

# Divine Hysteria. Readings of the Sacred Disease in the Late Eighteenth and Early Nineteenth Centuries

*Abstract:* While historians have explored the deployment of medical expertise in studies of the supernatural for some time, the medical report on supernatural phenomena thus far has evaded similar scholarly attention. This chapter puts the expert report centre stage and focuses on the religious context of ‘hysteria’ diagnoses. Through an analysis of two controversial mystics who were examined and diagnosed with corporeal symptoms of the ‘sacred disease’ even though their cultural contexts differ substantially, we argue that a historicised reading of the report that integrates the circumstances of its production as well as its circulation, reiterations, and legacies allows for an examination of the genre’s role as source for wider (counter) expertise and authority in evaluations of the supernatural.

*Keywords:* religion, hysteria, medical expertise, supernatural, Magdalena Lorget, John Nichols Thom

## Introduction

Recent years have seen historians’ burgeoning interest for the production of and exchange between medical and religious knowledge, also in the nineteenth century. Studies of the deployment of medical expertise in examining supernatural phenomena such as miraculous cures, religious ecstasies (linked to visions and apparitions) and prolonged fasting have addressed the experts, their methods, their diagnoses

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and even their instruments, but scholars have paid less attention to the role of medical expert reports (*Gutachten*).<sup>1</sup> Those scholars who have focused on these reports have done so primarily to show how medical expertise was instrumentalised, either to temper religious enthusiasm – by pathologising mystical phenomena – or to channel it, for instance when ecclesiastical authorities reasserted control over what constituted the miraculous or supernatural. While we do not dismiss the merits of reading expert reports against the grain, as it has been particularly useful in disentangling religious authority and the medicalisation of religion, this chapter shifts the attention to the expert report *an sich*.<sup>2</sup> Two threads run through this chapter: (1) supplementary to scholarship that has shown how expert reports were used to assert clerical and public authority, a bottom-up analysis of how a mystic's supporters used these reports allows us to examine its role as a source of counter expertise. (2) More broadly, we suggest a historicised reading of the report that integrates the circumstances of its production as well as its circulation, reiterations and legacies.

We turn to two cases of miraculous phenomena on individuals' bodies, which were instilled with religious meaning and claimed as the territory of medical science. Magdalena Lorger (1734–1808), a cloistered nun from Hadamar, in the German state of Hesse, suffered from inedia and stigmata; the Englishman John Nichols Thom (1799–1838) was a millenarian prophet in Canterbury with the holy wounds. Both mystic figures were diagnosed with 'hysteria', but the building blocks that constituted this diagnosis, the forces that made it and the (counter) expertise that flowed from it differed. Their medico-mystical cases were local and separate – neither of them knew of the other – and must be situated within their respective historical contexts. It is nevertheless important to point out that medical knowledge regarding 'hysteria' and religion was developed across regional and cultural borders in interconnected ways. In England, for example, religious 'hysteria' had not been a purely Catholic illness since dissenting enthusiasts and Methodist rabble rousers were pathologised in the eighteenth century; Thom's denomination was not, as we will see, a determinant in the diagnosis. In the case of Magdalena Lorger, the report of the medical commission referred to foreign experts such as the English physician

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1 Jason Szabo, *Seeing is Believing? The Form and Substance of French Medical Debates over Lourdes*, in: *Bulletin of the History of Medicine* 76/2 (2002), 199–230; Sofie Lachapelle, *Between Miracle and Sickness: Louise Lateau and the Experience of Stigmata and Ecstasy*, in: *Configurations* 12 (2004), 77–105. For a study on the previous centuries see: Jacalyn Duffin, *Medical Miracles. Doctors, Saints and Healing in the Modern World*, Oxford 2009.

2 In the early nineteenth century, 'science' did not yet hold a monopoly over knowledge of the natural world; less so where it concerned the supernatural worlds of religion and mysticism. For early nineteenth-century Britain see Heather Ellis, *Knowledge, Character and Professionalization in Nineteenth-Century British Science*, in: *History of Education* 43/6 (2014), 777–792; Robert A. Houston, *Clergy and the Care of the Insane in Eighteenth-Century Britain*, in: *Church History* 73/1 (2004), 114–138.

Thomas Sydenham (1624–1689) and the Italian physician Giovanni Battista Morgagni (1682–1771). The local doctor who wrote the counter report on Lorger mentioned David MacBride from Dublin (1726–1776).<sup>3</sup>

The cases of Lorger and Thom therefore illustrate how medical knowledge was at once local and nested within larger debates that developed beyond regional borders. The following pages delve into their sources. We study the people involved, look at the role medical reports played and examine their use of the ‘hysteria’ diagnosis. This will allow us to point out (1) how medical reports functioned as an attempt to regain control over a (religiously) disturbing situation *and* as a means to counter that attempt; (2) how a shared medical vocabulary could still result in quite different evaluations (and, indeed, how both cases might be local but their reference points were not); and (3) that the meaning of a report is not fixed once it is submitted. Both the report and the diagnosis were reinterpreted and reused, not only by medical experts.

This short introduction already indicates that ‘hysteria’ and its link with religion were heavily debated.<sup>4</sup> Studies on nineteenth-century ‘hysteria’ have proven fruitful in addressing the impact of medical advances on religion and on discussions about the ‘primacy of natural or supernatural explanations.’<sup>5</sup> Historians such as Jan Goldstein and Manuel Borutta focused on the late nineteenth century to elucidate how redefinitions of ‘hysteria’ as a functional nervous disease were linked to anti-Catholicism against the backdrop of the culture wars in France, Germany and Italy.<sup>6</sup>

The ‘hysteria’ diagnosis was not exclusively relevant to materialist physicians and anti-Catholic freethinkers. Nor was the encroachment of medical knowledge upon the religious sphere a one-way dynamic that resulted in the assertion of dominant expertise in this knowledge hierarchy; ‘hysteria’, in particular, proved too malleable a concept. The illustrious ailment’s redefinition reverberated also in Catholic mystical and devotional cultures as, for example, in the evaluation of miraculous cures in the Marian apparition site in Lourdes in the late nineteenth century.<sup>7</sup> The first

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3 See also Sabine Arnaud, *L’invention de l’hystérie au temps des Lumières (1670–1820)*, Paris 2014, 29; Andrew Scull, *Hysteria. The Disturbing History*, Oxford 2009, 31.

4 For an overview of the studies on the connection between religious conflicts of conscience, eccentric religiosity and the development of a psychological illness see Maria Heidegger, “Fromme Lektüre”, “scharfe” Predigt: Zur Problematisierung religiöser Praktiken in Krankenakten der k. k. Provinzial-Irrenanstalt Hall in Tirol, 1830–1850, in: *Virus. Beiträge zur Sozialgeschichte der Medizin* 15 (2016), 127–150, 131.

5 Cristina Mazzoni, *Saint Hysteria. Neurosis, Mysticism, and Gender in European Culture*, Ithaca 1996, 1.

6 Jan Goldstein, *The Hysteria Diagnosis and the Politics of Anticlericalism in Late Nineteenth-Century France*, in: *The Journal of Modern History* 54/2 (1982), 209–239, 210; Manuel Borutta, *Das Andere der Moderne. Geschlecht, Sexualität und Krankheit in antikatholischen Diskursen Deutschlands und Italien (1850–1900)*, in: Werner Rammert et al. (eds.), *Kollektive Identitäten und kulturelle Innovationen. Ethnologische, soziologische und historische Studien*, Leipzig 2001, 59–75, 66.

7 On the complex relationship between Church and medicine see Mark Micale, *Approaching Hysteria. Disease and its Interpretations*, Princeton 1995, 261.

appearance of 'hysteria' as *hysteria pnx* – wandering womb – dates back to Antiquity, and the parameters of its conceptualisation have changed throughout the centuries. Its only constancy seems to be its fluidity, and its adaptability to different cultural contexts, in fact, making it difficult for historians to trace the term down the centuries in the first place.<sup>8</sup> Because of this vagueness and the constantly shifting symptoms that determined the diagnosis, non-medical experts could also stake their claim in the definition of 'hysteria' as a "disease formulation" that befitted the specificities of the cultural-historical context.<sup>9</sup> 'Hysteria' thus became one of the nineteenth-century battlefields on which various cultural agents vied for a position of authority in the public sphere. If scholars have gone to great lengths to historicise the illness and its symptoms, so too must we historicise those who drew up the diagnosis. Rather than focus on how medical developments steered Christian revaluations of mystical phenomena, then, this chapter looks at how ecclesiastical and public authorities and others harnessed the recognisability of both the 'hysteria' diagnosis and the medical expert report to (re)gain control over phenomena that were considered to be subversive, damaging or dangerous.

In the late eighteenth and early nineteenth centuries the diagnostic power of 'hysteria' was renegotiated in wider society. Competing and overlapping interpretations existed alongside each other.<sup>10</sup> Taking into account the methodological caveats of studying 'hysteria', this chapter untangles the dynamics that constituted and, immediately, contested medical expertise on corporeal religious phenomena. Studying 'hysteria' at the turn of the nineteenth century also offers particular insights into religious history. Rationalist currents that were conceived in previous decades now rippled across the cultural landscape; they were observed most notably in new materialist readings of the Bible, also through the lens of 'hysteria'. Similar currents within the Catholic Enlightenment also eroded tolerance for mystical phenomena within the Church.<sup>11</sup> Among other developments, this led to an increased understanding

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8 Diana Faber, *Hysteria in the Eighteenth Century*, in: Harry Whitaker/C. U. M. Smith/Stanley Finger (eds.), *Brain, Mind and Medicine: Essays in Eighteenth-Century Neuroscience*, Boston, MA 2007, 321–330. Eighteenth-century 'hysteria' in particular carried within its definition and use the traces of the witch hunts. 'Hysteria' – as well as its masculine equivalent 'hypochondriasis' – was considered a neurosis expressed via physical symptoms such as convulsions and 'bizarre bodily contractions' that in contexts outside the infirmary could be taken for displays of divine power. Günter B. Risse, *Hysteria at the Edinburgh Infirmary: the Construction and Treatment of a Disease, 1770–1800*, in: *Medical History* 32/1 (1988), 1–22, 1.

9 Roy Porter, *The Body and the Mind, the Doctor and the Patient: Negotiating Hysteria*, in: Sander Gilman u. a. (eds.), *Hysteria Beyond Freud*, Berkeley 1993, 225–285, 265–266.

10 Katrin Max, *Antizipation des culture-bound syndrome? Kulturell bedingte Prägung der Wahrnehmung von Krankheit im ausgehenden 19. und 20. Jahrhundert am Beispiel der Hysterie*, in: *Kulturpoetik* 17/1 (2017), 100–121, 103.

11 Otto Weiss, *Stigmata*, in: Hubert Wolf (ed.), "Wahre" und "falsche" Heiligkeit. *Mystik, Macht und Geschlechterrollen im Katholizismus des 19. Jahrhunderts*, Oldenburg 2013, 111–125, 116.

of ‘hysteria’ as a neurosis expressed through physical symptoms such as convulsions and “bizarre bodily contractions”. As corporeal, visible displays of divine power, these symptoms proved problematic for churchmen as well as physicians.<sup>12</sup> Lorget, the nun of Hadamar, and Thom, the Canterbury messiah, hailed from regions where the Catholic Church was not a monolithic cultural force, and where the coexistence of denominations was fraught. In the precarious religious landscapes of the German states and England, mystical phenomena such as the stigmata were suspect in ecclesiastical environs. The wounds of Christ displayed on living, mortal bodies invited interpretations of ‘hysteria’. Strikingly, the chronological focus of scholarship on people bearing the stigmata largely overlaps with that of ‘hysteria’, centring predominantly on the late nineteenth century. Sofie Lachapelle and Gábor Klaniczay, for example, have shown how stigmatics such as the Belgian Louise Lateau (1850–1883) came to embody a specific version of ‘hysteria’ in print and picture.<sup>13</sup>

Lorget and Thom’s cases show that exceptional religious phenomena were the subject of empirical scrutiny before the age of Salpêtrière, also because of their impact on their communities – both real and imagined. Their ‘hysteria’ was at once a pathology and a contagion, drawing attention because of its theatrical, social character, its “she-spectacle”.<sup>14</sup> Stigmata had a long history before Lateau was depicted as an archetype of religion-induced ‘hysteria’ in the 1870s. By the early nineteenth century, the supernatural wounds were overwhelmingly visible phenomena, displayed on the skin for everyone to see. Faced with a public case of visible stigmata, clerical authorities were often all too aware of the risk to the reputation of their Church and to established hierarchies of religious authority within a community. In such instances, ‘hysteria’ provided clerics with a useful brush to tar stigmatics. At the same time, Lorget and Thom’s contemporaries tried to wrest back control of the supernatural through medical diagnosis and the authority of the expert report. The consequences of these attempts resonate in the changing status and meaning of the report as a textual genre: they affected its conventions, its readership and its reception. As one genre among others, this medical text existed in dialogue with other authoritative reports that offered their own (counter) expertise.

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12 Risse, *Hysteria*, 1988, 1.

13 Since the beginning of the modern era, three types of explanations for stigmatisation circulated: 1) divine intervention, 2) diabolical intervention and 3) “seelische Erkrankungen” see Weiss, *Stigmata*, 2013, 124. There was an increasing interest in the ‘body of the receiver’ (rather than his/her soul) in the nineteenth century, and the Church requested medical observations to understand the physiological processes behind the stigmata: Lachapelle, *Between Miracle*, 2004, 87.

14 The term is Susan J. Wolfson’s, in reference to the female characters in Byron’s *Don Juan* (1819). See Susan J. Wolfson, *Romantic Interactions: Social Being and the Turns of Literary Action*, Baltimore, MA 2010, 132.

## Maria Magdalena Lorger: diagnosing a 'saintly nun'

In 1775, the Dominican nun Maria Magdalena Lorger from the cloister in Hadamar started vomiting blood and became bedridden. Three years later, on the Feast of the Sacred Heart in 1778, she received Jesus' side wound. In 1781, she also started to show the marks of flagellation and the year after, her hands and feet displayed the stigmata. In 1785, the Bishop of Trier developed an interest in Lorger; by 1786, he installed an official commission of medical and theological experts. The expert reports have been preserved and document, as the historian Guillermo Luz-y-Graf has shown, the pathologisation of mystical phenomena.<sup>15</sup> The notion of 'pathologisation', whilst aptly capturing part of the story – the Church's attempt to control the phenomena – is slightly distorting as it confines the power of medical expertise to the dominant players: the Church and the diocesan commission. The files nonetheless offer exceptional insight into the uses of medical expertise in challenging the medical and ecclesiastical authorities. More in particular, these sources allow us to explore how competing definitions of 'hysteria' were deployed by the opposing factions to support their case (pro or against Lorger) *within* the Catholic context.<sup>16</sup> All expert parties involved fought their battles with the same means: a formalised report, sent to the ecclesiastical authorities.

### On onions, enema and hysteria: pathologising the mystical body

On 27 July 1783, Jacob Weimer of Hadamar, *Stadtpfarrer* and father confessor of the Hadamar cloister, wrote to Dr. theol. Josef Ludwig Beck (official and priest in Trier), asking him to have Lorger examined, but to avoid all commotion amongst Catholics and Protestants.<sup>17</sup> A week earlier, he had complained that the news about Lorger's condition was getting out, not locally, as only a few knew vaguely something about it, but among the clergy of cities such as Cologne and Mainz. He himself had been questioned about the matter by strangers. Beck pointed the finger at the local physician Johan Christian Jacob Wolff for spreading the news as Wolff had repeatedly

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15 Guillermo Luz-y-Graf, Die Stigmatisierung der Anna Lorger in Hadamar 1785. Die Kritik eines Wunders in der Aufklärung, in: Angela Giebmeier/Helga Schnabel-Schüle (Hg.), „Das Wichtigste ist der Mensch“. Festschrift für Klaus Gerteis zum 60. Geburtstag, Mainz 2000, 333–345, 341, 334.

16 Landeshauptarchiv Koblenz (LHAK), 1C Akten der geistlichen und staatlichen Verwaltung 11259, Acta betr. „Die in dem Dominicanissenkloster zu Hadamar befindliche Laienschwester Magdalena Lorgerin, ins besondere die Untersuchung der sich bey derselben angeblich geäußerten Wundzeichen.“

17 Carl Heiler, Die stigmatisierte Laienschwester Magdalena Lorger aus Offheim (1743–1806) im Urteil ihrer Zeitgenossen, in: Archiv für Psychiatrie und Nervenkrankheiten, 104 (1936), 435–453, 438.

stated that he thought this to be “more than natural” (“mehr dan natürlich”).<sup>18</sup> It would take a few more years before the Trier episcopal authorities responded, but from these references it is already clear that the news was eagerly picked up and seen as a potential source of commotion. In order to understand the rousing character of the news about such mystical phenomena, we need to put it into its historical context. At the end of the eighteenth century, the Enlightened tendencies of episcopal authorities in Trier were at their peak, and within this rationalist perspective the Church regarded mystical phenomena with distrust.<sup>19</sup>

The question was as much about Lorger’s health as it was about her religiosity and the Church’s monopoly over deciding “what and how one should believe”.<sup>20</sup> So when Wolff sent in his counter expertise, the commission seems to have responded by indicating that it was not fit for an era in which the Archbishop tried to “suppress superstition, hinder prejudices and teach the people correct notions”.<sup>21</sup> In the case of Lorger, not only did the supernatural phenomena trigger criticism, the comments on the alleged corporeal epiphenomena of mysticism were woven into the disapproval of Lorger’s religious habits, her ‘type’ of religion. Whilst Jacob Weimer described the Dominican nun as a fervent worshipper of the Holy Communion, this pious habit (as well as her fasting) could in the eyes of the commission members be labelled “irrational” and “excessive”.<sup>22</sup> Moreover, according to one of them, the theology professor Beck, Lorger did not have the mystical knowledge her father confessor claimed she had.<sup>23</sup>

In these matters, the fact that Maria Magdalena Lorger was a woman pleaded against her. Even her father confessor, Jacob Weimer, admitted that he initially had been reluctant to believe any of it as he had made it his “rule to only sparsely believe in such things with the feminine sex”.<sup>24</sup> The commission members were not more optimistic about the women’s mysticism either and *Offizial* Beck concluded that the false belief in the wonder was only “natural for the sex left to its own imagination

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18 LHAK, 1C 11259, Letter Jacob Weimers an den Geistlichen Rath, Hadamar, 21 July 1783, fos. 29–32, fol. 30.

19 Luz-y-Graf, *Die Stigmatisation*, 2000, 333.

20 “[...] was und vor allem wie zu glauben sei.”: Guillermo Luz-y-Graf, *Das Wunder im Dorf? Die Stigmatisation der Anna Lorger 1785 in Hadamar*, in: Norbert Haag/Sabine Holtz/Wolfgang Zimmermann (Hg.), *Ländliche Frömmigkeit. Konfessionskulturen und Lebenswelten 1500–1850*, Stuttgart 2002, 239–253, 248.

21 “[...] den Aberglauben zu verdrängen, Vorurteile zu stören und dem Volke richtige Begriffe beizubringen.” Cited in: Johannes Höcht, *Träger der Wundmale Christi. Eine Geschichte der Stigmatisierten*, 5. Aufl., Stein am Rhein 2000, 294.

22 Luz-y-Graf, *Die Stigmatisation*, 2000, 344.

23 Luz-y-Graf, *Das Wunder*, 2002, 248.

24 “[...] von jeher ein Gesetz gemacht, dergleichen Dinge bey dem weiblichen Geschlecht sehr sparsam zu glauben”: Letter Jacob Weimers, Hadamar, 21.7.1783, in *Acta*, fos. 29–32, 30.

behind four walls”<sup>25</sup> Reducing the Dominican nun to a victim of her own imagination turned her into a patient and took away all credibility she might have as sign, or even medium, of the supernatural. Yet, this pathologisation was about to be challenged.

The letter of *Stadtpfarrer* Weimer did not trigger an official reaction. It was only after the Archbishop of Mainz received a report on the matter by two clergymen and forwarded it to the Bishop of Trier, who was responsible for Hadamar, that an official commission of theological and medical experts was dispatched to the cloister. From 18 to 20 May 1786, the electoral investigative commission (*kurfürstliche Untersuchungskommission*), consisting of Josef Ludwig Beck, priest, official and theology professor; priest and school regent Matthieu and Dr Anton Franz Horn, electoral physician and aulic councillor, examined the case. The examination of the commission members shocked witnesses: Lorger, who was said to have no digestion, was given a laxative and they used an enema. Furthermore, to wake her from ecstasy they used the sharp smell of ‘eau de luce’ and peeled onion and shook her body. The commission members diagnosed the case as periodical epilepsy and ‘hysteria’: purely natural illnesses caused by her “heated imagination and shaken nervous system”.<sup>26</sup> The scars of the stigmata had natural causes, and wounds on her back were bed sores. In sum, the expertise report of the diocesan commission normalised the alleged mystical phenomena in two ways. They pathologised the condition of the Dominican nun and disturbed the religiously charged atmosphere by bringing in ‘eau de luce’, a peeled onion and an enema syringe.

### Challenging authority: Wolff’s expertise report

The examination and its outcome triggered a reaction of the Dominican order, which asked the local physician Wolff to submit his own medical expertise report. He included an extensive anamnesis (medical history) and diagnosis of Lorger, whom he examined between 25 and 28 May 1786. In his report for the Archbishop and *Kurfürst* (16 July 1786) and the Dominican cloister (20 July 1786), he concluded that natural causes indeed explained some of the afflictions such as her dislike for food, ecstasy and periodical inflammation of heart, lungs, pleura and diaphragm. But Wolff’s report allowed for the inclusion of the supernatural, apparent in the occurrence of these phenomena on ecclesiastical feast days (and those days changed

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25 “[...] das so unter vier Mauern ihrer eigenen Einbildungskraft überlassene Geschlecht”: Wolff’s Report, Limburg, June 1787, fol. 116 cited in Luz-y-Graf, *Das Wunder*, 2002, 245.

26 “[...] erhitzte Einbildungskraft und ihr zerrüttetes Nervensystem”: Luz-y-Graf, *Die Stigmatisation*, 2000, 340.



every year), the fact that only her prioress could call her back from her ecstatic state and her abnormal digestive system.<sup>27</sup> He explicitly opposed the assumption that the enema given to Lorger by Dr Horn had improved her condition. Wolff welcomed an assessment of his findings and suggested sending his analysis to a Catholic or Protestant medical faculty.<sup>28</sup>

He admitted that, at first glance, one could easily assume that the ailments were due to “womb conditions” (“*Mutter Zustände*”) that were “best eased by a good husband”.<sup>29</sup> But he could not find the slightest signs of hysterical conditions: she had never longed to be married and at “all times the feminine had been in the best condition”; the chest pains were not connected to the uterus.<sup>30</sup> Whilst he believed that the inflammation of her viscera might be caused by intense meditation on the suffering of Christ, and thus had a natural origin, he did not prescribe anything for she did not seem to want to be relieved of these pains. In his opinion, a small number of the phenomena had a natural origin, many of them were contra-natural and most of them of supernatural origin.<sup>31</sup>

Wolff’s *Gutachten* did not go unnoticed, and the diocesan commission was invited to respond to the questions raised. They protested vehemently against the mere existence of such a counter-expertise report. Without the presence of a ‘legal person’ and only conducted by a “ordinary (“*einfache*”) senior physician”, this could not be regarded a valid report. Moreover, it challenged the *Kurfürst*’s Enlightened policy against superstition and prejudices.<sup>32</sup> Again, the discussions centred around the definition and adequate treatment of ‘hysteria’; as part of his treatment of Lorger, Wolff had used a laxative drink consisting of salt and manna that the commission believed to be dangerous for persons with a disposition for hysterical cramps.<sup>33</sup> Wolff alluded to “womb conditions” (“*Mutter-Umstände*”) that might be resolved by a good husband, but did there not also exist married women who were hysterical? Should he not have read Klein, Hoffmann or Sydenham? Looking at the questions Wolff asked it seemed clear that he tried to trace flaws in the reproductive organs that he thought essential for a person to be judged hysterical. But according to the diocesan commission, one could not draw the general conclusion “that such

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27 LHAK, 1C 11259, report Wolff for the Archbishop and Kurfürst, 16 July 1786, fos. 97–100, fos. 98–99; for the cloister, 20 July 1786, fos. 101–302, fos. 264–265, fos. 284–286.

28 LHAK, 1C 11259, report Wolff for the Archbishop and Kurfürst, 16 July 1786, fos. 97–100, fol. 100.

29 “[...] welche sie vielleicht durch einen braven Ehemann am besten dörrften heben lassen”. LHAK, 1C 11259, report Wolff for the cloister, 20 July 1786, fos. 101–302, fol. 281.

30 “[...] dass jederzeit das Weibliche in dem besten Stand gewesen sey”: LHAK, 1C 11259, report Wolff for the cloister, 20 July 1786, fos. 101–302, fol. 283.

31 *Ibid.*, fol. 286.

32 Luz-y-Graf, *Das Wunder*, 2002, 249.

33 LHAK, 1C 11259, report diocesan commission, 28 September 1786, report commission on Wolff’s expertise report, fos. 311–348, fol. 321.

topical flaws were an inescapable cause for hysterical malady". It was not because one had problems with one's uterus or because one did not get one's period that one was hysterical.<sup>34</sup> The commission members believed Lorger could be called hysterical because of her coughing, sighs, weak memory, fever... The convulsions of the nun did not need to be linked to the supernatural.<sup>35</sup> They formulated a series of questions for Wolff on the case and his examination. The physician refused an oral hearing in March 1787, but eventually sent in a written answer to the commission's 55 questions on 10 May 1787 in which he posed questions about their comments and nuanced his own statements.

The discussion was as much about the definition of hysteria as it was about the right to diagnose and claim expert status. That is why the commission members insisted on hierarchy and the adequacy of the medical definitions used. The sources stop here, and it is unclear what the fate of Maria Magdalena Lorger was. We only know that in Hadamar she continued to be known, even after her death on 8 February 1806, as the "saintly nun".<sup>36</sup> An extensive file with the expert opinions has been preserved including the report of the diocesan commission, Wolff's counter expertise and the discussions following these two reports. It is interesting to note that these medical expertise reports by Wolff and the commission seem to have functioned as source material for a semi-hagiographic account on the "unknown German stigmatic of the Heart" by the Catholic author and publisher Johannes Maria Höcht more than a century later.<sup>37</sup>

The case of Maria Magdalena Lorger shows how medical expertise was not only used by Church authorities to regain control over alleged mystical phenomena. If anything, Wolff's counter expertise shows how such reports were also used by the promoters of such cases to challenge the authorities via their own means. Whilst both factions agreed that 'hysteria' was indeed a logical conclusion (at first sight) for such a set of ailments reported in the weaker sex, their definitions and final diagnosis varied. Consequently, the willingness to 'heal' differed as well with Wolff explicitly refusing to remedy anything since Lorger had no wish to be relieved of her sufferings.

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34 "[...] dass solche topische Fehler eine unausbleibliche Ursache des hysterischen Uebels seyen". Ibid., fol. 338.

35 Ibid., fol. 341.

36 Johannes Maria Höcht, *Eine unbekannte deutsche Stigmatisierte des Herzens. Magdalena Lorger von Hadamar (1734–1806)*, Wiesbaden 1951.

37 He described her as a victim soul suffering to atone for the damages done by the Enlightenment and the criticism on Wolff's report as a personal attack on Magdalena Lorger: Höcht, Träger, 2000, 295, 304.

## Reading 'hysteria' in the life of the Canterbury Christ

Lorger's 'hysteria' shows how the disease was often intrinsically linked to femininity. Seemingly interchangeable with 'madness' and 'insanity', it became part of a medical mainstream as "*the female malady*", as Elaine Showalter controversially phrased it, 'even when experienced by men'.<sup>38</sup> Dissenting physicians' voices could nonetheless be heard as early as the seventeenth century. In England, the physician Thomas Willis (1621–1675) situated the root of the divine disease not in the womb, but in the brain. After several post-mortem examinations of alleged hysteric women, he came to the conclusion that their wombs were still in place, intact. If 'hysteria' was located in the brain, men, too, could be subjected to its symptoms and effects.<sup>39</sup> Willis went so far as to say that 'hysteric' was an epithet to skirt over the limits of medical knowledge when unfamiliar symptoms emerged on a person's body.<sup>40</sup> By the early nineteenth century, hysteria's association with the brain rather than with the uterus – and the related notion that the disease could consume men as well as women – was increasingly accepted in some English medical milieus; the malady had even come to infect other organs such as the heart. 'Hysteria' was, moreover, considered a moral disease related to religious mania, the symptoms of which included its "power to deceive".<sup>41</sup> Rooted in morality and religion, and manifested physically, 'hysteria' could be diagnosed on the body. Corporeal forms of the mystical malady were observed most famously in the prophetess Joanna Southcott (1750–1814), who was "hysterically pregnant" with the Messiah in the last year of her life, at the age of 64.<sup>42</sup>

Although the divine disease was intrinsically gendered, the nineteenth-century hysteric was not always "unmistakably a woman".<sup>43</sup> On 25 July 1833, a young Englishman was summoned before Justice James Park in Maidstone Court, near Canterbury.<sup>44</sup> He was charged with perjury: deceiving the court by bearing false witness, an offence the man had committed in a smuggling case in Rochester Court in

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38 Elaine Showalter, *The Female Malady: Women, Madness and English Culture, 1830–1980*, Ann Arbor, MI 1987, 4. For a thorough critique of Showalter see Joan Busfield, *The Female Malady? Men, Woman and Madness in Nineteenth-Century Britain*, in: *Sociology* 28/1 (1994), 259–277. On the history of male neurosis, see Mark Micale, *Hysterical Men. The Hidden History of Male Nervous Illness*, Harvard 2008.

39 Other seventeenth-century physicians in England considered hypochondriacal symptoms the male equivalent of hysteria.

40 Faber, *Hysteria*, 2007, 322.

41 *Ibid.*

42 See, for example, Susan Juster, *Doomsayers: Anglo-American Prophecy in the Age of revolution*, Philadelphia, PA 2010, 246–251.

43 Mazzoni, *Saint*, 1996, 5.

44 For a published but unreliable account of the court case see [Canterburiensis], *The Life and Extraordinary Adventures of Sir William Courtenay, Canterbury 1838*, 353 et passim.

February, when he had provided two fishermen accused of smuggling with a false alibi. Now, the man was faced with the counter testimony of the Reverend of nearby Boughton on Blean, who testified that he had seen the man in his church for the afternoon service on the day of the smuggling. Character witnesses attesting to the religious credentials of the accused were of no avail. A Mr Deane did not hesitate and called him “the most religious [man] he ever knew”, while George Robinson, “in the medical profession”, held the accused in the very highest regard.<sup>45</sup> The trial was reported in detail, and in sensationalist terms, not least because the man on the defendant’s bench was well-known in the surrounding towns as Sir William Courtenay, an eccentric public figure who since his arrival in Canterbury, in September 1832, railed against the institutions of Church and state.<sup>46</sup> His real name was John Nichols Thom, a malt merchant from Cornwall with prophetic ambitions which would eventually, in the last months of his life, lead him to messianic claims, among which the display of the stigmata on his hands and feet.

To escape imminent imprisonment, Thom evoked extenuating circumstances. The court records note him to have stated that he was “stricken with insanity and hysteria”, a self-diagnosis that he claimed was supported by his religious enthusiasm – even if ‘enthusiasm’ as a religious pathology had mostly gone out of use by the early nineteenth century.<sup>47</sup> His ‘hysteria’ was a call for empathy: the jury’s verdict was “guilty, but warmly recommended to mercy”.<sup>48</sup> After a short stay in gaol, Thom was committed to the Kent County Lunatic Asylum in Barming Heath. At first sight, Thom’s self-diagnosed, perhaps improvised, ‘hysteria’ and other mental conditions may seem like an exceptional, exaggerated and therefore not very useful case study of the multiplicity and ease with which the term ‘hysteria’ was deployed in the early nineteenth century; perhaps even as an illustration of the power to deceive one of its symptoms. Far from anathema to the study of ‘hysteria’, Thom’s self-diagnosis and its reiterations in medical and other expert reports shed new light on the broader significance of the diagnosis. ‘Hysteria’ was, as we will see, not merely a rhetorical device available in society to define an ‘other’ in medical and religious terms; it could also be an integral part of a “discourse of the self”.<sup>49</sup> Although it was Thom who launched

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45 Ibid., 365.

46 See, for example, the account of the trial in *South Eastern Gazette*, 8 July 1833.

47 This development was not new to the nineteenth century. As early as the early seventeenth century, writes Philip Almond, “demoniacs also put forward hysteria as an explanation for their behaviour in mitigation of their apparent fraud”: Philip C. Almond, *Demonic Possession and Exorcism in Early Modern England*, Cambridge 2004, 4. Almond gives the example of Susanna Fowles, who was exposed as a fraud in 1698. She accepted the hysteria diagnosis “as a good cloak, as she thought, for her preceding imposture, thinking thereby to colour over the matter, and blind the world”. Ibid., 5.

48 Beverly Robinson, *The Red Lion*, Gravesend 1980.

49 Micale, *Hysterical*, 2008, 281.

his own diagnosis, clerical, medical and legal authorities as well as an emerging public opinion adopted it in the years following the court case to discredit Thom's mystical and worldly claims – as well as the ways in which he was remembered after his death. Why was his self-diagnosis authoritative when the authorities agreed that Thom's main skills were fabricating biographical fictions and deceiving the people of Kent? His 'religious hysteria', in turn, allows us to approach the diagnosis and the report as a lens through which to see its symptoms as themselves symptomatic for the culture in which they were defined.

### The appearance of a hysterical messiah

Thom's self-styled charismatic persona was a melange of political radicalism, prophetic ambition and eccentric bravura, which was crystallised in the public appearance of 'Sir William Courtenay', an anti-establishment figure who campaigned in the 1832 Parliamentary elections and railed against the churches, the political parties and socioeconomic policies that were disadvantageous to the working classes.<sup>50</sup> Physical appearance and exuberant behaviour played a crucial role in the propagation of his public alter ego. Upon entering Canterbury, onlookers described him as evoking "the paintings of Christ by Guido and Carlo Dolce".<sup>51</sup> As a witness in the smuggling case, "before the magistrates at Rochester, Sir William Courtenay made his appearance, attired in a grotesque costume, and having a small scimitar suspended from his neck by a massive gold chain".<sup>52</sup> From the moment of 'Courtenay's' entrance in the public sphere, rumours arose that expressed suspicion about his identity and sanity. As the man's momentum grew, these voices – mostly coming from the establishment 'Courtenay' claimed to fight – swelled to a chorus that characterised him in terms of 'mania', 'insanity', 'delusion' and 'madness'. It is likely that Thom was aware of these voiced suspicions when he presented himself as hysterical in court; he was probably also aware of the cultural resonance of the illness. When 'Courtenay' was unmasked, this revelation only exacerbated existing lay diagnoses which combined physical and mental symptoms of illness with judgments on his moral character.<sup>53</sup>

Links between bad behaviour and pathological madness or 'hysteria' were, by the 1830s, firmly established. These terms were deployed as a verdict by opponents of physical phenomena of religious fervour in the religiously diverse landscape of England, both within and outside Catholicism. We cannot even with certainty claim

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50 See for a tendentious and expansive exploration of his character [Canterburiensis], *The Life*, 1838.

51 Walter Cooper Dendy, *The Philosophy of Mystery*, London 1841, 335–336.

52 [Canterburiensis], *The Life*, 1838, Chapter 5.

53 *Ibid.*

to know Thom's religious identity: he was seen to attend services of every church, and was allegedly spotted in a synagogue. The role of 'enthusiasm' in the correlations between pathological vocabularies of dismissal and anti-religiosity falls outside the scope of this chapter; we refer here only briefly to examples of eighteenth-century religious 'enthusiasm', such as the French prophets who wandered England and were criticised for inciting "mass enthusiasm" among their followers,<sup>54</sup> and the associations of Methodism with 'hysteria' that led John Wesley to the "pre-emptive assessment that his Methodist converts beset by uncontrollable paroxysms were not hysterical".<sup>55</sup> "Methodistically mad" was a popular insult in the late eighteenth century.<sup>56</sup> These traditions linked extraordinary or unorthodox religious experiences to various, sometimes overlapping, sometimes conflicting notions of 'hysteria' as lay diagnosis. Thom's explicit and public positioning as a religious figure who had "visited the tomb of the prophet Mahomet – and bowed devoutly at the holy sepulchre in Jerusalem",<sup>57</sup> with grand prophetic claims that rooted him in a tradition of colourful English millenarians, therefore put him on the conceptual map of religion-induced 'hysteria' and, consequently, of undesirable, even punishable behaviour.<sup>58</sup>

If this melange of radicalism, prophetic zeal and mental illness was recognised in wider society, it explains why Thom's self-diagnosis in court was recognised and readily accepted: his 'hysteria' was visible. 'Hysteria' has been described as a diagnosis rooted in social forms: it existed as an evaluative concept defined by social expectations.<sup>59</sup> It also, already early into the nineteenth century, had a distinctly visible component: one could look the part of a hysteric. Accounts of the court case emphasise the theatricality of Thom's 'hysterical' performance: no longer dressed in colourful exotic fabrics, he appeared aged and worn, his beard wild and greying. His defence was considered to be unusually unhinged. Whether or not this was a deliberate strategy of Thom's to avoid gaol and present himself as a 'patient', these character traits were seen as symptomatic of his 'hysteria.' The court case reveals how the diagnosis could prove useful not only for physicians and clergymen in their attempts to curb

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54 Lionel Laborie, *Enlightening Enthusiasm: Prophecy and Religious Experience in Early Eighteenth-Century England*, Oxford 2015.

55 Robert Southey, *The Life of Wesley and the Rise and Progress of Methodism*, New York 1820, 123, quoted in Jan Goldstein, *Console and Classify. The French Psychiatric Profession in the Nineteenth Century*, Chicago, IL 1991, 373.

56 Roy Porter, *Flesh in the Age of Reason*, London 2003, 306.

57 [Canterburiensis], *The Life*, 1838, 15.

58 It is worthwhile in this regard to point out that 'insanity' existed foremost as a legal and not a medical concept. John Pritchard introduced 'moral insanity' as a medical category in 1838, the year of Thom's death. See Busfield, *Female Malady*, 1994, 274. 'Lunacy' became legal jargon with the Criminal Lunatics Act of 1800. 'Hysteria', because of its conceptual fluidity, mostly avoided being pinned down in court.

59 See Busfield, *Female Malady*, 1994, 260.

the power of individuals who were considered religiously or politically subversive. The warrant signed by Lord Melbourne in October 1833, when Thom was committed to the asylum, described him as “in good bodily health, but of unsound mind”.<sup>60</sup>

Kent County Lunatic Asylum had opened earlier that year. Thom may have been among the first group of 168 inmates.<sup>61</sup> A brief note from the asylum casebooks, dated the day of his admission (25 January 1834), stated that he “complained of sickness but refused medication”, and gave the impression of having “taken very little nourishment”.<sup>62</sup> This fasting was seen as additional evidence of his ‘hysteria’ or ‘madness’ (the terms were used interchangeably). Another note, written one day later by a member of the medical staff, offers a telling, though coloured, illustration of how religious sentiment, radicalism and madness could be conflated:

[Thom] acknowledges himself to be a dangerous character [...] A Conspiracy w[oul]d have been formed against him which might have cost him his life & which he considers may have been saved by his being sent to the Asylum. [...] He spoke of himself as possessing more faith than any man in existence [...] He represents himself as not being under the influence of his senses & says he has no smell, but that he lives entirely by faith.<sup>63</sup>

Thom spent four years in the asylum, where according to P. C. Rogers he “behaved very soberly” and was a “model patient”.<sup>64</sup> He was released in spring 1837 despite his refusal to recognise his wife and father, who had travelled to Kent from Cornwall, and despite continuing to insist he was Sir William Courtenay, heir to the Earldom of Devon.<sup>65</sup> When released, the asylum reports were institutional expert reports on his mental condition. They were, moreover, shared with political authorities.

Welcomed back into local Kentish labourers’ communities and spurred on by his stay in the asylum, Thom presented himself as the religious leader of an imminent millenarian revolution, even as Christ himself – embracing, in many ways, the image of the ‘holy fool’ or religious hysteric.<sup>66</sup> His claims of being two thousand years old and having descended to earth on a cloud, and from late 1837 the display of his

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60 Canterbury Journal, 1834; Kentish Weekly, 1834.

61 Roy Ingleton, *Kent Disasters*, Barnsley 2010, 18–20.

62 25 January 1834, Admission note, Kent County Archive.

63 26 January 1834, Barming Heath Hospital, Kent County Archive, quoted in Barry Reay, *The Last Rising of the Agricultural Labourers: Rural Life and Protest in Nineteenth-Century England*, Oxford 1990, 114.

64 P. C. Rogers, *Battle in Bossenden Wood: the Strange Story of Sir William Courtenay*, London 1961, 72–73.

65 *Ibid.*, 74.

66 ‘Holy fool’: Juster, *Doomsayers*, 39. Thom established the connection between his confinement and religious radicalisation himself, see the issues of his *The Lion*, a newspaper-style pamphlet written by him and printed in Canterbury.

stigmata, encouraged readings of Thom's public persona as an embodiment of a modern-day Messiah by his followers; to his sceptics these were symptoms of religion-induced hysteria. It is clear by now that these two images were not separate, leading some scholars to characterise Thom as having "hovered on the edge of madness: sane to some, insane to others, not always for the same reasons".<sup>67</sup> Contemporaries – authorities, experts and laymen – and historians alike have combed through what was known of Thom's life for the roots of his mental condition. Physicians pointed at his youth, and at what they diagnosed as a nervous breakdown after the death of his mother in 1830, after which he abandoned his family only to remerge two years later as William Courtenay. If 'hysteria' could be diagnosed and dated, it could also be antedated. As part of these retrospective diagnostics, the authorities also pointed at his youthful religious zeal. "A man may be sane on every other point," an anonymous biographer stated, "and be in matters of religion, decidedly insane."<sup>68</sup> In a similar act of antedating Thom's 'hysteria', the same author followed medical experts and looked back across the country's history of religious eccentric figures to place Thom in a lineage of prophetic madness that started in the Middle Ages: the nineteenth-century conception of the disease was historicised and projected backwards through time.<sup>69</sup> The past was pathologised: religious 'hysteria' was painted as a pre-modern disease that made it easy to put Thom away as an anachronistic aberration.

As a full-fledged 'hysterical' messiah, Thom gathered a group of male followers for a millenarian revolution, which ended in bloodshed on 31 May 1838 during a confrontation with the military. Thom died among several others in Bossenden Wood, outside Canterbury. Religiosity, 'irrational' tendencies, public visibility and his appearance as religious 'fanatic' and 'hysteric' were woven into a texture of Thom's mental condition that, in the parliamentary debates following the battle, was presented as justification for the military's violence. Upon Thom's death, reports of the battle described the messiah as well as his followers interchangeably in terms of 'hysteria' and 'religious fanaticism'. In newspapers, Major Armstrong of the 45th regiment was quoted as having said that he "never saw men more furious or mad-like" in his life. It is worth pointing out, as J.F.C. Harrison has, that the devotees interviewed or questioned after the battle did not mention Thom's 'hysteria' although they knew of his stay in the asylum.<sup>70</sup>

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67 Reay, *Last Rising*, 1990, 114–116.

68 [Canterburiensis], *The Life*, 1838, 109. On the role of religion attributed to madness, see R. A. Houston, *Madness and Society in Eighteenth-Century Scotland*, Oxford 2000, 293–330.

69 On 'retrospective medicine', see Goldstein, *Hysteria Diagnosis*, 234–235. The term *médecine rétrospective* was first coined in Emile Littré, *Un fragment de médecine rétrospective*, in: *Philosophie Positive* 5 (1869), 103–120.

70 J. F. C. Harrison, *The Second Coming: Popular Millenarianism, 1780–1850*, New Brunswick, NJ 1979, 211. Harrison called Thom a psychotic.



Thom's hysteria-induced mysticism demonstrates how readily available and porous 'medical' knowledge and expertise was in early nineteenth-century English communities, where they held the power to sway and shape public opinion. After Thom's death, his body was displayed in the stables of the Red Lion Inn in nearby Dunkirk, awaiting the coronary.<sup>71</sup> Allegedly, thousands of people came to look at the Canterbury Christ's body and stripped it for shreds of his clothes and strands of his hair. Partly fuelled by a fear for this mass enthusiasm, authorities further cemented Thom's 'hysteria' in different expert reports after his death. Though the professionalisation and secularisation of medical practice did accelerate in early nineteenth-century England, with mixed effects particularly in the field of mental illness,<sup>72</sup> this did not mean that 'hysteria' became the exclusive terrain of medical experts.

Central to the authority of Thom's post-mortem diagnosis was the dead messiah's body; 'hysteria' was not merely an affliction of the mind, as we have seen, it also had a physical character. The disease could be read on the body, in life and in death. Hysterical bodies were treated as sites of eschatological conflict since the Reformation; they were also loci where religion, medicine and public opinion coalesced, converged and conflicted. Due to the extraordinary circumstances of Thom's death, the authorities drew up a coronary report which circulated in fragments in the press in the following weeks. Dr Chisholm of Canterbury examined the body with the assistance of two surgeons. In his description of the battle wounds, Chisholm remarked that "Courtenay was remarkably fat, and had a heart unusually large". As an aside, it is telling that the coronary report referred to Thom by his alias. One of the surgeons added to the report that Thom's "brain was in a high state of inflammation" which "accounted for the generally excited state of mind".<sup>73</sup>

The extraordinary size of Thom's body and heart was emphasised and exaggerated in public summaries of the coroner's report. Jennifer Wallis has skilfully shown how mental illnesses were 'read' on bodies alive and dead within the asylum. An overly large heart, "hot-bloodedness" and excess body fat, in that context, indicated a lack of self-control linked to mental conditions.<sup>74</sup> The reality of Thom's fat body and degenerated muscles, contrasted with his own boasts of superhuman strength,

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71 On the significance of Thom's death for his followers see Kristof Smeyers, *When Immortals Die: Excavating the Emotional Impact of the Death of Prophets in Nineteenth-Century England*, in: *Pakistan Journal of Historical Studies* 2/2 (2017), 1–31.

72 Michael MacDonald, *Mystical Bedlam: Madness, Anxiety and Healing in Seventeenth-Century England*, Cambridge 1983, 230: "a disaster for the insane".

73 The affray near Canterbury, in: *Globe*, 4 June 1838.

74 Jennifer Wallis, *Investigating the Body in the Victorian Asylum: Doctors, Patients, and Practices*, London 2017, 66–69.

served to undermine his messianic credibility and his masculinity as well as reinforce earlier reports on his mental illness.<sup>75</sup> Wallis has argued how, later in the nineteenth century, body fat did not only have a potentially feminising effect in an aesthetic sense, “fat male bodies [...] continually raised doubts about the ‘masculine’ capacity’ to maintain control in all senses”: sexually, morally, emotionally.<sup>76</sup> “Everyone who saw him agreed that he was the largest man they had ever seen,” the newspapers emphasised. Thom’s was a ‘hysterical’ physique, unbecoming any religious leader. In that respect his large heart, “macerable and pale, externally overloaded with fat”, became a highly controversial organ: it was physical evidence of Thom’s ‘hysteria’ and his failure to look like the Christ he had claimed to embody. This was not the body of a messiah, the coronary report made clear, but of a hysteric. The coroner did not mention Thom’s stigmata at all. Thom’s ‘hysteria’ diagnosis was quickly adopted by the Catholic parish priest of Hernhill, Rev Handley, who used the term (along with the most frequently used epithet ‘madman’) to refuse Thom’s corpse the funerary rites in his church.

After Thom’s death, parliamentary debates focused on who was responsible for Thom’s release from the asylum. The asylum’s report and the coronary were discussed in the House of Commons; they confirmed the definitive diagnosis of ‘hysteria’ and ‘religious delusion’, but it was clear that politicians were not to blame. Before Thom’s release Lord John Russell, Secretary of State, had “directed the visiting magistrates to give an account of his state of mind, and an account was forwarded from the surgeon of the asylum that he certainly still was of an unsound mind, fancying himself a knight of Malta, and having other erroneous impressions”, but as the debates concluded: “there was nothing to show that there was anything dangerous or malicious in his madness”.<sup>77</sup> The experts had done their work and were exonerated from the tragedy.

## Religio-hysterical legacies

Thom’s ‘hysteria’ thus came to define how he was remembered: his self-diagnosis was formalised not only in medical reports but also in legal and political expert reports. In these other genres, Thom’s ‘hysteria’ was projected onto his followers, who were diagnosed with ‘deluded’ fanaticism and who “insanely assert that they have seen

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75 On the significance of body fat for the male body, see Christopher Forth/Ana Carden-Coyne, *Cultures of the Abdomen. Diet, Digestion, and Fat in the Modern World*, London 2005.

76 Wallis, *Investigating*, 2017, 67.

77 [Canterburiensis], *The Life*, 1838, 376.

the punctures of the wounds inflicted when he suffered death”<sup>78</sup> The messiah’s body did not only provide physicians with evidence for the man’s hysteria, it was also instrumental in proving the madness of his supporters now that Thom was dead. This was a concerted effort of Church, state, science and press. The notion of Thom’s religious authority as a danger to the (mental) health of local society predated the tragedy at Bossenden Wood, but after the battle it was formalised in a range of reports that sought to determine Thom’s legacy as pathological rather than religious. Knowledge of Thom’s ‘hysteria’ and his religious hold over the mental states of local communities did not remain the territory of tendentious journalism and largely theoretical expert reports; these ‘diagnoses’ implied a social responsibility to maintain public hygiene. Experts were held accountable. The *Torch* placed the blame not with Thom’s followers, but with the Secretary of State for “letting a madman loose among ignorant peasantry”<sup>79</sup>

Two months after the coronary, the Central Society of Education commissioned the barrister Frederick Liardet to draw up a survey of social conditions in Boughton, Hernhill and Dunkirk, the hamlets most affected by Thom’s millenarianism. This survey can be considered a governmental expert report, triggered by Thom’s ‘hysteria’ and adopting medical language both in its description of Thom and in its examination of Kent. Liardet’s conclusions drew attention to Thom’s ‘hysteria’ or madness in order to draw it away from the dead prophet’s political agenda. Rather than take seriously the socio-economic concerns and discontent with the 1834 amendments to the Poor Law raised by Thom, Liardet’s survey painted the symptoms of the local population as incredulous, uneducated and religiously confused – and therefore particularly vulnerable to ‘mass hysteria’, here understood not so much as a medical but as a moral, social problem of fatuousness and excitability. ‘Diagnosing’ the community meant that the uprising could nonetheless be represented as a pathological outbreak of ill-informed religiosity, rather than as a protest movement in line with Chartist concerns.<sup>80</sup> This social diagnosis avoided calling it ‘authentic religious fervour’, opting instead for irrational ‘superstition’ and ‘clear madness’: a verdict supported by the parish priest and seemingly confirmed by the people’s fevered relic-hunting in the hours after the battle.<sup>81</sup> “It will hardly be credited that yesterday

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78 See, for example, the Home Secretary answering a parliamentary question from Sir George Sinclair: “the new Poor Law was one of the subjects of which the individual [Thom] excited the deluded men...”. *Morning Chronicle*, 6 June 1838.

79 *Torch*, 9 June 1838, 93.

80 See several of the testimonies given by government officials in the press. For example, the Conservative politician and lawyer Henry Plumtre Gipps did “not believe the Poor-Law had any permanent connection with the address of this person. That he was a madman there was no doubt...”: *Northern Star*, 9 June 1838.

81 *Morning Chronicle*, 6 June 1838.

a number of persons were to be heard asking whether Sir William had ‘risen again, agreeably to his prophecy’; one newspaper pointedly remarked.<sup>82</sup> ‘Hysteria’, both as an individual and social ailment, fulfilled a performative and constitutive cultural function – also, as we have seen, for the ‘patient’: “[I]f I am indeed a maniac, I am free to act how I please,” Thom was said to have exclaimed after his release from the asylum.

Historians such as J. Andrews, A. Scull and R.A. Houston have shown how “[t]hose entering the mad-business were drawn from [...] clergymen, both orthodox and non-conformist, businessmen, widows, surgeons, speculators, and physicians” in the late eighteenth century.<sup>83</sup> This diagnostic arena was therefore not ‘medical’ per se, but rather defined by dynamics framed within conflicts and alliances between clergymen and physicians, between wonder and materialism, and offset against a volatile public opinion that read the expert report and appropriated its medical language. Thom’s diagnosis shows how the disease’s availability extended to multi-interpretative readings of the medical report and the application of the ‘hysteria’ diagnosis by many forces in society in the first half of the nineteenth century, when a fast developing infrastructure of mental asylums made institutionalisation a likely outcome of examination. It allowed for the pathological representation of an insurgent radical as a threat to reason and as antithetical to the emerging notion of the ‘modern Englishman’.

Thom’s ‘hysteria’, although with its roots within the ‘patient’s’ discourse of the self, became part of official, public discourse that led to his confinement in the Kent County Lunatic Asylum. It was confirmed post-mortem in the coroner’s report – in which the focus was on Thom’s ‘hysterical’ physicality – and formalised in a government survey in the months following death. One way to remedy the effects of his religious contagion and to anticipate potential future outbreaks, was a concerted action of clerical, scientific and public authorities to reform local communities. Just as, for Thom’s followers, believing in his messianic capabilities led to seeing his divine credentials such as the stigmata, so, too, did the construction of a public diagnosis result in a lasting legacy of “seeing [Thom’s] hysteria”: medical knowledge was understood to be part of a “diverse social and cultural fabric”, where it shared a space with religion.<sup>84</sup> Thom’s ‘madness’ or ‘hysteria’, finally, was grounded in the Kentish landscape in the decades following his death. To this day, leaflets on ‘Mad Tom and the Battle of Bosenden [*sic*], and places known locally as ‘Mad Tom’s Corner’ and

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82 The fatal riot at Canterbury, in: *Globe*, 4 June 1838.

83 Jonathan Andrews/Andrew Scull, *Undertaker of the Mind: John Monro and Mad-Doctoring in Eighteenth-Century England*, London 2001, 148. See also Houston, *Clergy*, 2004.

84 Treena Warren, *Holy Horror: Medicine, Martyrs, and the Photographic Image 1860–1910*, in: *Interdisciplinary Studies in the Long Nineteenth Century* 19/24 (2017), [1].

‘Mad Tom’s Gate’ provide a material testament to the multitudinous deployment of the divine disease by different actors and to the significance, even dominance, of the diagnosis on Thom’s legacy.

## Conclusion

Analysing the medical expert reports on ‘hysteria’ as a textual genre, it becomes possible to disentangle the cultural dynamics that led to its conception. Despite being presented as a neutral report of a diagnosis written by an expert, we read in Lorger and Thom’s ‘hysteria’ underlying motives of condemnation and marginalisation by religious, legal and scientific authorities. Alternatively, as a form of counter expertise, ‘hysteria’ could be deployed to underline the ‘patient’s’ sanctity, as in the case of Lorger’s hagiography, or religious leadership, as with Thom’s short-lived stint as messiah. As we have seen, ‘hysteria’ and madness had by the end of the eighteenth century become so closely associated with religious fervour in the public imagination that many religious prophets would add a disclaimer to their printed prophecies, notifying their readers that despite appearances, they were not insane or hysterical.<sup>85</sup> The ‘hysteria’ diagnosis could be a double-edged sword, able to condemn its sufferer and, because of its recognisable textual form, to serve as symptomatic credential for religious or mystical authority. In this regard, ‘hysteria’ and mystical phenomena mutually reinforced each other.

The fact that studying the dynamics behind the reports can lead to surprising observations, in which the ‘scientific’ and ‘religious’ boundaries of medical knowledge became muddled, illustrates the afterlife of Lorger’s ‘hysteria’ as read on her body: “a diocesan commission rejected in 1786 the stigmatisation, a physician endorsed the wonder”<sup>86</sup> To read the expert report as a genre adhering to its own shifting conventions, with its own literary style and lexicon, then, also enables us to scrutinise it, not as a finished text in which to read (conflicts of) medical and religious authority, but as a canvas on which a broader dynamic unfolded. A historicised reading of the report as process, in its conception and in its reception, reaches outward and allows for an analysis of the actors involved – ‘experts’ and others – and

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85 Tellingly, this popular connotation did not reflect medical expertise. Jonathan Andrews has shown how at the end of the eighteenth century only a minority of admissions (10 per cent) to the Bedlam asylum were connected to “religious fervour” – this still meant, however, that ‘religion’ was the fourth most common cause of institutionalisation. See Jonathan Andrews, *Bedlam Revisited: a History of Bethlehem Hospital, 1634–1770*, unpublished PhD dissertation, Queen Mary, University of London 1999, 488.

86 *Ibid.*, 239.

their respective readings. This also touches upon another issue. The 'hysteria' diagnosis in an expert report resonated so strongly and widely because it was recognised as an authoritative text that, as we have seen, often circulated widely (either in full or in fragment), also outside medical circles. Medical reports of 'extraordinary' religious individuals such as Lorger and Thom did not exist in a vacuum but were read, interpreted and discussed within a wider culture. They existed within a dynamic of relationships with other texts: the hagiography, the court record, the newspaper article, the coroner's report – an intertextual dynamic that reveals how different forms of expertise were constructed and contested. Its expertise was malleable. Finally, (readings of) expert knowledge also interacted with the body of the 'patient'. To gain control over a mystical phenomenon meant to assert control over the body on which it was manifested. As different actors read the 'hysteria' report differently and instilled it with different meanings ranging from holiness to social danger, religion-induced 'hysteria' was read into, and on the body. Marks of alleged divinity thus became corporeal symptoms of 'hysteria' in the eyes of some. References to the supernatural and pathological origins of the stigmata and other mystical qualities of public figures such as Lorger and Thom were interlocked and informed one another. The medical report activated knowledge about 'hysteria' and the supernatural that already existed in the cultural frames of reference of its readership. This framework, and the extent to which the medical diagnosis of religious 'hysteria' corresponded with already existing popular images of the malady, determined the authority of the report.