoundly with his work’s vocal quality, both symbolic and actual.

Coleridge’s rheumatic narrative left a meaningful legacy. His theorising on pain and on the imagination sensed the importance of breathing and breathlessness to our fundamental

²⁷² Coleridge, *Notebooks*, vol.2, 2767. Liquor, in this case, brandy was a probable euphemism for opium.

²⁷³ Mitchell, *Anatomical Dissection in Enlightenment Britain*, 2, 22.

understanding of consciousness. He seemed to grasp that within the breath there is a strange suspension of possibility and its originating energy. It was a condition he intuitively knew to be damaged in himself and a condition he partially managed through various forms of poetic release. Respiration, therefore, must affect our interpretation of Coleridge's works including the ode and the letter, as what emerges in 'Dejection: An Ode' and 'Letter to Asra' is the early awareness of an ethereal landscape shared by respiratory physiology and poetry.

Appendix 1. Letter Extracts (on Rheumatic Fever and Related Medical Matters in S.T. Coleridge's Correspondence: Winter 1801 to Summer 1803)

Year	Date	Postage Location	Recipient	Letter Extract	Page no.
1801	Jan 7 th	Keswick	Thomas Poole	I have been confined for almost the whole of the last three weeks with a Rheumatic Fever...in consequence of the torture I have sustained ...& feverous state of my body, my left testicle has swoln to more than three times its natural size, so that I can only lie on my back.	661
1801	Jan 11 th	Keswick	Humphry Davy	by the Lettre de cachet of a Rheumatic Fever sentenced me to the Bed-bastille.	663
1801	Jan 23 rd	Keswick	John Thelwall	Shortly after I wrote to you I was seized with a Rheumatic Fever...I have been now for more than 5 weeks confined to my bed...My own Moans are grown stupid to my own ears.	667
1801	Feb 1 st	Keswick	Thomas Poole	I hope, that shortly I shall look back on my long & painful Illness only as a Storehouse of wild Dreams for Poems...	668
1801	Mar 24 th	Keswick	Thomas Poole	I was horribly hypochondriacal...Add to this, I was affected by a Rheumatism in the back part of my head-	711
1801	Mar 25 th	Keswick	William Godwin	The Poet is dead in me... I myself am the Slave of Rheumatism	715
1801	Apr 13 th	Keswick	George Greenough	I write to you from a bed of Pain ...every change in this changeful Climate throws me on my back again, with inflamed eyes, rheumatic fever...	719
1801	May 16 th	Keswick	Daniel Stuart	since the first of January I have been, with the exception of 3 weeks ...confined to my bed, with a succession of Disorders, i.e. Rheumatic Fever followed by a Hydrocele, & since then by what is called irregular or retrocedent Gout	729
1801	May 17 th	Keswick	Thomas Poole	I had been harrassed with all sorts of craziness, blood-shot eyes, swoln Eye-lids, rheumatic pains in the back of my head & limbs... The new year ushered in with what I believed a Rheumatic Fever...	730
1801	Jun 23 rd	Keswick	William Godwin	my settling at Keswick were followed by large Boils in my neck and shoulders-these by a violent Rheumatic Fever	737
1801	Jul 5 th	Keswick	Thomas Poole	I was again taken ill by fever...I can bear even violent pain with the meek patience of a Woman; but nausea & giddiness are far worse than pain- for they insult & threaten the steadiness of our moral Being...Nine dreary months-and oh me! Have I had even a fortnight's full & continuous health?	740
1801	Jul 5 th	Keswick	Thomas Poole	Body & Soul are going-Soul is going into Body, and Body is going into Dung & Crepitus-with more of the latter than the former.	742

APPENDIX 1 (*continued*)

Year	Date	Postage Location	Recipient	Letter Extract	Page no.
1802	Jul 18 th	Keswick	William Sotheby	I had just recovered from a state of extreme dejection brought on in part by Ill-health... Even that most oppressive of all weathers, hot small Drizzle, exhibits the Mountains the best of any.	809
1802	Nov 23 rd	Carmarthen	Mrs S.T Coleridge	My bodily Feelings are linked in so peculiar a way with my Ideas, that you cannot enter into a state of Health so utterly different from your own natural constitution.	887
1802	Dec 14 th	Pembroke	James Coleridge	& a Stomach, that generates wind in such quantities, must needs afflict the body with these flying pains, which my Mother calls the rheumatic Gout... you have weak Lungs- that is, Lungs in an inflamed State...	896
1803	Jan 14 th	Keswick	Thomas Wedgwood	The exceeding kindness, which it [Wordsworth's letter] breathed was literally medicinal to me; & I firmly believe, cured me of a nervous rheumatism in my head & teeth.	915
1803	Feb 1 st	Keswick	Samuel Purkis	any exposure inevitably diseases, almost disorganizes me. Cold and Wet are my He and She Devil	919
1803	May 17 th	Keswick	Robert Southey	the Influenza returned in the shape of a rheumatic fever, severer for its continuance (3 fits in 24 hours) ... it was sufficiently distinguished from simple Rheumatic Fever by the immediate & total Prostration of Strength, confusion of sense & faculties, long tearing fits of coughing with great expectoration, & clammy treacle-sweats on awaking.	943
1803	May 20 th	Keswick	Thomas Poole	It was the Influenza, which shewed itself in the form of rheumatic Fever-crippling my loins-but distinguished from it by immediate prostration of Strength, confusion of Intellect on any attempt to exert it, a tearing Cough with constant expectoration...	945
1803	Sept 2 nd	Scotland	Sara Coleridge	We returned to E.Tarbet, I with the rheumatism in my head. ...& the Rheumatism in the right of my head afflicts me sorely ...chiefly, my right eye, ear, cheek, & the three Teeth...	979
1803	Sept 16 th	Keswick	Thomas Wedgwood	I have no other symptom but that of Flatulence / shewing itself by an asthmatic Puffing, & transient paralytic Affection/this Flatulence has never any acid Taste in my mouth.	991
1804	Jan 30 th	Westminster	George Beaumont	I have been very, very ill; ...All Saturday morning the bad weather continuing I was unable to breathe, except as one in an Asthma breathes.	1048

Source: Text from *Collected Letters of Samuel Taylor Coleridge*, vol.1, ed. Earl Leslie Griggs (London: Oxford University Press, 1956).

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