

Pain, Labor, and the Sublime: Medical Gymnastics and Burke's Aesthetics

IMMANUEL KANT (1724–1804) RIGHTLY UNDERSTOOD the significance of medical science for the construction of Edmund Burke's (1729–1797) aesthetics. Despite his reservations as to whether Burke's medical approach would solve the broader problems raised by the question of taste, Kant viewed it as an "extremely fine" and "rich" example of "physiological exposition."¹ Recurrent throughout his *Philosophical Enquiry into the Origin of Our Ideas of the Sublime and Beautiful* (1757), but particularly prominent in part 4, Burke's medical rhetoric was inscribed within the broader context of the author's well-documented engagement with medical science around the time of the treatise's composition. His editorship of the *Annual Register* provided that periodical with a rich collection of medical and other related entries, while scraps of information like poems and anecdotes found in his notebooks record his heated exchanges with famous physicians and notorious quacks of the time.² Moreover, Burke's contemporaries eagerly acknowledged the importance of his involvement with medical materialism and roundly applauded the way his "natural philosophy" gave "criticism a face which we never saw it wear before."³

Paradoxically, however, it was since Kant, who in spite of his admiration dismissed Burke's medical language as "merely empirical," that the reception of this side of the *Enquiry* started to decline.⁴ Even recent commentators on the *Enquiry* have continued to view Burke's physiological observations in the inaccurate terms of a "neo-Newtonian scientism" or a "strange homespun psycho-physiology," which is "far from rigorous or consistent," "antiquated," or even "silly."⁵

By contrast, this paper will show that Burke's engagement with medicine was not only persistent but also serious, sophisticated, and pioneering. Moreover, it will endeavor to prove that his medical language is central to a deeper understanding

ABSTRACT This paper examines a key moment in the modern history of aesthetics, Edmund Burke's *Philosophical Enquiry into the Origin of Our Ideas of the Sublime and Beautiful* (1757). In contrast to prevailing negative interpretations of Burke's medical languages, this study will reinsert the genealogy of aesthetics into the body, fleshing out the *bricolage*, the rigor, and the far-reaching implications of the medical materialism that enabled this insertion—including the distinctly modern set of individual, social, and political aspirations that it engendered. / REPRESENTATIONS 91. Summer 2005 © The Regents of the University of California. ISSN 0734–6018, electronic ISSN 1533–855X, pages 58–83. All rights reserved. Direct requests for permission to photocopy or reproduce article content to the University of California Press at www.ucpress.edu/journals/rights.htm.

of the cultural and social implications of the *Enquiry*. In this process, I will concentrate on the analysis of two essential concepts of Burke's variant of medical materialism, his theory of pain and his notion of labor as health-enhancing practices.⁶ In the first two sections, I will try to explain the predominant role Burke's aesthetics assigned to pain at a time when the study of pain was fast becoming central to the development of modern medicine in the fields of experimental physiology and vitalist theory. In the following section, I will analyze Burke's notion of physical labor in the context of the medical debates over the physiological usefulness of exercise. Based on a clearer perception of the political nature of these medical discussions, I will conclude by addressing the question of the social specificity of the *Enquiry*'s aesthetic ideology, including its possible audiences, its broader agendas, and its relevant implications for the politics of aesthetics today.

This investigation of Burke's aesthetic concepts aims to add one more dimension to the interdisciplinary character of the discourse of the sublime, which has recently become a topic of increasing scholarly interest.⁷ Finally, it will attempt to provide an alternative history of aesthetics and art criticism, and, in this process, it will I hope contribute new critical insights into the diverse cultural and political functions of an aesthetic category, the sublime, which is still rightly regarded as "the single artistic sensibility to characterise the Modern."⁸

The Sublime Sovereignty of Pain

The concept of pain is the ruling principle of Burke's theory of the sublime and operates, throughout the *Enquiry*, within a broader and highly polarized set of terms.⁹ While the beautiful hinges on the instincts of pleasure, love, reproduction, and society, the sublime, according to Burke, is connected to pain, self-preservation, and individuality (85–91). In developing these antitheses, Burke openly criticized the Lockean tradition, which had dealt with pain and pleasure as continuous phenomena, where the diminution of pain was treated as the emergence of pleasure, and the removal of pleasure was seen as the onset of pain. By contrast, Burke insisted that pain and pleasure were fundamentally discontinuous and irreducible states "by no means necessarily dependent on each other for their existence" (80). They are "simple ideas" of "a positive nature"—primary and foundationalist categories (80–83).

This is an important step in the emergence of the concept of pain as an autonomous phenomenon, although its role as a regulator of the sublime demanded further elaboration and entailed almost irresolvable complications. While Burke tied the destiny of the sublime to pain, he was also at pains to distinguish one from the other. The invention of "delight," a third emotion, "distinct in nature," served precisely this purpose. Delight is a mixture of positive pain and relative pleasure: "a relative species of pleasure," unrelated to "positive pleasure" but dependent on

“the removal of pain and danger.” It is whatever excites this particular emotion that Burke labels the sublime (83–84).

The postulation of delight seems at first to accomplish a much needed separation of the sublime affect from the sheer crudity of *physical* pain. Burke frequently took similar safety precautions: “when danger or pain press *too nearly*, they are incapable of giving any delight, and are *simply* terrible; but *at certain distances* and with certain modifications, they may be, and they are delightful” (86, my italics). Burke’s reiteration of such propositions has led scholars to neglect his equally frequent evocations of the raw iconographies of pain, mischaracterizing his theory of the sublime as shallow and suspicious in that it “only arises . . . from a position of safety.” Frances Ferguson thus described Burke’s sublime as “something of a shell game,” while for Tom Furniss it seemed more of a “fiction,” “a moment of theatre,” than “a genuine transcendence”.¹⁰ However, it seems that such an interpretation of the sublime overlooks the multiplicity of discursive forces in the *Enquiry* and overlooks in particular the structural and frequently precipitous relations that the Burkean sublime developed with the raw and primal forces of physical pain. Besides, this interpretation of the sublime seems closely aligned precisely with those aesthetic propositions that Burke had set out to refute in his book. Indeed, to clear himself of any association with Joseph Addison’s (1672–1719) “soft” version of the sublime, Burke had first explained that his own definition of the sublime did not arise out of “our immunity from” situations of danger; safety, for Burke, was explicitly not among the causes of sublime delight (93–4). Second, though he was keen to distinguish between the violent physicality of “pain” and the “somewhat” softer versions of “delight,” “fear or terror,” he, in the end, treated them as identical: “agreeing in producing a tension, contraction, or violent emotion of the nerves, they agree likewise in every thing else” (162).

Even more crucially, throughout the *Enquiry* Burke deployed a maximalist vocabulary of raw pain, of violence and strain, of convulsions and spasms to describe the bodily effects specific to the sublime (174). The organ of hearing must “suffer” an increasing “tension” and “convulsion.” It must be “worked up to such a pitch as to be capable of the sublime,” namely, “to the verge of pain” that makes the “whole fabric consent with it” (169). Similarly, “the whole capacity of the eye, vibrating in all its parts must approach near to the nature of what causes pain [to] produce an idea of the sublime” (163). Terror must also be sufficiently aggressive to produce “an unnatural tension and certain violent emotions of the nerves” (166), allowing them to achieve that “full tension . . . which is allied to strong pain, and causes the sublime” (167). Likewise, darkness owes its sublimity to the way in which the radial fibers of the iris “come to be so contracted, as to strain the nerves that compose it beyond their natural tone; and by this means to produce a painful sensation” (174). The examples where the rhetorical defences of the *Enquiry* break down and the discourse of the sublime slips into a kind of macabre “dance of pain,” a graphic description of the experience of pain, are numerous.

Clearly, the Burkean sublime does not shrink away from pain, but this does not mean that pain and the sublime were perceived as contemporaneous or entirely identical with each other. Burke realized that his aesthetics of pain were dangerously unconventional and, accordingly, tried to tread this minefield carefully. In the end, Burke's solution involved the remodeling of the sublime in the form of an *after-effect* of actual pain: the feeling of the sublime is produced when we are "released from the severity of some cruel pain," or when "we have just escaped an imminent danger" (82). Indeed, the proper tense of the sublime is the present perfect: "When we have suffered from any violent emotion, the mind naturally continues in something like the same condition," producing in the process emotions of delight (82). Even more eloquently, Burke's seminal example of the *joys of convalescence* as a characteristic condition of the sublime affect points toward the same conclusion. The delights we feel when "we recover our Health, when we escape an imminent Danger" reveals the "solid, strong, and severe nature" of "the stock from whence it [the sublime] spr[ings]" (85). The autobiographical allusions are interesting here. Burke's own period of convalescence under the medical supervision of his future father-in-law, the Bath physician Christopher Nugent (1698–1775), coincides chronologically with the *Enquiry's* very composition. Burke's sublime excitement at his recovery is aptly documented in the poem he dedicated to Nugent.¹¹ Indeed, part 4 of the *Enquiry* can well be seen as another kind of homage on Burke's part to his physician, who "restor'd his Life, and taught him how to Live."¹²

From all these points of view, the logic of the sublime does not seem to be entirely phantasmal or theatrical. As a matter of fact, it seems to *presuppose* rather than preempt the experience of pain and disease, and constitutes a method of coping with them. And if there has to be a built-in safety valve in Burke's risky narrative of the sublime, this should rather be found in the form of a temporal delay; namely, in the fact that the sublime affect emerges in the shadows of the departing experience of pain.

Moreover, this emphasis on the threatening conditions of the sublime affect outlines a distinctly atypical aesthetic. The priorities of polite aesthetics and their continental parallels in neoclassical art theory, with which Burke developed an active relationship, throw the oddness of his propositions into further relief.¹³ The aesthetic ideal of Johann Joachim Winckelmann (1717–1768), for example, was based on precisely the opposite notion of *rest*. Even when pain had to be represented—and Winckelmann never underestimated this necessity—the artist had to work out "a position as close to the state of rest as was compatible with [the] agony" in question.¹⁴ Setting out to overturn this existing aesthetic hierarchy in an innovative work on taste, Burke magnified the relations of pain and the sublime in an attempt to prove that the latter was superior to beauty. Therefore, just as pain was the "strongest emotion which the mind is capable of feeling"—certainly "much more powerful than . . . pleasure"—so the sublime was guaranteed a place in the summit of Burkean aesthetics (86, 107–13).

However, Burke's ideas on pain had an even broader range of reference, from which they acquired both their historical possibility and their discursive resourcefulness. The contemporary medical discussions on the "usefulness of pain" offer crucial assistance in unraveling the web of Burke's references and aspirations.

The "Usefulness of Pain": Medical Knowledge and Therapy

From the middle of the eighteenth century, the study of pain acquired a new *positive* function in the investigation of the medical as well as the psychological and cultural aspects of man.¹⁵ These new epistemological functions of pain were particularly significant for the evolution of physiological science. Pain provided a valuable key to a new understanding of human behavior as the product of regular and predictable economies of "motivation" and became the generator of the processes of knowledge and consciousness.¹⁶ Burke's definition of pain as an instinct beyond the command of the understanding and perception is rooted in these developments. A text immediately related to these pioneering currents written by Burke's friend Richard Brocklesby (1722–1797) provides a valuable context for understanding the importance the *Enquiry* attributed to pain.

Brocklesby's life, aesthetics, politics, and work intersect with Burke's in a variety of mutually enlightening ways.¹⁷ He was not just Burke's senior schoolfellow in Ireland and lifelong friend after their reunion in London. Apart from his numerous professional distinctions at the time, Brocklesby also has a prominent place in the history of medicine owing to his extremely influential essay "An Account of Some Experiments on the Sensibility and Irritability of the Several Parts of the Animals" (1755).¹⁸ On the one hand, the text constitutes the earliest introduction in England of the pathbreaking vitalism of the Swiss experimentalist Albrecht von Haller (1708–1777). Haller's study of the specificity of life, that is, of the vital principle and its two essential properties of sensibility and irritability, found with Brocklesby an early and adept popularizer. On the other hand, at the level of scientific methodology, Brocklesby's "Account" marks the earliest instance of an avant-garde pragmatic experimentalism, and, as such, it stands out against the "background of decay" of English physiology in the 1740s and 1750s.¹⁹ The rigorous empiricism and programmatic materialism of section 1, part 4 of the *Enquiry* replicates the same rigorous methodological specifications (159–61) and a similarly antispeculative and antisublime paratactic style of writing.

Moreover, I would like to argue here that Brocklesby's "Account" provided Burke with a reassuring screen for the specific projection of his emerging unconventional insights about the relation between pain and the sublime. Setting out to record the proceedings of a series of carefully orchestrated but messy vivisections, the

“Account” describes in detail how Brocklesby doused with sharp and acid liquors, vellicated, cut into, and pricked a series of tendons, joints and ligaments, membranes and internal organs. Brocklesby’s intent was to scrutinize the different qualities and intensities of the expressions of animal pain thus inflicted. He stands on his guard to hear violent and loud cries or other definite expressions of suffering and pain in order to determine the fluctuating degrees of sensibility of the different anatomical areas he operates on. Moreover, Brocklesby keeps an eye out to certify the incidence of spastic motions, contractions, and other agitations in order to determine the degrees of anatomical irritability. Evidently Brocklesby used the blattancy of pain as a primary instrument for a rigorous distinction between sensibility and irritability. His research produced a new anatomical map: for Brocklesby and Haller skin, nerves, and innervated parts were sensitive but motionless, while muscle fibers and membranes were insensible but moving.

Burke’s neurological discourse does not completely adopt Haller and Brocklesby’s rather rigid division between sensibility and irritability, feeling and motion. In Burke, nerves move, muscles and organs feel, and pain, like pleasure, is both a kind of feeling and a specifically important kind of motion. This integrated perception of sensibility as a universal and omnipotent phenomenon of the body provides an immediate connection between Burke’s *Enquiry* and later manifestations of vitalist thinking.²⁰

Burke did extrapolate extensively from Brocklesby’s propositions, however, and developed his own original adaptations. In this process, Brocklesby’s *physiological* division between pain and insensibility was transformed into the *aesthetic* polarity between pain and pleasure. Pain figures as a higher order of sensibility, which Burke identified with the labors of the sublime. Pleasure, by contrast, represents a significantly diminished state of feeling, which Burke associated with the insipidity of the beautiful. Furthermore, similar to the way in which Brocklesby used these polarities in order to reshape physiology, pathology, and therapeutics, Burke understood them to signal the birth of aesthetics as a materialist science.²¹ This birth took two forms. On the one hand, following Brocklesby and Haller’s rigorous styles of analytical division, Burke treated the sublime and the beautiful as unequal “opposite and contradictory” states, divided by an “eternal distinction” (157–58). In this way, he laid the foundations for a systematic classification and hierarchical ordering of aesthetic judgments. On the other hand, following Brocklesby’s experiments on animal *receptivity* when exposed to painful forms of stimulation, Burke studied the laws of human *reception* (99), under conditions of similarly extreme assaults from nature and art. Disrupting the customary art criticism of his time, which prioritized the study of the internal rules of artistic compositions, Burke thus emphasized the role of the viewing experience. Moreover, in the materialist manner of his vivisectionist friend, he sought to understand the rules of taste and the “solid and sure principles” of art by “piercing into the inmost and what might appear inaccessible parts of our

nature,” in the secret depths of human fibers (98). With Burke, indeed, aesthetics emerged first as a *rigorous analytic* and second as an *environmental science* with a series of medical implications.

In the public consciousness of the time, these structural affinities between Burke’s aesthetics and Brocklesby’s vivisections were bound to inflame imaginations and create deeper anxieties. They rightly led the *Enquiry*’s reviewers to pick up a whole host of negative connections between Burke’s positive theory of pain and extreme forms of violence, including human and animal torture as well as animal experimentation. Burke’s contemporaries unsurprisingly focused their disapproval on the root cause of the “problem,” the newly assumed importance of pain. For the *Literary Magazine*, it was Burke’s starting “position” that “the sublime belongs entirely to the passions of self-preservation, which turn on pain and danger” that “seems to have led him into a mistake throughout his work.”²² More particularly, it was Burke’s rigid analytical system and its attendant promotion of pain to a sovereign position that attracted most public dissatisfaction. Commentators repeatedly felt obliged to reassure themselves that the sublime “belongs to no particular passion” and “may excite sensations very different from terror.” Likewise, pain, “contraction or tension” might accompany situations so trivial, hideous, or ridiculous that they could never command any sublime sensation.²³ Burke’s reviewers were particularly eager to trace in detail the awkward associations to which his definition of the sublime as a modification of pain could lead. Some of these associations were particularly unpleasant by virtue of their abject relations to key catastrophic events like “*Nero* setting fire to *Rome* and queen *Mary* burning hereticks at *Smithfield*,” or, the seminal example of human torture, “the iron bed of *Damien*.”²⁴

The parallels critics drew between Burke’s notion of pain and the iconography of torture firmly set the *Enquiry* within the context of the current controversy regarding the ethos of vivisection. The criticism of Burke’s theory of pain was indeed conducted in terms similar to the criticisms of vivisection, which was seen as tasteless and pointless but, more decisively, as a cruel and dangerous exercise. Though detractors of vivisection had been vocal from the end of the seventeenth century, the debate both intensified and shifted in the period immediately before and after the publication of the *Enquiry*. Now it directly addressed the problem of pain, raised the questions of animal and human suffering, and scrutinized the moral and physical effects of this kind of “torture” on individuals and society.²⁵ Already a year before the publication of the *Enquiry*, Brocklesby’s experimental techniques had provoked a scathing attack from the Tory publication *Critical Review*. The reviewer aligned Brocklesby’s practices of vivisection with the “shade of a butcher’s slaughterhouse” and the “impolite” and dangerous connotations of violence and cruelty.²⁶ Moreover, as another close friend of Burke, the lexicographer and philologist Samuel Johnson (1709–1784), made clear, vivisections bore an immediate relation to human torture in that these “horrid operations” “tend to harden the heart.”²⁷ Wil-

liam Hogarth (1697–1764) had already visualized Johnson’s point by famously portraying callous behavior toward animals as the first step in a future life of crime in his print cycle, *Four Stages of Cruelty* (1751). Likewise, Johnson’s average vivisectionist would inevitably, at some point, be tempted “to extend his arts of torture” upon the most vulnerable classes of mankind, “infancy and age,” “feeble bodies and broken minds.”²⁸ For Johnson, the dangerous cruelty of vivisection was further accentuated by the minimal epistemological benefits thus acquired: “by knives, fire, and poison, knowledge is not always sought, and is very seldom attained.”²⁹ More interestingly, Johnson’s attacks on the sadistic practices of this avant-garde materialism were coextensive with his assault on the usual masochistic rationales of pain offered by organized religion. As a matter of fact, Johnson saw an uncanny resemblance between the medical discourses on the usefulness of pain and the standard religious arguments that human pain was a divine punishment, necessary for the “felicity” of God and the works of providence.³⁰ He was in this respect quick to notice that this type of religious justification of pain made God appear like a vivisectionist, a “virtuoso” who “experiments upon our sensibility,” “putting us in agonies” and “torturing us to madness,” so that he could take “delight.”³¹ However, Johnson had to acknowledge that there must be some kind of redeeming feature in the existence of pain. Contrary to the discourses he criticized, Johnson’s understanding of the usefulness of pain fell squarely within the banal politeness of moral philosophy. In an essay that was immediately reprinted in Burke’s *Annual Register* he indeed recognized the role of pain as the cause of “charity,” “grandeur,” and spiritual “elevation” and extolled its function as the most effective antidote to the excesses of pleasure.³²

Despite some superficial similarities, Burke’s theory of sublime pain provided the very antithesis to this kind of critique. For Burke, “the misfortunes and pains of others” force us “to sympathise” with them not from the superior and rational position of charitable generosity, but in an instinctual burst of empathetic identification. Thus, far from “hardening the heart” and eroding social connections, this empathy is cohesive and salutary (92). In the same manner, while Johnson saw the expediency of pain in the way it disrupted “the inebriation of success, the ardour of expectation, and the vehemence of competition,” Burke saw it as a stimulant to “ambition” and maximal “labour” (90–96).³³ Moreover, if Johnson’s final conclusion was that “physical evil may be therefore endured with patience, since it is the cause of moral good,” Burke saw pain’s advantages in immediately physical and medical terms.³⁴

As a result, for Burke pain is far more than a passive check on the entropies of pleasure; it is an active force for the optimization of power and wealth, individual wellbeing and social welfare. Faced with the foregoing kind of negative reception of pain, and despite the diverse checks and balances of his theory of the sublime, Burke rightly felt that he had to flesh out more convincingly the immediately positive side of his radical connections between pain, delight, and sublimity. In light of

the increasing importance of the “politics of health in the eighteenth century,” Burke’s decision to resort to medicine and explain the advantages of his new aesthetic of the sublime in biomedical terms was a happy choice.³⁵ Using this metaphor, Burke was able to present the sublime as the “best remedy” for all the physical “evils” of rest, such as melancholy or suicide, which he associated with the languorous lifestyles induced by the beautiful. Contrary to pain, which is “a surmounting of difficulties” associated with the healthy maintenance of the sense organs, the beautiful is related to the pleasures of a type of inaction, which is “productive of many inconveniences.” Indeed, beauty represented the malaise of rest, which prompts “all the parts of our bodies to fall into a relaxation, that not only disables the members from performing their functions, but takes away the vigorous tone of fibre which is requisite for carrying on the natural and necessary” functions of life (164).

In linking pain with health, Burke outlined in advance some of the most radical conceptions of pain to emerge from later medical culture. In the history of vitalism, the usefulness of pain in the production of medical knowledge proved coextensive with the discovery of its health-enhancing functions. The appearance of pain’s epistemological functions is mirrored in the discovery of its therapeutic qualities. Indeed, it seems that there could never be enough stimuli for a theory of life whose ruling principles were sensibility and stimulation, and pain, as the strongest type of stimulation, found a privileged place in this new medical landscape. As Roselyne Rey put it, “the love of life and the exultation of sensibility often adopted an explosive dimension to an extent summarised by the concept that it is pain ‘which gives new strength to the principle of life.’”³⁶ In the words of a major player in these late-eighteenth-century developments, the French physician and ideologue, Pierre-Jean Cabanis (1757–1808), “Pain does not only provide useful lessons: it also contributes at times to strengthening the whole body; it instils more stability, balance, and equilibrium to the nervous and muscular system.”³⁷ Accordingly, a new therapeutics of homeopathy and “perturbation” that aimed to inflict pain in order to cure it also appeared. By the end of the eighteenth century, therefore, pain was promoted to the point where it was seen as a boost of vital energy, an aggressive technique of recovery and a cruel catalyst of medical knowledge. Powerful at least until the mid-nineteenth century, similar ideologies of pain would prove responsible for blocking the advances of anesthesia in surgical practice.³⁸

At the time of the *Enquiry*’s composition, however, none of these developments were obvious. With the exception perhaps of some scattered suggestions that emerged on the medical fringe during this period, these maximalist tendencies of later vitalist medicine remained either muddled in controversy or buried in the realm of the implausible.³⁹ Lacking these much later discursive resources, Burke’s intuitive, original, and unorthodox identification of pain, health, and the sublime resorted for appropriate means of expression to existing, and quite antiquated, med-

ical languages such as the discourse of “exercise or *labour*.” Eventually, this seeming regression not only allowed Burke to describe the physiological and therapeutic function of the sublime but also helped him to add a further, equally radical and original, dimension to the medical discourse of the *Enquiry*.

Labor and the Medical Sublime

Throughout part 4 of the *Enquiry*, pain and terror are repeatedly modeled as specific types of labor and exercise on the basis of a physiological similarity. Pain, “which consists in tension or contraction” resembles “exercise or *labour*” because both rely on “an exertion of the contracting power of the muscles” (164). This physiological equivalence put Burke in a position from which he could plausibly argue the biological profits of pain and the sublime. As a result, “labour is not only requisite to preserve the coarser organs in a state fit for their functions, but it is equally necessary to these finer and more delicate organs, on which, and by which the imagination, and perhaps the other mental powers act” (164). Exercise is as “essential to the coarse muscular parts of the constitution” as to the finer ones, because it “shakes” and “works” them. Pain and the sublime, Burke reassured his readers, guaranteed exactly this type of animation. By contrast, “without this rousing” the organs of the imagination “become languid, and diseased” (165), and Burke, as expected, associated this kind of pathology with the beautiful. The physical relaxation that beauty induces generates such “disorders as may force us to have recourse to some labour, as a thing absolutely requisite to make us pass our lives with tolerable satisfaction” (164, 177–78).

Today, this metaphorical slippage between pain and labor is seemingly plausible and generally unproblematic. Even at the time, the medical uses of the notion of exercise that Burke is here evoking had already had a history as old as classical medicine. Exercise is a well-known entry in Galen’s (AD 131–201) list of the six nonnaturals, together with air, diet, sleep and waking, excretions and retentions, mental affections and “passions.”⁴⁰ Around the time of the *Enquiry*’s composition, however, the role of the six nonnaturals in the management of health and disease gained new momentum in tandem with the vitalist advances in the science of sensibility and stimulation and the concomitant progress of the environmental sciences.⁴¹ From Jean-Baptiste Du Bos (1670–1742) to Montesquieu (1689–1755) and Winckelmann, this medical environmentalism dealt with the effects of the “physical” causes of climate, geography, or meteorology on the “moral” makeup of men—their customs, laws, and artistic sensibilities.⁴² Burke was well versed in this specific literature.⁴³ Moreover, he provided in his *Annual Register* one of the rarest and most unprejudiced accounts in Britain of Winckelmann’s related ideas on the relationship between climate and the shaping of artistic perception.⁴⁴ Besides, as we have seen, Burke’s emphasis on aesthetics as a materialist inquiry dealing with *the*

bodily reception of external stimuli had already laid the foundations for a firm understanding of this field as an environmental science. It was from within this environmentalist discourse that Burke was led to develop one of its traditional divisions, the discourse of exercise.

However, the cultural status of exercise should not be taken for granted; on the contrary, it had been fraught with medical and political hazards. On the one hand, while medical practice had traditionally devoted careful attention to diet and air, exercise had proved less popular. On the other, when it was not openly denounced, exercise remained the source of intense anxieties over its perceived relation to improperly high levels of agitation and related associations with impoliteness. Even for rare advocates of the practice such as Girolamo Mercuriale (1530–1606), Thomas Sydenham (1624–1689), and George Cheyne (1671–1743), exercise characteristically remained a marginal and delicate topic.⁴⁵ At the time of Burke's *Enquiry*, medical writers wishing to enter into a positive discussion about exercise had to pay due respect to a series of deeply entrenched conventions cherished by their polite clientele and set by them to guard against the perceived negative aspects of this practice. A firm distinction between exercise and labor was one such convention, and Addison, as one of the foremost spokesmen of polite society, defined the difference. In his short *Spectator* essay "On Labour and Exercise" Addison pointed out that "bodily labour is of two kinds": civil "exercise" that man "undergoes for his pleasure," and common "labour" that "a man submits to for his livelihood."⁴⁶ A year later, Addison's "On the Pleasures of the Imagination" refined these ideas. Here the distinction between exercise and labor emerges as a *quantitative* contrast between a minimal and a maximal degree of exertion. "Gentle exercise" is preferred precisely because it awakens the faculties "from idleness, without putting them upon any labour or difficulty."⁴⁷

Burke was fully aware of these subtle distinctions, and he frequently observed them. An apologetic tone is discernible in his emphasis on moderation reflected in such phrases as "due exercise," "proper order," and "proper degrees" of exertion (164–65). Despite his occasional interjection of such careful qualifications, however, this gospel of thriftiness seems shallow—especially in view of the fact that labor's twin concept, pain, dictated maximal treatment of the notion of exercise equal to the treatment to which, as we saw, pain had itself been subjected. Moreover, Burke's rhetoric of labor had its own inbuilt tendency to slip from moderation to excess. Indeed, Burke was bound to break his cautionary stance, eventually reiterating his claim that the sublime is produced when nerves and muscles are "very much strained," and "their great sensibility" is "highly affected by this straining" and by "that species of uniform labour" resembling "strong pain" (167).

As with Burke's theory of pain, his propositions about labor were all unorthodox, although not entirely unheard of. Burke's originality is the complex product of an active engagement with a series of current and preexisting ideas, which he

inflects and reassembles. However, unlike his theory of pain, which was rather avant-garde, his radical discourse on labor capitalized on a much more archaic paradigm. In this respect, his major field of reference is not the frequently evoked George Cheyne, the fashionable medical celebrity of the London and Bath elite, but actually a source they jointly plundered for information, the much older and lesser-known *Medicina Gymnastica* (1705) by Francis Fuller (1670–1706). Born in Bristol, the son of a nonconformist divine, and educated at St. John’s College, Cambridge, Fuller effectively wrote the first modern bestseller solely dedicated to the medical properties of physical exercise. His *Medicina Gymnastica* is a work on the medical fringe with an explicitly maverick agenda: to disrupt the lazy and frequently harmful overdependence of contemporary medicine on internal drugs and to advocate “external,” “general,” and environmental therapies such as exercise.

In pursuing this subversive program, Fuller’s medical discourse of exercise foreshadows Burke’s theory of the sublime in a variety of ways. First, it releases a sublime imagery of dispositive and expellent chemical forces, of “violent ebullitions” and purifying “sublimations.”⁴⁸ Second, exercise activates a vocabulary of the maximal intensity of physical labor and its maximal profit to the organism. Insofar as the vital fiber “has a peculiar faculty to exert itself more and more,” “wonderful effects” are produced when the “irritation of the[se] fibres” is “raised to the highest pitch they are capable of.”⁴⁹ Prefiguring Burke’s rhetoric, Fuller proceeded to explain that “exercise affects the organs by giving a greater tension to them” and “restore[s] the true tone of the parts by curing the relaxation by which they are weakened.”⁵⁰ As a result, the “strength and agility” of “robust men” are related to the intensity of the “violent motions” with which they were “bred up.”⁵¹ Fuller’s terms of description laid out a network of power concepts that depict exercise as a sublime, uncontrollable, and self-escalating activity that agitates but also invigorates the human fabric.⁵²

Moreover, Fuller not only made sure that the sublimity of exercise was understood in literary terms as a topic of physiological description. He also developed the theme of the sublimity of exercise’s contemporary reception, being acutely aware that, especially for his polite clientele, this practice also operated *as an object of fear and terror, as a sublime affect par excellence*. Understandably worrying about the fortunes of his own quite atypical medical suggestions, Fuller thus pondered the grave question of how a practitioner like himself could avoid being “thought one of the most wild and barbarous of men,” if he recommended such a “severe method of cure” as exercise, whose “first consideration carries terror enough in it.” Indeed, who would “have force enough to prevail against the apprehensions of the Pain and Trouble,” “oftentimes so strong as to blind the mind, or bribe the will” that people experience at the “first attempt of exercise”?⁵³

In Fuller’s view, exercise overwhelms and terrorizes, it is rooted in fear and bound to inspire primal anxieties. However, in a way similar to Burke’s, tackling these entrenched anxieties forced Fuller to resort to precisely the same reassuring

holy trinity of *pain, delight, and health* that was to prove so instrumental in the definition of the Burkean sublime. Therefore, Fuller viewed all “extraordinary efforts of nature,” such as “sudden surprise, fear, passion, or the like,” as salutary types of “torture.” They tend to “raise the spirits for some time very much” and thus bring about “great effects.”⁵⁴ The healthy terror of exercise would soon emerge as a natural and irresistible pleasure, a “grateful sensation.”⁵⁵ The body “accustoms [itself] to the use of exercise; [it] may be said to delight [itself] in that.”⁵⁶ For both Fuller and Burke, exercise is a form of pain that figures as an aesthetic delight. Labor, pain, and terror emerge for both as aesthetic objects only insofar as they can be woven into empowering strategies of health.

Consequently, I would argue that the connections Fuller built into the medical notion of exercise provide an embryonic paradigm, a rough template for Burke’s seemingly anomalous linkages. Burke’s rhetoric of exercise is not thrown into his narrative as a casual metaphor. Rather, in Foucauldian terms, a specifically medical discourse of exercise is the “archaeological territory” of Burke’s science of sensibility.⁵⁷ This provided his aesthetics with a genealogical point of reference, Fuller’s primitivist therapeutics, and an original projection into the future: vitalist medicine. Moreover, the sublimity of Fuller’s discourse on exercise was colored by the socially specific audiences to which he addressed it. This eventually involved a series of compromises that rendered it revealingly different from Burke’s own variant.

The Labors of the Imagination

As in Burke’s *Enquiry*, there is throughout Fuller’s book a steady recurrence of qualifying adjectives such as “proper,” “just,” “moderate,” “gentle,” and “due” that strive to saddle the sublime forces of exercise. In opposition to Burke’s precautions, however, Fuller’s safety measures had a real urgency that actually determined the practical medical advice he suggested. Therefore, judging the intensive habits of exercise prevailing in antiquity as inadmissible by modern standards, he proceeded to recommend more “diligent practices of moderate exercise [that] obtain a [more] proportionable increase of strength.”⁵⁸ He extolled the temperate applications of horse-riding precisely because it excluded the “violent exercises” of the ancients. Faced with the fearsome sublimity of exercise, Fuller chose to conform to the sporting ideal of the landed gentry and fashionable society on whose patronage medical men of ambition like him were dependent.⁵⁹

In the years following Fuller’s book this sporting ideal significantly declined. By contrast, though, the notion of exercise not only remained relevant but also extended its scope, now migrating into fields that Fuller had left untouched. Indeed, by Burke’s time, the discourse of exercise had become a standard trope applied both to the gross anatomy of the body and to the mental faculties of reason and the

imagination, now increasingly understood as material entities with their own physiological rules of function.⁶⁰ Yet, this transfer did not entail the corresponding transportation of Fuller's dynamic languages: until Burke's *Enquiry*, the discourse of mental exercise was dominated by the established aesthetic ideologies of politeness. Indeed, medical and polite writers, on the one hand, drew attention to the dangers of the "labours" of the mind and, on the other, emphasized the therapeutic importance of the "gentle exercise" of the imagination. For Addison, the "pleasures of the fancy are more conducive to health than those of the understanding" because, contrary to the gentleness of the imagination, thinking was inevitably attended by the pathologies of "a too violent labour of the brain."⁶¹ Cheyne's *English Malady* built a similarly unsublime ideal of "low regimen" for both the body and the imagination. This was based on the premise that slow-thinkers "enjoy the firmest health, and are subject to the fewest diseases," unlike men of active intellect and imagination, those whom Cheyne branded "quick-thinkers," who were prone to illness.⁶² Accordingly, minimalist techniques such as "easy and agreeable" reading and "innocent entertaining amusement" were recommended. These, along with the benefits of "perfect calm, serenity, and tranquillity" of the "love of God" proposed by one of Cheyne's disciples, the famous Church of England clergyman and founder of Methodism, John Wesley (1703–1791), were now promoted as the guarantors of mental hygiene.⁶³ The appeal of this polite aesthetic was broad, and its medical epitome was put forward by no less an intellectual fellow of Burke's than Brocklesby.

Written well before Brocklesby's trailblazing breakthroughs in the 1750s, while he was still a medical upstart anxious to open lucrative new markets for himself among fashionable society, his *Reflections on Antient and Modern Musick* (1749) provide a characteristic guide of conventional music therapy that repeats and systematizes Cheyne's and Wesley's religious quietism of the soul. Indeed, this "intelligent and active principle" presiding over the body called for a healthy style of music, characterized by the unsublime combination of "melodious charms," "just composition," "just proportion," and the principle of "variety amidst uniformity."⁶⁴ This typically polite aesthetic was "a method" directed "to regulate our constant expense," and to "curb," to "reduce," to "allay," and "lull" "all unbounded passions." For Brocklesby, the "frugal economy" specific to this aesthetic would "lay up the superfluous waste and unnecessary profusion so often committed when . . . inordinate passions excite continual disquiet and anarchy within."⁶⁵ In effect, Brocklesby's book provides an exemplary case where the discourse of the soul and its related continental strains of "medical pietism" intersect nicely with the polite aesthetic of classical beauty.⁶⁶

More interestingly, this discursive amalgamation is by no means a unique phenomenon in the history of art of this period; it actually provided the template for much of the neoclassical art theory that was taking shape simultaneously with Burke's *Enquiry*. Indeed, as Winckelmann's notebooks in the Bibliothèque Natio-

nale in Paris show, the leading representative of neoclassicism had avidly read and copied from this kind of medical and polite literature.⁶⁷ The section “Nature” in his early essay *Thoughts on the Imitation of the Painting and Sculpture of the Greeks* (1755) replicates this rhetoric with consistency. Winckelmann endorsed Cheyne’s “milk diet” and discourse of physical exercise as antidotes to what he faithfully called the “English Malady.” In the same essay, as well as in his landmark work *The History of Ancient Art* (1764), Winckelmann also elevated climate and environmental factors as key conditions for the production of high-quality art.⁶⁸ Moreover, his later definition of ideal beauty as a state of health was dependent on the rhetoric of “medical pietism” that he picked up during his early medical studies in Jena.⁶⁹ Health was unthinkable without the “unity” and “truth” of a “calm soul,” and Winckelmann’s ideal art sought to imitate this state, both for the benefit of artists and for the moral quality of the figures represented. Indeed, his aesthetic quietism, which repeatedly emphasized the ideal of minimal physical tension in representation, provides the equivalent of the belief of medical pietism in the existence of a “bio-soul” that actively supervises the operation of the body and intervenes to maintain an unperturbed balance of the fluids and a strict economy of spirits as a matter of the utmost moral necessity.

Put in this context, the radicalism of Burke’s *Enquiry* becomes evident. It had methodological implications, especially insofar as it disrupted the medical pietism of Cheyne and Brocklesby. As a fine eighteenth-century specimen of materialist thought, the *Enquiry*’s physiological descriptions polemically aimed “to show how humans could be explained purely in terms of matter in motion,” that is, *without* the evocation of such imponderables as the existence of an immaterial soul or “ultimate causes” (159–60).⁷⁰ Burke’s *Enquiry* is part of a broader eighteenth-century shift that, as Thomas Dixon has shown, gradually replaced the language of the “passions” with the materialist, though not necessarily atheist, discourse of the “emotions.”⁷¹ Moreover, from the physiological point of view, the radicalism of Burke’s *Enquiry* is, of course, related to the amplified economies of stimulation that it endorsed but, even more significantly, to their new fields of application, namely the previously forbidden territory of the “imagination.” In effect, Burke suggested that the delicate “organs of the imagination” can and actually should work as hard as the body. With him, there emerges a maverick *grossness* of mental labor whose *maximal economy* of operation is designed to shake and stir the delicate fabric of the mind and nervous system.

As a result, the Burkean sublime challenged in differing degrees the certainties of both traditional medical practice and the polite and religious cultures in which this kind of medicine operated. It constitutes a systematic departure from those aspects that polite society relished under the heading of the beautiful (177–86) and equally from the rhetoric of grandeur and those older, quieter, and more disembodied versions of the sublime still current in his time. More important, Burke’s materialism sought the implications and the ramifications of this aesthetic in and with the

body, in this most intimate yet common fabric of human experience. In this respect, Burke's materialism marks a crucial shift in the organization of the biological economy of the modern body and the projects of "bio-power" attendant to it.⁷²

The Politics of Animal Economy

As must have been expected, Burke's intensified "bio-economies" fueled a series of anxieties that became evident again in the press reception of the *Enquiry*. Faced with the increased tensions of the new sublime, the *Literary Magazine* felt obliged to counter it with the established and more moderate versions of the Longinian sublime, "the noblest emotion of which we are capable."⁷³ Likewise, the *Critical Review* acknowledged that the sublime relies on "raising a strong emotion in the soul," but categorically refused to accept Burke's exclusive identification of the sublime with "whatever excites a violent perturbation of the mind." Dissociating it from those "instances in which the mind is . . . violently agitated," the reviewer underlined the relation of the sublime to its older polite connotations—"noble and lofty sentiments," "admiration," "elevation," and "happiness."⁷⁴

However, Burke's iconoclasm was not designed to be wholly unpleasant; it was rather caught up within the complex social force-fields of the time, testing and trying, in the process, its own possible horizons of fulfillment and representation. The uses of the discourse of exercise in the medical literature of the time highlight again some of these political inscriptions.

Indeed, for Fuller, vigorous exercise is repeatedly associated with "daily hard labour" and the "poorer sort of people," from "tumblers" to "rope dancers and the like."⁷⁵ Hard labor fends off the debilitating luxuries of the "wise, the rich, the valiant and the mighty."⁷⁶ But it is also a major source of monstrous deformations and unequal anatomical growth that both Fuller and Cheyne identified with the lower classes and contrasted to the "better habit of body" of their class superiors.⁷⁷ Cheyne's healthy and well-trained group of "slow-thinkers" included "idiots, peasants, and mechanics, and all those we call indolent people."⁷⁸ By contrast, the inevitable diseases of "quick-thinking," melancholy and suicide, belonged to the "superior rank of the various classes of mankind."⁷⁹ Apart from the fact that Cheyne thus redefined psychosomatic disease as a mark of social distinction for the upper classes, shrewdly linking it to "a sociology of success," as Roy Porter put it, this move also turned the polite aesthetic that he advocated into an equally class-specific therapy.⁸⁰ Brocklesby, in this particular respect, was forthcoming: the polite rules of ease and repose can only be followed by those who are placed "in a superior rank of the various classes of mankind." But "this can never be hoped from the vulgar herd of mankind," who cannot forgo "the pleasures arising from the irregular gratification of each passing fancy."⁸¹ Cheyne was somewhat more flexible than Brocklesby, and this widened the appeal of his propositions. Cheyne, for example, saw clearly that

“the diseases of the wealthy, the voluptuous and the lazy” also demanded the lessons that could be drawn from the rude health of “the frugal and the laborious.”⁸² As a matter of fact, his frequent references to “temperance,” “abstinence,” and “industry” were based on the “knowledge of the precise and precious mediocrity” that the “*middling Rank*” so successfully commanded.⁸³

As a result, Fuller, Cheyne, and Brocklesby represent three somewhat distinct ways of addressing different sections of the ruling classes with discrete lifestyles and therapeutic repertoires. Where Fuller represented a much older world of classical republicanism, and Brocklesby unwaveringly adhered to the protocols of politeness, Cheyne held up the bourgeois ethos of work as an alternative model to the excesses of fashionable society. Cheyne indeed signifies one more landmark in this long but increasingly prominent discussion in the first half of the eighteenth century about the virtues of industry and the misfortunes of luxury. As Tom Furniss has convincingly shown, this discussion can be traced as far back as John Locke.⁸⁴ However, the period immediately following the publication of Burke’s *Enquiry* witnessed a renewed interest in the notion of labor, encapsulated aptly in the painter Joseph Wright of Derby’s (1734–1797) series of iron forge scenes.⁸⁵ As David Solkin has rightly noted, this focus was partly fed by chronic anxieties about the enfeebling effects of luxury, which reached their peak around the period of the Seven Years’ War.⁸⁶ It is in this context that a new generation of polite writers like David Hume (1711–1776) or Cheyne notably upgraded the economical, moral, cultural, and physical aspects of labor as antidotes to the lethargic and “effeminate” effects of luxurious pleasure.

Contrary to appearances, however, Burke’s sublime was not exactly aligned with this modernized version of politeness. In contrast to the way polite eulogies to “the benefits of strenuous physical activity” stopped far short of “suggesting that gentlemen should become manual labourers,” the Burkean sublime frequently harbored implications that threatened these established social divisions.⁸⁷ Indeed, the *Enquiry* systematically blurred the politically laden distinctions between body and mind—gross and fine types of labor—that mainstream polite and medical literature treasured. As I have already mentioned, Burke’s notion of a labor of the imagination does not fit into the traditional polarity between “physical industry” and the type of “mental exercise that accompanies the aesthetic experience of the sublime,” as Solkin put it.⁸⁸ Burke may be affirming that “common labour, which is a mode of pain, is the exercise of the grosser parts,” while “a mode of terror is the exercise of the finer parts of the system,” but, before the end of the same paragraph, he blurs this distinction almost irretrievably (165). “Pain *and* terror” are treated as identical, and “as these emotions clear the parts, *whether fine, or gross . . .* they are capable of producing delight” (165, my italics). Throughout Burke’s *Enquiry* fine nerves, even the mind itself, behave exactly like gross muscles—they shake and vibrate, contract and dilate. This is not a minor or coincidental idea: it is actually consistent with the generally high standard of scientific rigor that the *Enquiry* set. It is happily at-

tuned with similar developments in the medical avant-garde of the time and heralds the forthcoming reorientation of physiological analysis toward new and more integrated “neuromuscular models.”⁸⁹ In this sense, it reflects the increasingly problematic distinctions between muscles and nerves: the extreme fineness of nerves, entering into muscle tissue and radiating into millions of muscle fibers, made fine and gross organs seem anatomically indissoluble and firm distinctions between them meaningless.

Consequently, Terry Eagleton’s belief that the *Enquiry* represented the banal clash between, on the one hand, “the patrician elite” inclined toward the noble and finer actions of the mental faculties and, on the other, the “labouring classes” doomed to gross manual exertion, appears to be mistaken. In this conflict, Eagleton thought that Burke offered unequivocal support for the upper classes. Burke’s “sublime . . . is the rich man’s labour, invigorating an otherwise dangerously complacent ruling class” in its fight against the “lowly activity of labour” specific to the “poor man.”⁹⁰ Though these divisions and their attendant evaluations may perhaps apply to Cheyne or Hume, Burke’s discourse reveals a web of quite different political and aesthetic allegiances.⁹¹

In contrast to Eagleton, Furniss has placed the *Enquiry* in the different context of the “political struggle between England’s traditional ruling class and the upwardly mobile commercial class.”⁹² In Furniss’s view, Burke’s theory of the sublime represents the middle-class ethos of industry, while his pejorative perception of beauty criticizes the luxurious lifestyles of the ruling elite. This otherwise fair diagnosis presents two problems. First, it underestimates the way Burke shrewdly allied his aesthetic discourse to the languages of the laboring poor, and second, it treats the middle class to which the *Enquiry* indeed appealed as one solid and undifferentiated mass. Burke’s amplified labor of the senses seems to have a different political clientele from the “brave new world of the Whig hegemony, with its mad scramble for wealth, place and fashion.”⁹³ If doctors like Cheyne addressed the fashionable society and the upper middle classes by holding up the “middle station of life” as a model, Burke seems to go further down the social scale for models and audiences. Part 4 “infected” aesthetics with the maximal languages of the sublime, which, contrary to the polite aesthetic, “in all things abhors mediocrity” (121). It effectively pointed the theory toward ideas coming from below, namely *the common labor of men and its uncommon intensities*. Unsurprisingly, in this respect, it was only in the revolutionary climate of the late 1780s that Burke’s maximal perception of health would finally find its medical equivalent. Echoing Burke’s earlier propositions, Brunonianism (John Brown’s [1735–1788] radical theory of nervous excitability) advocated the therapeutic properties of maximizing rather than reducing excitation⁹⁴ and, on this basis, simultaneously sought to revolutionize “old physic,” the medical profession, and society as a whole.⁹⁵

However, this should not be taken to mean that the *Enquiry* or even the theory of the sublime itself were unambiguous instruments in the service of political radi-

calism. Far from it: insofar as Burke defined the sublime as this unique force *in* and *by* which “two ideas as opposite as can be imagined” can be “reconciled” (121), his *Enquiry* went on to build an alliance of disparate and frequently opposing discursive forces. Burke’s sharp division between beauty and the sublime, for example, evoked discourses associated with the inflexible and “notably anachronistic” languages of country gentlemen.⁹⁶ Finally, the addition of the polite “red tape” of the essay “On Taste,” which was appended to the second edition of the *Enquiry*, restored the links with the fashionable “commercial humanism” of Hume, Cheyne, and the third earl of Shaftesbury (1671–1713) that the sublime rhetoric of pain, labor, and violence had dangerously severed. Similarly, Burke’s thoroughly conventional perception of painting and his attempt to restrict his advocacy of the sublime to the appreciation of nature and the realm of poetry revalidated the established polite aesthetic.

In light of this analysis, if, as Furniss rightly insists, Burke’s *Enquiry* helped “to propel an ongoing bourgeois ‘revolution,’” this was accomplished through a familiar process of “inclusion” that involved a series of messy amalgamations.⁹⁷ The *Enquiry* encouraged rather than sanitized discursive interactions and contaminated rather than purified class boundaries.⁹⁸ In the end, it inflamed and then offered to manage crises in the social and the discursive. In view of this analysis, Ferguson’s puzzlement over what she called the “paradoxically urbane and pragmatic account” of *Enquiry* no longer seems justified; nor could the Burkean sublime still comply with the transcendental terms that describe it as “the different by definition.”⁹⁹ On the contrary, Burke seems to have produced a work of “criticism,” whose aesthetic propositions and relevance for art history seem more advantageously understood from within its many discursive voices, social affiliations, and disciplinary functions. In effect, Burke’s aesthetic *Enquiry* was simultaneously a work of moral philosophy, political theory, medical science, and mass psychology. To paraphrase Michel Serres, it presented a multitemporal *bricolage*, which drew “from the obsolete, the contemporary, and the futuristic”; it presented a compound, which reveals both a time and a discursive force-field “that is gathered together, with multiple pleats.”¹⁰⁰

I propose, therefore, that the study of Burke’s *Enquiry* creates a favorable series of viewpoints for a historically informed understanding of some of the broader implications of what Wolfgang Iser recently defined as “the resurgence of the aesthetic” today.¹⁰¹ If in a sublime fashion the aesthetic has now, according to Iser, “spread its activity” into “an unforeseeable expansion [of] ever new territories of human existence,” then Burke’s *Enquiry* offers a paradigmatic model of this expansion.¹⁰² Disrupting the nineteenth-century reductive identification of aesthetics with the artwork and the philosophy of art, Burke’s pragmatic approach indeed matches current definitions of the aesthetic as “a central orientation for assessing and judging human experience.”¹⁰³ Moreover, if Iser is right that this recent shift is embedded in the way in which the body in the twentieth century “embarked on a breath-taking career,” Burke’s *Enquiry* shows that this connection with the body

was central to the very birth of aesthetics two and a half centuries ago.¹⁰⁴ And while Iser is right that Alexander G. Baumgarten (1714–1762) perceived of the “aesthetic as a lower faculty” because of its association with the senses, Burke emphasized the primacy of the body in the formation of taste with relatively little prejudice (51–56).¹⁰⁵ As a matter of fact, Burke’s aesthetics demonstrate that if from the eighteenth century onwards the body emerges as “a bio-political reality,” and medicine is promoted into “a bio-political strategy,” this shift was possible through a series of inter-discursive realignments.¹⁰⁶ In the *Enquiry*’s case, Burke’s aesthetics are indistinguishable from the historical birth of aesthetics as a science of sensibility and the transformation of medicine into an aesthetic of health, now both of them jointly unraveling the art and the science of optimal living.

From this point of view, Iser’s urgent call upon the aesthetic to serve as the most appropriate tool for the political management of “an increasingly disoriented world” rehearses the generative moment of aesthetics.¹⁰⁷ Premised on his liberal understanding of contemporary politics as a new process of “possibilising,” a “weighing and pondering” among a “cascade of possibilities, unbounded in range,” Iser’s “aesthetic” style of doing politics finds, in fact, its genealogical point of reference in Burke’s *Enquiry*.¹⁰⁸ The *Enquiry* indeed addressed, “convey[ed,] and cope[d] with open-ended reality” with a comparable determination and, similarly, saw the emergence of modernity through the eyes of modern liberalism as a never-ending process of optimal individual and collective government.¹⁰⁹

This might look like an unsublime—quite utilitarian—conclusion to the discourse of the sublime. However, it was this pragmatic framework that allowed Burke to redefine the self and the social as the sublime forces *par excellence*. The sublime indeed offered Burke the opportunity to imagine and to represent a new paradigm of maximal economies of the self and, simultaneously, new strategies of social empowerment. The *Enquiry*’s relation to moral philosophy, what Terry Eagleton has aptly called its “social phenomenology,” ensured Burke’s determination to show the specific relevance of his aesthetics to the broader issue of social unity.¹¹⁰ More particularly, in the most frequently quoted sections of the *Enquiry*, those that deal with the phenomenon of “sympathy,” Burke put the sublime firmly into the moral contexts of compassion and empathy, viewing it as a precious *instinct* designed, as I showed earlier, to strengthen social bonds (92). Moreover, as Vanessa Ryan has rightly noted, this social framework within which Burke understood his physiology of aesthetics seems to provide a refreshing alternative to Kant’s unsociable definition of the sublime as the supreme instance of the reaffirmation of the reasoning subject.¹¹¹

However, contrary to Ryan’s assumptions, the ethical concerns of the Burkean sublime do not exactly offer the “moral counterpart” to the “potential misanthropic and destructive tendencies” of Kant’s subjectivist version of the sublime.¹¹² Nor, as the present analysis of the *Enquiry*’s physiology has shown, could Burke’s engagement with the social be taken to “*subordinate* the individual within a social

and ethical context” (my italics).¹¹³ If anything, Burke’s individualistic physiology and his notion of social sympathy explored, from different but equally important directions, new patterns of *maximal interdependence* between societies and individuals. In this sense, Burke’s *Enquiry* tackles the enduring question of modern liberalism that emerged with specific urgency during the eighteenth century: how can intense engagement with individual self-interest, of a simultaneously political and biological nature, be a beneficial force for the “wealth of nations”—for the “well-being” of society, to be etymologically precise? Anticipating Adam Smith’s (1723–1790) equally interdisciplinary answers to the problem, Burke’s *Enquiry* was one of the earliest and most compelling attempts to define the materialist conditions through which the mutual empowerment between individuals and societies and their union in ever strengthening ties of integration, power, and health could be achieved.¹¹⁴ This project, which has since defined the sublimity of modernity as a perilous state of perpetual crisis and contradiction, is inextricably bound up with the hyperpragmatism of optimal management that it invites. If this brings to mind the all too familiar sublime cycles of modern capitalism, it is because Burke’s treatise was an early but astute response to some of capitalism’s most enduring and intractable rules of operation.

Notes

1. Immanuel Kant, *Critique of the Power of Judgment*, ed. Paul Guyer, trans. Paul Guyer and Eric Matthews (Cambridge, 2000), 158. For Kant’s ambivalences regarding scientific knowledge in general and Burke’s medical science in particular, see Theodor Adorno, *Kant’s Critique of Pure Reason* (1959), ed. Rolf Tiedemann, trans. Rodney Livingstone (Cambridge, 2001), 170–200; and Jean-François Lyotard, *Lessons on the Analytic of the Sublime*, trans. Elizabeth Rosenberg (Stanford, Calif., 1994), 50–76.
2. Dixon Wecter, “The Missing Years in Edmund Burke’s Biography,” *PMLA* 53 (1938): 1102–25 (1111–13 and 1117); *The Writings and Speeches of Edmund Burke*, ed. T. O. Loughlin and James T. Boulton, 9 vols. (Oxford, 1997), 1:26–27 and 50–53. Entries on medical aspects of the imagination and the sensory and nervous systems abound throughout the period when Burke was the sole editor of the *Annual Register* (1758–1767). Burke’s library included a wide range of general and more specialist medical publications, from Galen’s works to the continental colossi of Hermann Boerhaave, Friedrich Hoffman and Comte de Buffon. See “Catalogue of the Libraries of the Late Rt. Hon. Edmund Burke etc.,” in *Sale Catalogues of Libraries of Eminent Persons*, ed. Seamus Deane, 12 vols. (London, 1973) 8:186, 188, 194 and 216. See also note 41.
3. *London Chronicle*, 14–16 July 1757, 52. Burke’s general physiological approach to taste was, throughout the 1760s, broadly accepted—though, of course, rarely developed any further. See, for example, Alexander Gerard’s *Essay on Taste* (London, 1759) and Daniel Webb’s *Observations on the Correspondence Between Poetry and Music* (London, 1769).
4. Kant, *Critique*, 157–58.

5. See, for example, Terry Eagleton, "Aesthetics and Politics in Edmund Burke," *History Workshop* 28 (1989): 53–62 (59 and 62); F. P. Lock, *Edmund Burke, Volume I: 1730–1784* (Oxford, 1998), 93 and 121; and Thomas Weiskel, *The Romantic Sublime: Studies in the Structure and Psychology of Transcendence* (Baltimore, 1976), 88.
6. This paper is part of a broader inquiry that additionally includes the study of Burke's scientific methodology, his iconographies of neural solidism, his theory of contractility, and his multiple interactions with the physiological work of his father-in-law, Christopher Nugent. These connections reveal not only the hyperpromiscuous discursivity of Burke's aesthetics but also the structural role that medicine played in organizing both the narrative of the *Enquiry* and the special form of the Burkean theory of the sublime.
7. See "Introduction" in *The Sublime: A Reader in Eighteenth-Century Aesthetic Theory*, ed. Andrew Ashfield and Peter de Bolla (Cambridge, 1996), 6–7 and 16.
8. Jean-François Lyotard, "The Sublime and the Avant-Garde," *Artforum* 22 (1984): 36–43 (38). See also "Presenting the Unrepresentable," *Artforum* 20 (1982): 64–69.
9. Edmund Burke, *A Philosophical Enquiry into the Origin of Our Ideas of the Sublime and Beautiful and Other Pre-Revolutionary Writings*, ed. David Womersley (London, 1998), 85–88.
10. Frances Ferguson, *Solitude and the Sublime: Romanticism and the Aesthetics of Individuation* (New York, 1992), 46; and Tom Furniss, *Edmund Burke's Aesthetic Ideology: Language, Gender, and Political Economy in Revolution* (New York, 1993), 39; 25–34.
11. Burke, *Writings*, 50–53.
12. Burke's medical style celebrated some of Nugent's most "sublime" and equally maverick ideas on life, health, therapy, and physiological science. See Christopher Nugent, *An Essay on Hydrophobia* (London, 1753).
13. Burke's *Annual Register* published regular dispatches on Johann Joachim Winckelmann's antiquarian exploits as well as H. Fuseli's famous translation of Winckelmann's description of the *Torso Belvedere*. See, for example, *Annual Register* 8 (1765): 180–89. See also note 44.
14. J. J. Winckelmann, "Thoughts on the Imitation of the Painting and Sculpture of the Greeks," in *German Aesthetic and Literary Criticism: Winckelmann, Lessing, Hamann, Herder, Schiller, Goethe*, ed. H. B. Nisbet (Cambridge, 1985), 31–54 (42–45).
15. Roy Porter, "Pain and Suffering," in *Companion Encyclopedia of the History of Medicine*, ed. Roy Porter and W. F. Bynum, 2 vols. (London, 1993), 2:1574–91.
16. The history of the pioneering breakthroughs to which sensibility and pain contributed is long. For one of the fullest accounts, see Anne C. Vila, *Enlightenment and Pathology: Sensibility in the Literature and Medicine of Eighteenth-Century France* (Baltimore, 1992).
17. For the extensive and intimate communication between Burke and Richard Brocklesby, see *The Correspondence of Edmund Burke*, 10 vols. (Cambridge and Chicago, 1958–1978).
18. Richard Brocklesby, "An Account of Some Experiments on the Sensibility and Irritability of the Several Parts of the Animals," *Philosophical Transactions* 49 (1755–56): 240–45.
19. Theodore Brown, *The Mechanical Philosophy and the "Animal Economy"* (New York, 1981), 357.
20. Roselyne Rey, *The History of Pain*, trans. Louise Elliott Wallace, J. A. Cadden, and S. W. Cadden (Cambridge, Mass., 1995), 113.
21. Brocklesby, "Account," 245.
22. *Literary Magazine* 2 (1757): 186.

23. *Ibid.*, 183–88.
24. *Ibid.*, 183 and 185. Damien is the famous patricide from Michel Foucault's *Discipline and Punish* who had indeed been executed just two months before the first publication of the *Enquiry* in April 1757.
25. Andreas-Holger Maehle, "Literary Responses to Animal Experimentation in Seventeenth- and Eighteenth-Century Britain," *Medical History* 34 (1990): 27–51; and Anita Guerini, "The Ethics of Animal Experimentation in Seventeenth-Century England," *Journal of the History of Ideas* 50 (1989): 391–407.
26. William S. Curran, "Dr. Brocklesby of London (1722–1797): An Eighteenth Century Physician and Reformer," *Journal of the History of Medicine* 17 (1962): 509–21 (515).
27. Samuel Johnson, "Expeditors of Idlers" (5 Aug. 1758), in *The Idler and The Adventurer*, ed. W.J. Bate, John M. Bullitt, and L. F. Powell (New Haven, 1963), 55–56.
28. Johnson, "Expeditors," 56.
29. *Ibid.*, 56.
30. Samuel Johnson, "Review of a Free Enquiry into the Nature and Origin of Evil" (1757), in *Johnson: Prose and Poetry*, ed. Mona Wilson (London, 1969), 351–74.
31. *Ibid.*, 365–66.
32. Samuel Johnson, "Physical Evil Moral Good" (29 Dec. 1759), in *The Idler*, 275–78. See also *Annual Register* 3 (1760): 187–88.
33. *Ibid.*, 277. 34. *Ibid.*, 278.
35. Michel Foucault, "The Politics of Health in the Eighteenth Century," in *The Essential Works of Michel Foucault: Power*, ed. James D. Faubion, vol. 3 (London, 2000), 90–105.
36. Rey, *History*, 128–30 (130).
37. Quoted in *ibid.*, 115.
38. Emphasizing the supposed primacy of the salutary influence of pain on the survival and recovery of recent surgery patients, these ideologies viewed anesthesia as a dangerous interference. See Peter Stanley, "'The Rights of Pain': The Acceptance of Anaesthesia," in *For Fear of Pain: British Surgery, 1790–1850* (Amsterdam, 2003), 283–312.
39. Nugent's work, for example, contains similar aggressive techniques, but the vitalist conceptual framework that rendered these techniques so cohesive and influential had not yet come into existence. See Nugent, *Essay on Hydrophobia*, 172–76.
40. Genevieve Miller, "'Airs, Waters, and Places' in History," *Journal of the History of Medicine* 17 (1962): 129–40. For a broader but rather brief history of environmental ideologies, see Lucian Boia, *The Weather in the Imagination*, trans. Roger Leverdier (London, 2005).
41. Ludmilla Jordanova, "Earth Science and Environmental Medicine: the Synthesis of the Late Enlightenment," in Ludmilla Jordanova and Roy Porter, eds., *Images of the Earth* (Chalfont St. Giles, U. K., 1979), 119–46; and Roselyne Rey, "Vitalism, Disease, and Society," in *Medicine in the Enlightenment*, ed. Roy Porter (Amsterdam, 1995), 274–88.
42. See, for example, Robert Shackleton, "Climates and Causes," in *Montesquieu: A Critical Biography* (Oxford, 1961), 302–19; and Armin Hajman Koller, *The Abbé Du Bos: His Advocacy of the Theory of Climate* (Champaign, Ill., 1937).
43. The *Enquiry* cites Jean-Baptiste Du Bos (104). Apart from Galen, Hippocrates, and Montesquieu, Burke's library also contained the landmark publications in the field, including John Arbuthnot's pioneering essays *On Aliments, Diet and Air* (1731–33). See Deane, "Catalogue," 216, 186, and 210.
44. Edmund Burke, "Observations on the Influence of the Different Climates upon the

- Polite Arts,” *Annual Register* 8 (1765): 250–53. Burke here reviewed chap. 3, book 1 of Winckelmann’s *History of Ancient Art*.
45. See, for example, Nancy G. Siraisi, “History, Antiquarianism, and Medicine: The Case of Girolamo Mercuriale,” *Journal of the History of Ideas* 64 (2003): 231–51 (236–39 and 243–45); and Kenneth Dewhurst, *Dr. Thomas Sydenham (1624–1689): His Life and Original Writings* (London, 1966), 53–54. For George Cheyne, see note 62.
 46. [Joseph Addison], “On Labour and Exercise,” *The Spectator*, 12 July 1711, 164–65.
 47. [Joseph Addison], “On the Pleasures of the Imagination,” *The Spectator*, 21 June 1712, 594.
 48. Francis Fuller, *Medicina Gymnastica: or, a Treatise Concerning the Power of Exercise etc.* (London, 1705), 6–29 and 39.
 49. *Ibid.*, 7–8 and 26. 50. *Ibid.*, 26. 51. *Ibid.*, 32.
 52. *Ibid.*, 4. 53. *Ibid.*, 53. 54. *Ibid.*, 7.
 55. *Ibid.*, 36. 56. *Ibid.*, 55–56.
 57. Michel Foucault, *The Archaeology of Knowledge* (London, 1972), 178–95.
 58. Fuller, *Medicina*, 203–24 (222–23).
 59. Stephen Deuchar, *Sporting Art in Eighteenth-Century England: A Social and Political History* (New Haven, 1998), 40–53.
 60. G. S. Rousseau, “Science and the Discovery of the Imagination in Enlightened England,” *Eighteenth-Century Studies* 3 (Autumn 1969): 108–35.
 61. [Addison], “On the Pleasures of the Imagination,” 594. Closer to the time of the *Enquiry*’s publication, Alexander Gerard’s *Essay on Taste* (London, 1759) provides an indication of the way in which Addison’s perspective had been modernized. Gerard’s association of the sublime with vigorous exercise recurs throughout the book, but again the contexts of reason and reflection, moderation and restraint in which he understood the proper operation of aesthetic judgment throw the heterodox nature of Burke’s propositions into sharp relief.
 62. George Cheyne, *An Essay of Health and Long Life* (London, 1724), 152–59. See also George Cheyne, *The English Malady or a Treatise of Nervous Diseases of all Kinds* (1733) ed. Roy Porter (London, 1991), 181–83.
 63. Cheyne, *Essay*, 162–70; Cheyne, *English Malady*, 182; and John Wesley, *Primitive Physic* [1747] (London, 1785), iv, xii, xvi. Wesley’s book, which advocated personal management, a quiet mind, and prayer, was an attempt to promote this expensive polite medicine to workers and all those not wealthy enough to afford the private instruction of such fashionable physicians as Cheyne; it ran in several editions until 1840. In the year of his book’s publication Wesley also set up a free dispensary, which offered electric shock therapy.
 64. Richard Brocklesby, *Reflections on Antient and Modern Music* (London, 1749), 44.
 65. *Ibid.*, 71–72.
 66. The popularity and diverse ramifications of continental medical animism are clarified in *The Medical Enlightenment of the Eighteenth Century*, ed. Andrew Cunningham and Roger French (Cambridge, 1990). See esp. Andrew Cunningham, “Medicine to Calm the Mind: Boerhaave’s Medical System, and Why it was Adopted in Edinburgh,” 40–66. See also the essays of Roger French and Johanna Kordesch in the same volume.
 67. Winckelmann’s notebooks include extensive extracts copied from such polite writers as the third earl of Shaftesbury and Addison, natural historians and medical environmentalists like Buffon, Arbuthnot, Montesquieu, and Du Bos, and pioneering physiologists like Stephen Hales. See André Tibal, *Inventaire des Manuscrits de Winckelmann* (Paris, 1911), 104–7, 114–21, 149.

68. Winckelmann, "Thoughts on the Imitation," 32–39. See also chap. 3, book 1 of Winckelmann's *History of Ancient Art*, trans. G. Henry Lodge (London, 1850).
69. Winckelmann's medical references are especially frequent in books 4 and 5 of the *History of Ancient Art*. Jena was at the center of these debates between mechanists, vitalists, and animists. During his stay in Jena, Winckelmann later emphasized that "he had studied physics, medicine and anatomy with great application." His notebooks show how seriously he studied the work of leading figures of medical pietism like Boerhaave and Sauvages. See W. Leppmann, *Winckelmann* (London, 1971), 47–94, and Tibal, *Inventaire*, 114 and 141.
70. Anne Thomson, "Materialistic Theories of Mind and Brain," in *Between Leibniz, Newton, and Kant*, ed. W. Lefevre (Amsterdam, 2001), 149–73 (157–67).
71. Thomas Dixon, *From Passions to Emotions: The Creation of a Secular Psychological Category* (Cambridge, 2003), 62–134. Following the historical logic of Dixon's analysis of this shift, Burke's materialism did not, however, involve any clear break with existing theological parlance. See also Thomson, "Materialistic," 167–68. Indeed, in the *Enquiry* natural religion maintained a strongly parallel but methodologically marginalized existence (98–100, 142–43). For the discussions of natural religion in Burke's time, see Isabel Rivers, "'Galen's Muscles': Wilkins, Hume, and the Educational Use of the Argument from Design," *The Historical Journal* 36 (1993): 577–97.
72. Foucault has explained the concepts of bio-politics and bio-power on many occasions. See, for example, Michel Foucault, *The History of Sexuality: The Will to Knowledge* (Harmondsworth, 1990), 73–80 and 141–43; "The Birth of Social Medicine," in *The Essential Works of Michel Foucault: Power*, 134–56; and "The Birth of Bio-politics," in *The Essential Works of Michel Foucault: Ethics, Subjectivity, and Truth*, ed. Paul Rabinow (London, 2000), 2:73–80.
73. *Literary Magazine* 2 (1757): 186.
74. *Critical Review* 3 April 1757, 361–64. For the traditional connotations of the sublime in the period before Burke's crucial modifications, see Samuel H. Monk, *The Sublime: A Study of Critical Theories in XVIII-Century England* (New York, 1935).
75. Fuller, *Medicina*, 30.
76. *Ibid.*, 224.
77. See, for example, *ibid.*, 30–31 and 130–33, and Cheyne, *Essay*, 96.
78. Cheyne, *Essay*, 152–59.
79. Cheyne, *English Malady*, 181–82 and Brocklesby, *Reflections*, 70.
80. Roy Porter, "Introduction," in Cheyne, *English Malady*, xxxiii.
81. Brocklesby, *Reflections*, 70–71.
82. Cheyne, *English Malady*, 158 and 174.
83. *Ibid.*, 158–61.
84. Furniss, *Aesthetic Ideology*, 41–67.
85. David H. Solkin, "Joseph Wright of Derby and the Sublime Art of Labor," *Representations* 83 (Summer 2003): 167–91.
86. For Solkin's discussion of the notion of luxury in contemporary polite literature, see *ibid.*, 182–85.
87. *Ibid.*, 183. 88. *Ibid.*, 184.
89. W. F. Bynum, "Cullen and the Nervous System," in A. Doig, J. P. S. Ferguson, I. A. Milne, and R. Passmore, eds., *William Cullen and the Eighteenth Century Medical World* (Edinburgh, 1993), 152–62.
90. Terry Eagleton, *The Ideology of the Aesthetic* (London, 1990), 56–57.
91. Eagleton's schemes are also perfectly designed to apply to later and even further mod-

- ernized manifestations of this polite aesthetic. See, for example, Henry Home and Lord Kames, *The Elements of Criticism* (1762), 6th ed., 3 vols. (Edinburgh, 1885), "Introduction," 1–15.
92. Furniss, *Aesthetic Ideology*, 33; see also 21, 24, and 34.
 93. Roy Porter quoted in *ibid.*, 45.
 94. *Brunonianism in Britain and Europe*, ed. W. F. Bynum and Roy Porter (London, 1988).
 95. John Brown, *Observations on the Principles of the Old System of Physic* (Edinburgh, 1787). For the relations between Brunonianism, the French Revolution, and political agitation, see previous note as well as Georges Canguilhem, "John Brown's System: An Example of Medical Ideology," in *Ideology and Rationality in the History of the Life Sciences*, trans. Arthur Goldhammer (Cambridge, Mass., 1988), 41–50.
 96. Furniss, *Aesthetic Ideology*, 59.
 97. *Ibid.*, 66.
 98. For a rather more enclosed interpretation of the ideology of the sublime, see *ibid.*, 17–88.
 99. Ferguson, *Solitude*, 37 and 48.
 100. Michel Serres and Bruno Latour, *Conversations on Science, Culture, and Time*, trans. Roxanne Lapidus (Ann Arbor, 1995), 60 and 57–62.
 101. Wolfgang Iser, "The Resurgence of the Aesthetic," *Comparative Critical Studies* 1 (2004): 1–15.
 102. *Ibid.*, 13. 103. *Ibid.*, 12–14.
 104. *Ibid.*, 12. 105. *Ibid.*
 106. Foucault, "Birth," 137.
 107. Iser sweepingly criticized the traditional divisions between "ideology" and "aesthetics," but he also thought (more implausibly) that aesthetics was a comparable anathema to recent perceptions of "politics." See *ibid.*, 14–15.
 108. *Ibid.*, 14. 109. *Ibid.*, 15.
 110. Eagleton, "Aesthetics and Politics in Edmund Burke," 53.
 111. Some of the social aspects of Burke's sublime are extensively analyzed in Vanessa L. Ryan, "The Physiological Sublime: Burke's Critique of Reason," *Journal of the History of Ideas* 62 (2001): 265–79 (277–79).
 112. *Ibid.*, 279. 113. *Ibid.*, 277–78.
 114. Smith's relation to contemporary medicine is adeptly mapped in Catherine Packham, "The Physiology of Political Economy: Vitalism and Adam Smith's Wealth of Nations," *Journal of the History of Ideas* 63 (2002): 465–81 (467–68).