

Distribution Agreement

In presenting this thesis as a partial fulfillment of the requirements for a degree from Emory University, I hereby grant to Emory University and its agents the non-exclusive license to archive, make accessible, and display my thesis in whole or in part in all forms of media, now or hereafter now, including display on the World Wide Web. I understand that I may select some access restrictions as part of the online submission of this thesis. I retain all ownership rights to the copyright of the thesis. I also retain the right to use in future works (such as articles or books) all or part of this thesis.

Jasmine Ko

April 12, 2015

John Keats and the Diagnostic Imagination:
Questions of Suspended Immortality and Sensual Immorality

by

Jasmine E. Ko

Walter L. Reed
Adviser

Department of English

Dr. Walter Reed
Adviser

Dr. Peter Brown
Committee Member

Dr. Erwin Rosinberg
Committee Member

2015

John Keats and the Diagnostic Imagination:
Questions of Suspended Immortality and Sensual Immorality

By

Jasmine E. Ko

Dr. Walter Reed

Adviser

An abstract of
a thesis submitted to the Faculty of Emory College of Arts and Sciences
of Emory University in partial fulfillment
of the requirements of the degree of
Bachelor of Arts with Honors

Department of English

2015

Abstract

John Keats and the Diagnostic Imagination:
Questions of Suspended Immortality and Sensual Immorality
By Jasmine E. Ko

Though other critical studies exist on the influences of science and medicine on the works of John Keats, I propose that these influences work specifically through the agency of Keats' distinctly literary "diagnostic imagination." Keats was certainly predisposed to science by his education as a medical professional, but we must ultimately respect his decision to turn away from the medical field and enter the literary world of poetry.

This thesis works to identify aspects of Keats' biography and medical education that influenced his conception of life and poetry, ultimately creating a term that I call Keats' diagnostic imagination. By describing the framework of a diagnostic imagination, I strive to incorporate Keats' medical and scientific reasoning into an approach to interpretation that can be applied to many of his works.

Specifically, this work will look at the idea of suspended immortality and sensual immorality. Questions of immortality are one aspect of cognitive dissonance that Keats explores with his diagnostic imagination—his imagination sought to remedy the concept of an inevitable death. Keats represents inevitable death through scientific themes of meteorology, through which he depicts the "third physical state" where one is in autumn and confronted with the excess of the harvest amidst the looming of winter's death. This state suspends life for a brief period of time, but is a dream-like place devoid of senses. The questions of sensual immorality, therefore, are an attempt to reach the satisfaction of beauty and truth through exploring the intimate connections between mental consciousness and physical bodily senses.

What is Keats' diagnostic imagination's ultimate diagnosis? Cognitive functions such as the imagination must be intimately experienced together with physical senses in order to carefully and gradually unravel a true discernment of beauty and truth.

John Keats and the Diagnostic Imagination:
Questions of Suspended Immortality and Sensual Immorality

By

Jasmine E. Ko

Dr. Walter Reed

Adviser

A thesis submitted to the Faculty of Emory College of Arts and Sciences
of Emory University in partial fulfillment
of the requirements of the degree of
Bachelor of Arts with Honors

Department of English

2015

Acknowledgements

Reflecting back upon the path that has brought me to this point in my life fills me with an immense sense of humility and gratitude. I am incredibly thankful for the opportunity to have studied at Emory University, where the environment of scholarly inquiry has motivated me to grow in my academic endeavors.

I remain entirely indebted to the careful guidance of my professors, who have been an unfailing source of both patience and intellect during my time at Emory. I would like to thank one of my English professors, Dr. Erwin Rosinberg, who has provided me with invaluable tools to approach the study of literature. Dr. Rosinberg consistently challenges his students to expand the boundaries of their thinking, and I am grateful for his insistence on cultivating successful English students. Additionally, I would like to thank Dr. Peter Brown, who dependably served as my mentor during my time at Emory. His dedication to the classroom, as well as to the welfare of the global community, has encouraged and inspired me throughout my college education. Lastly, I am incredibly grateful for the careful guidance of my thesis advisor, Dr. Walter Reed. His exceptional literary intellect has truly transformed into a passion for teaching in the classroom, and I owe my continued interest in Romanticism to his enthusiastic instruction. This thesis would not have been possible without his dedication to his students and his mind's unending fountain of information.

Finally, I would like to thank my family—my parents, my sisters Jane and Julie, my brother-in-law Ethan, and my grandparents—who have been nothing short of supportive during my four years here at Emory. They are truly the reason I am sitting here writing this thesis. I want to acknowledge two of my roommates who similarly endured the difficulties of writing a thesis—Julia and Hannah—but were always willing to let me “theese” my ideas to them late at

night. I want to thank my best friend Daniel, who has been unfailing in his encouragement throughout my four years at Emory. Last, but certainly not least, I would like to thank Ben, who endured countless days of my dysfunctional thesis mind and still chose to support me in my academic adventure through his patience and understanding (and of course by providing coffee). I dedicate this work to the unending support of all of these people, without whom none of this would have been possible.

Table of Contents

INTRODUCTION	1
1- JOHN KEATS: A BRIEF BACKGROUND OF THE “POET-PHYSICIAN”	3
INTRODUCTION AND EARLY LIFE	3
APPRENTICESHIP AND TRAINING	5
TRANSITION TO POETRY, CRITICISMS	6
CONCLUSIONS	8
2- THE DIAGNOSTIC IMAGINATION	10
THE DIAGNOSTIC IMAGINATION	10
POETRY	17
3- METEOROLOGY AND HUMAN HEALTH	22
THE CONCENTRATION ON WEATHER	22
THE THIRD STATE IN PHYSICAL ORGANIZATION	27
POETRY	28
CONCLUSIONS	37
4- SENSES ARE THE KEY TO TRUTH	38
CONCLUSION	46
REFERENCES	50

Introduction

In a *New York Times* article entitled “The Doctor as Poet,” author Pauline W. Chen, M.D. writes that, “... reading or writing poetry required skills not that dissimilar from those employed in daily clinical work — an ability to connect emotionally with the subject, as well as careful attention to rhythm, whether it was in the form of verse or heartbeats and breathing.” The same skills associated with a successful poet carry into the clinic of a hospital, as a physician seeks to maintain and understand the message of his patient’s body. Though the distance between the disciplines of medicine and literature may feel great, a closer examination of their relationship yields a special understanding of what it means to tell the story of people. What is the physician’s job but to understand and treat the story of a patient’s health? Every manner in which the body acts is like a line written in a book, ready to be read and understood. A great poet would never say outright, “Here, this is the main point of my poem.” He would instead provide a work laced with hidden meaning and thoughtful choices, in hopes of the reader uncovering this conclusion himself. In the clinic, symptoms of chronic stress, poor nutrition, and genetic disorders create a fingerprint on our bodies that can similarly be gradually uncovered to tell the story of our lives.

As we focus in on this relationship between literature and medicine, specifically in the works of Romantic Poet John Keats, we can get a greater understanding not only of the influence of medical thinking on literature, but also of Romanticism as a whole. In the chapter “Medicine” from *A Handbook of Romanticism Studies*, the authors argue that:

The larger point is that professional medicine and its related sciences had by the beginning of the nineteenth century become such ubiquitous aspects of the day-to-day lives of people in Britain and across Western Europe that we must have at least some basic understanding of what Romantic Medicine might have looked like if we are to

begin to have a more nuanced understanding of the period and its literature (Faflak and Wright 377).

As this thesis approaches the life and works of John Keats, the Romantic apothecary, I hope to bring a fresh understanding of his poetic works and a greater understanding of Romanticism as it relates to the “day-to-day lives of people in Britain and across Western Europe” (Wright 377).

Though a number of critical studies examine the relationship between Keats’ medical education and his poetry, this thesis brings to light a different way to interpret Keats’ well-studied works. The influences of science and medicine work to create a term that I call Keats’ “diagnostic imagination.” This diagnostic imagination draws from the fountains of his scientific knowledge, but is distinctively literary in its function. Further, by elucidating the framework of his diagnostic imagination, I strive to incorporate Keats’ medical and scientific reasoning into a distinctive kind of poetic vision that can be traced throughout his works.

Chapter 1

John Keats: A Brief Biography of the “Poet-Physician”

Introduction and Early Life

John Keats lived a short life of 25 years, but accomplished more in his last few years alive than most achieve in a lifetime. Although initially pursuing a career in medicine, he departed from the medical field, driven to write poetry—a bold decision that considerably influenced English literature and Romanticism. This transformation may seem drastic and unexpected, but drastic and unexpected moments were in fact quite characteristic of Keats’ life. He lost his father when he was eight years old and his mother when he was 15. His family life was unstable and tragic; his mother remarried, lost their money, and abandoned her children. She eventually returned, but when she came back, she became deathly ill with consumption.

At an early age, Keats turned to literature, reading and writing with great intelligence for a boy in the lower classes. He formed a close mentor relationship with a man named John Clarke, the headmaster of Enfield, which was the boy’s academy that Keats attended. Although Keats did in fact receive a strong liberal arts education, he was privileged to attend an academy that additionally focused on science. Goellnicht explains in his book *The Poet-Physician* that Clarke’s school taught, “the rudiments of science—astronomy, geology, botany probably, possibly a little physics” (Goellnicht 12). Keats was fond of literature and the arts at this time, but his talent for science was undeniable. The two prizes that Keats won at Enfield were for “Introduction to Astronomy” and Kauffman’s *Dictionary of Merchandize*, which “deals extensively with minerals and other commodities of chemical origin” (Goellnicht 12).

Keats successfully graduated from Enfield at the age of fourteen and proceeded to enter into a medical apprenticeship with Thomas Hammond. The motivation for his decision to enter

medicine remains unclear—some biographers assume that Richard Abbey, Keats’ guardian once his mother passed away, forced him into the apprenticeship. However, through my exploration of the life of Keats, I find it far more likely that he decided to enter into the medical field because he was drawn to help the underserved, vulnerable members of society. A Keats biographer named Hewlett suggests that:

It seems... unlikely that a boy of Keats’ spirit would submit tamely to enter a profession he hated... it seems probable that Keats had a genuine wish to become a doctor, and that it was not until he knew himself to be a poet that he decided to abandon the profession (Goellnicht 14).

Rather than being coerced into the field of medicine, it seems as if his decision was a voluntary choice. Further, his decision to study medicine was made right after he lost his mother to pulmonary tuberculosis, known as “consumption” to the Romantics. Keats did not idly stand by while his mother suffered through the disease, but rather constantly aided her at her bedside (as he would years later repeat when his brother Tom died of tuberculosis). He was determined and faithful; after he became convinced that the medicine prescribed to his mother could save her life (albeit erroneously), he “...reserved the right of administering them for himself only. He cooked her meals, sat up nursing her at night, and read novels to her. His efforts were to no avail, however, and in March 1810 she died” (Goellnicht 15). Keats’ mother passed away around Christmas time, and by the summer of that following year, Keats decided to enter into the apothecary apprenticeship. The heartbreaking image of a devastated, young John Keats, coupled with the soon thereafter decision to become an apothecary, leads me to believe that he voluntarily entered the medical field, motivated to use his scientific abilities to heal the sick, as he was unable to save his mother.

Apprenticeship and Training

Keats completed his five-year apprenticeship to the surgeon-apothecary Thomas Hammond of Edmonton on October 1, 1815. At this time period in England, there were three classes of medical professionals: physicians, surgeons, and apothecaries.

Only those who graduated in theoretical medicine from Oxford, Cambridge, and Edinburgh possessed the official title of “Physician,” and, from 1800, only those licensed by the Royal College of Surgeons carried the title of “Surgeon”... Apothecaries like Keats, especially those with the additional training in physiology and clinical practice required of them by the Apothecaries Act of 1815 (and the poet was a member of the first class affected by the act’s passage), were in fact the physicians who doctored England (De Almeida 25, 1991).

Keats belonged to this third class—the apothecaries. Just shy of 20 years old, Keats went on to register at Guy’s Hospital in London for a twelve-month period of training as an apothecary. An important distinction to note is that apothecaries were not only different from physicians in terms of rank and schooling, but also in the type of work in which they engaged. Examining Percival’s 1704-1804 textbook *Medical Ethics* provides us with some insight into the differences between these two specific groups of medical professionals.

In the Eighteenth Century three groups of medical practitioners were found in England: physicians, surgeons, and apothecaries. Quite an elaborate system of etiquette existed between the groups, and there was considerable professional jealousy, leading inevitably to friction... The apothecaries were the physicians to the poor and for the rural districts. With a five-year apprenticeship, their training was fair, and in fact they were the ones who were first called in sickness, and who were supposed to take care of routine chronic cases (Percival 29).

Apothecaries such as Keats were the physicians for the middle-class and the poor. Though he was not considered an “elite” medical professional, he excelled in his first year, as noted by Goellnicht in *The Poet-Physician*.

The concrete evidence to which I refer as proof of Keats’ interest and success in his medical studies consists of two facts: in late October 1815 Keats was appointed a dresser at Guy’s, the first member of his class to be so honoured; and on 25 July 1816 he passed the examination to become a licentiate of the Society of Apothecaries (Goellnicht 36).

Keats' appointment as the first dresser in his class supports the argument that he was not only strongly invested in medicine in his first year at Guy's, but he was also quite talented. He surpassed his classmates and had a real chance of serving as a successful medical professional.

It must have come as a shock, therefore, when Keats began dreaming about giving up his career in medicine and entering into the world of poetry. According to Henry Stephens, Keats' roommate starting from January of 1816, "Poetry was to his [Keats'] mind the zenith of all his Aspirations—the only thing worthy the attention of superior minds" (Goellnicht 34). At the end of the academic term in 1816, Keats informed Clarke, his mentor from Enfield, that he was seriously entertaining the idea of leaving the medical field. According to Clarke, during this time period:

His [Keats'] thoughts were far away—in the land of Faery. He was with "the lovely Una in a leafy nook"; or with "old Archimango leaning o'er his book." He said to me that a ray of sun-light came across the lecture-room, and he peopled it with the "gay beings of the element," glancing to and fro like the angels in Jacob's dream (Goellnicht 35).

Transition to Poetry, Criticisms

The last five years of Keats' life produced the majority of his published works, although he did begin writing poetry during his medical career. These sudden bursts of poetry were met with much criticism from the literary world around him. Despite the cruel and patronizing reception he received from the literary critics of his time, Keats remained resilient. This resiliency is something to be noted, especially when reading some of the harsh criticisms to which he was subjected. In a famous *Quarterly* review of one of Keats' first poems, "Endymion," John Wilson Croker writes:

It is not that Mr. Keats, (if that be his real name, for we almost doubt that any man in his senses would put his real name to such a rhapsody,) it is not, we say, that the author has not powers of language, rays of fancy, and gleams of genius — he has all these; but he is

unhappily a disciple of the new school of what has been somewhere called Cockney poetry; which may be defined to consist of the most incongruous ideas in the most uncouth language (Croker 1818).

Similarly, in *Blackwood's Edinburgh Magazine*, Keats is ridiculed by John Gibson Lockhart:

We venture to make one small prophecy, that his bookseller will not a second time venture 50 quid upon any thing he can write. It is a better and a wiser thing to be a starved apothecary than a starved poet; so back to the shop Mr. John, back to “plasters, pills, and ointment boxes,” &c. But, for Heaven’s sake, young Sangrado, be a little more sparing of extenuatives and soporifics in your practice than you have been in your poetry (Lockhart 1818).

These scathing remarks were not only given by critics, but were also given by Keats’ contemporary poets, such as Lord Byron, who upon Keats’ death wrote the poem “John Keats,” joking that Keats was killed by his harsh reviews.

Who killed John Keats?
 “I,” says the Quarterly,
 So savage and Tartarly;
 “‘Twas one of my feats.”
 Who shot the arrow?
 “The poet-priest Milman
 (So ready to kill man),
 Or Southey or Barrow.”

Although these reviews affected Keats, he handled the blows with great grace. He maturely addresses his criticisms, writing in a letter to his editor,

...no external praise can give me such a glow as my own solitary re-perception and ratification of what is fine... Had I been nervous about its being a perfect piece, and with that view asked advice, and trembled over every page, it would not have been written; for it is not in my nature to fumble—I will write independently.—I have written independently *without Judgment*. I may write independently, and *with Judgment*, hereafter. The Genius of Poetry must work out its own salvation in a man: It cannot be matured by law and precept, but by sensation and watchfulness in itself—That which is creative must create itself—...I was never afraid of failure; for I would sooner fail than not be among the greatest... (Letters 168).

Conclusions

Keats was “never afraid of failure” because he would have rather failed than not be regarded among the greatest poets. And greatness he did achieve. Despite being badgered into returning to the apothecary shop and being ridiculed as a member of the “Cockney School” of poets, Keats persevered and produced brilliant works that are studied extensively to this day. His education at Enfield, tragedy with his mother’s death, apprenticeship with Hammond, and time at Guy’s Hospital in London shaped Keats as a medical professional, but also shaped him into the great Romantic poet that he knew he was destined to be. Ultimately, Keats is poetry’s prodigal son. Through his life experiences, he found himself “strayed into the country of medicine” (Scarlett 75), but “as he became conscious of his powers, [he] returned to his own land where he received the goodly inheritance of immortality” (Scarlett 75).

Medical practice was never distasteful to him; he never showed for it the dislike with which so many geniuses have regarded the more work-a-day vocations. To him it was like sojourning in a far country. So (if we may correct the expression of a writer previously quoted), Keats, rather than being the prodigal son of medicine, was born to Poetry and as a lad with a sort of uneasy wonder strayed into the country of medicine, but as he became conscious of his powers returned to his own land where he received the goodly inheritance of immortality. His chief in medicine, Sir Astley Cooper, is still remembered by physicians; Keats is known to the world (Scarlett 75-76).

Keats’ earliest efforts in poetry serve as a proclamation of his ambition to step away from medicine and delve into his artistic passions. Both “On First Looking into Chapman’s Homer” and “Sleep and Poetry,” written in 1816 and 1817, respectively, illustrate his intention to move away from the medical field and become a poet. His great plan to understand the written genius of writers such as Shakespeare and Milton outlined in “Sleep and Poetry” ultimately indicates his vocational passion of “O Poesy! for thee I hold my pen” (“Sleep and Poetry,” 47).

By studying various scientific and medical aspects of Keats’ education and tracing these influences through some of his poetry, I hope to offer a new way to interpret the well-studied

works of the poet who is “known to the world” (Scarlett 76). In *The Poet-Physician*, Goellnicht claims that if we do not understand and fully comprehend everything inside the medical books that Keats studied, we “will miss an important aspect of Keats’ intellectual ‘milieu,’” (10) as “Keats’ medical knowledge was indeed one of the fountains that flowed into the river of his poetic mind” (7). While understanding that Keats’ milieu indeed influences his poetry, I argue for an understanding of this scientific influence beyond Goellnicht’s and other critics’ interpretations, which focus heavily on claiming a direct cause-and-effect relationship between science and Keats’ works. Alternatively, I propose that Keats’ scientific background aided him in creating a “diagnostic imagination” that was distinctively literary in its quest for beauty and truth, but inevitably drawn from the fountains of science’s senses.

Chapter 2

The Diagnostic Imagination

A physician seeks biological markers and signs to reach a conclusion on his patient's ailment. Tools of diagnostics are firmly regimented in scientific practices, such that physicians can be described as "diagnosticians." According to the *Medscape* medical journal, a great physician is one who, "when confronted with a patient whose condition doesn't seem to have an obvious diagnosis, suspects what the disease or ailment might be or can point testing in the right direction. Or who recognizes potential signs of an uncommon disease that many doctors have never seen and don't think of. It's the doctor who simultaneously thinks of both horses and zebras" (Yasgur 2013).

As previously discussed, Keats was trained as an apothecary. His specific position as an apothecary in this time period suggests that he was an exceptionally skilled diagnostician. De Almeida argues in her book *Romantic Medicine and John Keats* that, "The apothecary invariably had more diagnostic knowledge than the physician of rank called in to consult on a given case" (25, 1991). De Almeida further explains that we can review "the textbooks on the subject by Babington, Curry, and Cholmeley, and know that they included both current theoretical medicine (along with the history of these ideas) and practical instruction in diagnosis and semiotics as developed and advanced in the London clinic of the time" (25, 1991). As Keats both learned from and was tested on these texts, we can draw the conclusion that he was in fact skilled in the 19th century method of diagnosing. Furthermore, Keats' five-year apprenticeship with Hammond supports the claim that he "already had the requisite training in surgery, diagnosis, and prescription" (De Almeida 25, 1991) before he went to London to study at Guy's Hospital.

A special focus on the internal was a crucial aspect of Keats' diagnostics training. According to the textbook *The Evolution of Medicine in the Nineteenth Century*, "the apothecaries were defined as 'persons who attend an individual afflicted with some internal disease, not requiring external or manual aid, who prescribe for the care of such complaints and supply the medicine'" (Newman 22). Diagnostic techniques in the Romantic era were quite different from the techniques of medicine today. Romantic apothecaries placed the crux of diagnosis on the thoughts of the patient (i.e. how the patient *thought* he or she was feeling), rather than on the results of laboratory tests.

Medicine in 1800, both in practice and in education for practice, was essentially the consideration of symptoms and the application of a complex pharmacopoeia by skilled thought... The difference between their habits of thinking and teaching and our own habits was the attitude of mind. They were interested in symptoms: *they knew a certain amount about physical signs, but they neither organized nor stressed their knowledge*; no student in an examination in those days would have had the signs of an aneurysm in the forefront of his mind, any more than a modern student would have the symptoms in the forefront of *his* mind. *The important thing then was what the patient thought about it*: the important thing became later what the found, and today may even be, rather, what someone else reports from the laboratory (Newman 29-30).

While surgeons in this time period "looked at the face, felt the pulse, looked at the tongue and urine, and gathered from them, as well as from the symptoms, a great deal of information" (Newman 30), apothecaries thought that "all these physical appearances were trivial as indices of diagnostic significance, in comparison with the patient's description of the symptoms" (Newman 31). In short, apothecaries relied on probing the internal thoughts of their patients through a verbal relationship, rather than stressing an interpretation of physical symptoms.

Romantic diagnosis, therefore, embraces the more hidden nature of disease. This particular emphasis came about because of a shift and change in the scientific community in the 1770s. Students of medicine were encouraged by physicians such as Astley Cooper and John Hunter to believe that "any understanding of life forces can only be partial and limited" (De

Almeida 145, 1990). Rather than permitting erroneous or grandiose claims, science required any proposal to recognize that things can only be revealed gradually. Specifically, “scientists like Joseph Priestley were claiming that advances in chemistry and related fields could be made only through rigorous empirical research” (De Almeida 145, 1990). Applying these scientific ideals to diagnostics, the process consequently became the art of listening to the response of the patient, maintaining an open mind, and recognizing that the diagnosis can only be uncovered gradually and partially. Figures such as the famed Italian art critic Giovanni Morelli, who was also trained in medicine, similarly inspired this method of diagnosis. Sigmund Freud claims that his process of psychoanalysis drew from these ideas, writing:

I was then greatly interested to learn that the Russian pseudonym concealed the identity of an Italian physician called Morelli, who died in 1891. It seems to me that his method of inquiry is closely related to the technique of psychoanalysis. It, too, is accustomed to divine secret and concealed things from despised or unnoticed features, from the rubbish-heap, as it were, of our observations (Ginzburg 10).

According to Carlo Ginzburg in his article “Morelli, Freud and Sherlock Holmes: Clues and Scientific Method,” there was a peculiar similarity between Sigmund Freud, Sherlock Holmes, and Giovanni Morelli. He writes, “in all three cases tiny details provide the key to a deeper reality, inaccessible by other methods” (Ginzburg 11). By tracing the influences of all three of these figures, Ginzburg realizes that the way to “explain the triple analogy” (12) is “obvious” (12). He proposes,

Freud was a doctor; Morelli had a degree in medicine; Conan Doyle had been a doctor before settling down to write. In all three cases we can invoke the model of *medical semiotics* or symptomology—the discipline which permits diagnosis, though the disease cannot be directly observed, on the basis of superficial symptoms or signs, often irrelevant to the eye of the layman... Towards the end of the 19th century (more precisely, in the decade 1870-80), this “semiotic” approach, a paradigm or model based on the interpretation of clues, had become increasingly influential in the field of human sciences (Ginzburg 12).

In a similar vein, Keats expressed disdain for poetry that “end[ed] in speculation” (Letters 184). This contempt influenced his conception of diagnosis and ultimately led him to coin the term “negative capability”—a model that countered the “egotistical sublime” of other Romantic poets such as William Wordsworth. For Keats, a writer who embodies negative capability is like a “chameleon poet.” In his October 27, 1818 letter to Richard Woodhouse, Keats writes,

As to the poetical Character itself (I mean that sort, of which, if I am anything, I am a member; that sort distinguished from the Wordsworthian, or *egotistical Sublime*; which is a thing per se, and stands alone,) it is not itself—it has no self—It is everything and nothing—It has no character—it enjoys light and shade; it lives in gusto, be it foul or fair, high or low, rich or poor, mean or elevated—It has as much delight in conceiving an Iago as an Imogen. What shocks the virtuous philosopher delights the chameleon poet. It does no harm from its relish of the dark side of things, any more than from its taste for the bright one, because they both end in speculation (Letters 184).

According to Keats, “a Poet is the most unpoetical of any thing in existence, because he has no Identity” (Letters 184) and is capable of embracing uncertainties. He claims that Shakespeare achieved this sort of chameleon nature, but that Wordsworth and Coleridge were too confined within their own particular identity to comprehend that a poet should strive for negative capability. He explains this concept of negative capability in an 1817 letter to his brother, Tom Keats:

I had not a dispute, but a disquisition, with Dilke upon various subjects; several things dove-tailed in my mind, and at once it struck me what quality went to form a Man of Achievement, especially in Literature, and which Shakspeare [sic] possessed so enormously—I mean Negative Capability, that is, when a man is capable of being in uncertainties, mysteries, doubts, without any irritable reaching after fact and reason. Coleridge, for instance, would let go by a fine isolated verisimilitude caught from the Penetrarium of mystery, from being incapable of remaining content with half-knowledge. This pursued through volumes would perhaps take us no further than this, that with a great poet the sense of Beauty overcomes every other consideration, or rather obliterates all consideration (Letters 48).

Keats’ creative ideal of negative capability shows clear parallels with the role that a medical professional must play. The “chameleon” nature of the poet mimics the manner in which a

medical professional must act. In a beautifully written article called “Narrative Medicine and Negative Capability,” author and physician Terence E. Holt explains how his experience as a doctor embodies Keats’ concept of negative capability. Dr. Holt recalls a memory in which he took care of patient in the ICU for eleven days—the patient was now in the last hour before his death. Reflecting on the moment when he was leaned up against the door outside his patient’s room, Holt writes, “When I was holding up that wall in the ICU, reviewing my to-do list and crying my eyes red, I knew exactly what was going on. Psychiatrists call it “splitting,” and it is a well-known defense mechanism. I was splitting” (Holt 329). Holt’s description of splitting echoes the sort of poet that Keats is describing, as Holt explains, “As a resident, I had to think about my other cases, my own duties, the burden of which I wished to have lifted for that day. As a human being, I also had to cry because of the shared human tragedy of mortality in that room... I was there, both personally and impersonally, as doctor and fellow creature” (Holt 329). Holt directly relates this fluidity in identity to Keats’ concept of negative capability. In the article, he argues that similar to the constitutions of literary sensibility that Keats describes through negative capability, he too aims for the “capacity to entertain a schism” (Holt 330) in his identity as a physician:

If there was anything particular about my performance at that moment, it was simply that I was demonstrating the benefit of my training. Not as a doctor, but as a reader. As that celebrated doctor John Keats observed long ago, what constitutes the literary sensibility is precisely the capacity to entertain a schism within one’s identity, a quality he called “negative capability.” If I was able to do my job fully that day, and also still somehow try to stay human and connected, I have to thank Keats as much as Hippocrates, and the people who taught me how to read Keats, probably, more than the ones who taught me to read an EKG. In entertaining two seemingly opposed responses— to pity and to duty, to death and to lunch—*I was experiencing a fragmentation of the self*. It is precisely this experience that unites the worlds of medicine and art—or could, if medicine were to recognize it through the terms Keats made available two centuries ago (Holt 330).

Ultimately, understanding Keats' position as an apothecary skilled in the art of diagnostics helps us piece together how these associations manifest through his poetry. Influences of these scientific tenets and practices are found throughout his poetry, working to create what I call Keats' "diagnostic imagination." First, his "lower" position as an apothecary demonstrates that his diagnostic imagination sees the function of poetry as a benefit for the common man and the poorer population—"while the physicians were looking after themselves and the wealthy, the care of the lower and middle classes, and the teaching of clinical medicine, were left to the surgeons and apothecaries of the nation" (Goellnicht 18). As a consequence, his view of the poet does not demand an elevated status, but rather indicates that he possesses an "ethical imagination" (De Almeida 3, 1990) that believed the poet "had to function out of an informed commitment to the welfare of the human community" (De Almeida 2, 1990). Poetry, for Keats, is not something that he does out of duty as the "unacknowledged legislator of the world" as his Romantic colleague Percy Shelley writes in *A Defence of Poetry*, but rather is a form of medicine and relief for the common man—as he describes it in his poem "Sleep and Poetry"—"Of poesy, that it should be a friend/To sooth the cares, and lift the thoughts of man" (246-247). Keats argues against didactic or elevated methods of writing poetry, claiming, "We hate poetry that has a palpable design upon us, and, if we do not agree, seems to put its hand into its breeches pocket. Poetry should be great and unobtrusive, a thing which enters into one's soul, and does not startle it or amaze it with itself—but with its subject" (Letters 68). In this way, Keats' diagnostic imagination is quite sympathetic. This sympathy aids Keats in bringing even smaller objects, like bits of gravel and a sparrow, to life—he writes in a letter that "if a Sparrow come before my Window, I take part in its existence and pick about the gravel" (Letters 43).

Secondly, Keats' approach to diagnostics illustrates that rather than relying on physical signs, he was focused on the more mysterious internal workings of his patients' descriptions of their symptoms. The internal focus, coupled with a scientific education that urged its academics to embrace "limited explanations that can be uncovered only gradually" (De Almeida 145, 1990), shaped how he approached large concepts, such as life and death, in his poetry. Keats' diagnostic imagination refuses to claim absolute knowledge; it recognizes that ideas can only encompass a partial and limited understanding. While other Romantic poets were quick to propose an answer to life's questions, Keats was far more careful with making bold assertions. As stated before, a skilled diagnostician is one who "simultaneously thinks of both horses and zebras" (Yasgur 2013). Keats' diagnostic imagination does not assert any conclusions, but keeps an open, inquisitive idea of both horses and zebras in his line of inquiry. Ginzburg explains, "Nobody learns how to be a connoisseur or a diagnostician simply by applying the rules. With this kind of knowledge there are factors in play which cannot be measured: a whiff, a glance, an intuition" (28). Similarly, Keats embraced the idea that "reality is opaque; but there are certain points—clues, signs—which allow us to decipher it" (Ginzburg 27).

My concept of the "diagnostic imagination" is in summary defined by the following:

- appeal to the common man
 - lack of identity, negative capability
 - sympathetic imagination
 - soothing, medicinal quality
 - sense of wonder
 - embracing of limited, gradual understandings
-

Poetry

To understand how Keats' diagnostic imagination works within his writing, we will examine how his imagination functions in the poems "Ode on a Grecian Urn" and "On First Looking into Chapman's Homer."

"Ode on a Grecian Urn," a poem included in Keats' famous *1819 Odes* collection, explores the speaker's fascination with a Grecian urn ornate with carved depictions of various ancient stories. The language vividly and descriptively moves through the different stories on the urn, such as a group of hunters, young lovers, and a sacrificial altar. Keats' close examination of the urn mimics the relationship between an apothecary and his patient; just as an apothecary seeks to diagnose the ailment of his patient, the speaker seeks to understand the mysterious nature of his subject, the Grecian urn. The poem directly mimics the most common method of Romantic diagnosis, which is a series of questions addressed to the patient. Just like the Romantic apothecary, the speaker opens the poem by asking the urn questions. Stanza 1 inquires,

What leaf-fringed legend haunts about thy shape 5
 Of deities or mortals, or of both,
 In Tempe or the dales of Arcady?
 What men or gods are these? What maidens loth?
 What mad pursuit? What struggle to escape?
 What pipes and timbrels? What wild ecstasy? 10

These lines of questioning can be found throughout the poem. Stanza 4 reads,

Who are these coming to the sacrifice?
 To what green altar, O mysterious priest,
 Lead'st thou that heifer lowing at the skies,
 And all her silken flanks with garlands drest?
 What little town by river or sea-shore, 35
 Or mountain-built with peaceful citadel,
 Is emptied of its folk, this pious morn?
 And, little town, thy streets for evermore
 Will silent be; and not a soul, to tell
 Why thou art desolate, can e'er return.

Examples of these lines of questioning can be found in Keats' other poems as well, such as in "To Autumn." When the speaker wonders where one could find the figure of Autumn, he proposes, "Sometimes whoever seeks abroad may find thee sitting careless on a granary floor...or on a half-reap'd furrow...sometimes like a gleaner thou dost keep...or by a cyder-press, with patient look" (13-21). The repetition of "or" lends to a feeling of perpetual suggestion, highlighting the freedom of a diagnostic imagination. The freedom of the diagnostic imagination allows the speaker to prod and inquire into the inner workings of the urn, rather than impose his own conclusion. The questions in "Ode on a Grecian Urn" ultimately lead to a desire to understand the "immortal" nature of the urn. The speaker envies the urn for its ability to never diminish, writing, "She cannot fade, though thou hast not thy bliss,/For ever wilt thou love, and she be fair!" (19-20). (This type of immortality is important to note for future reference in this thesis, as we later explore the somewhat unsatisfying nature of suspended, unfulfilled desire in immortality.)

The next step in Romantic medical diagnosis is studying the verbal response of the patient in an attempt to understand the disease through the way the patient describes it. Traditional diagnostics places the emphasis on the verbal response on the patient, but Keats interestingly silences the urn, and places the voice of the ode onto the diagnostician, or the speaker. Keats writes,

Heard melodies are sweet, but those unheard
 Are sweeter; therefore, ye soft pipes, play on;
 Not to the sensual ear, but, more endear'd,
 Pipe to the spirit ditties of no tone 14

Why this silence? Why are unheard melodies sweeter than the heard? A possible explanation for this lies in the idea that perhaps Keats is reinventing Romantic medical diagnostics into a more literary and artistic freedom, the diagnostic imagination. The speaker seizes the powerful voice

of the diagnostic imagination, silencing the urn as the “still unravish’d bride of quietness” (1).

The diagnostic imagination, as opposed to a strictly medical diagnosis, allows the speaker to take narrative control over the poem.

As the speaker studies the Grecian urn, he realizes that unlike the finiteness of humans, the urn achieves a state of immortality. The urn as a physical art form, and as the subject of Keats’ poem, will last for ages. These large concerns (like confronting one’s mortality) have no definitive answer, but can only be somewhat understood through a limited, broad explanation: “‘Beauty is truth, truth beauty—that is all/Ye know on earth, and all ye need to know’” (49-50).

When old age shall this generation waste,
 Thou shalt remain, in midst of other woe
 Than ours, a friend to man, to whom thou say'st,
 'Beauty is truth, truth beauty,—that is all
 Ye know on earth, and all ye need to know.' 50

This line has been interpreted over and over again among literary scholars, who find it difficult to understand Keats’ intention. Though I am not claiming my interpretation is definitive, I will say that it expresses Keats’ diagnostic imagination in the sense that it acknowledges the impossibility of full comprehension. Keats offers seemingly unsatisfactory advice—Beauty is truth, truth beauty—but the main idea that we should ascertain from this line is that Keats will always offer partial and limited answers, as we cannot definitively uncover anything.

A diagnostic imagination, in the sense that I am using the term, includes a sense of wonder¹. Science does not allow for an absolute and confident declaration without substantial evidence and support, and similarly, Keats encourages a sense of wonderment in his works. He exhibits an air of bewilderment in his other poetry, such as “On First Looking into Chapman’s Homer.”

¹ Support for this claim comes from the recent book on science in the Romantic era by Richard Holmes called *The Age of Wonder: How the Romantic Generation Discovered the Beauty and Terror of Science*.

Then felt I like some watcher of the skies
 When a new planet swims into his ken; 10
 Or like stout Cortez, when with eagle eyes
 He stared at the Pacific—and all his men
 Look'd at each other with a wild surmise—
 Silent, upon a peak in Darien.

This particular poem was written following Keats' experience with reading George Chapman's translation of Homer's poetic works. Reading this translation was a moment of heightened excitement for Keats, and a sort of epiphany into the "pure serene" (7) of Homer's poetic art. The beauty of the poem is revealed to Keats, but rather than accepting the translation at face value, Keats pauses in a state of contemplation. The diagnostic imagination encourages questioning and wondering, rather than outright confidence, and is characterized in the second simile of the poem. The "wild surmise" of the explorer Cortez in line 13 opposes the typical characterization of adventurers. Typically, explorers are depicted as confident, almost arrogant, figures of power. However, Keats brings the confidence down to a level of wonder, as the explorer and his men are stricken with silence at the great discovery of the Pacific Ocean. Once again Keats takes a more humble approach, rather than speaking from a position of elevation (which was good, as Keats mistakenly attributes the discovery of the Pacific to Cortez). Keats ends the poem by again bringing the reader to a place of silence ["Silent, upon a peak in Darien" (14)]. In a place of silence, one can be still enough to hear a gentle heartbeat and quietly enjoy the freedom of a diagnostic imagination.

The satisfaction of the diagnostic imagination lies in its freedom for wonderment and its soothing and healing nature—quite different from a forceful presentation of elevated poetry. Keats saw poetry as a way to cope with the claustrophobia of city life and the stress of medical school. He writes in his medical school dormitory "To One Who Has Been Long in City Pent":

TO one who has been long in city pent,
'Tis very sweet to look into the fair
And open face of heaven,—to breathe a prayer
Full in the smile of the blue firmament. 4

To escape into the “pleasant lair/Of wavy grass” (6-7) is to fully experience the restorative powers of nature, but nature mediated by poetry. With a greater understanding of the nature of Keats’ diagnostic imagination, we can begin to uncover how he approaches key ideas such as immortality.

Chapter 3

Meteorology and Human Health

Keats' diagnostic imagination sought to slowly uncover mentally-afflicting ideas such as one's mortality. Keats, plagued with pulmonary tuberculosis in 1819 at the age of 23, possessed a personal interest in addressing ideas of death. He was very aware of the implications of pulmonary tuberculosis, both medically and personally, as he lost both his mother and brother to this disease. In fact, Keats diligently nursed his brother Tom until Tom's death, one year before Keats himself exhibited signs of tuberculosis. Through its characteristic sense of wonder, flexibility in exploration, and desire to provide comfort, the diagnostic imagination attempts to comprehend the concept of an inevitable death.

This chapter explores how meteorology subsequently became a channel through which Keats' diagnostic imagination could work through the understanding of mortality and immortality. Keats' scientific associations between meteorology and human health developed his conception of the diagnostic imagination's function in questions of life and death. The intersection of meteorology and human health appears to be the inspiration for much of Keats' work, from his famous odes to the poetry he wrote in letters to friends. By understanding the context of his scientific knowledge of meteorology and subsequently tracing his diagnostic imagination's journey through this influence, we can find a distinctively unique way to interpret his well-studied poetic works.

The Concentration on Weather

Many scientists in the 18th century carried the notion that the weather acted in a direct manner with disease—a belief that in turn dictated the actions of many physicians. According to *The Quantifying Spirit in the Eighteenth Century*,

While abandoning the theory of humors, the 17th and 18th centuries retained the notion that airs, waters, and places influence the epidemic constitution. The same four qualities—hot, cold, wet, and dry—were now held to act mechanically on the body (Frangsmyr 1990).

Daily weather observations were very carefully taken and can be found as an integral component of 18th century medical textbooks, such as *Medical Essays and Observations*, published by The Philosophical Society of Edinburgh in 1744. Within this textbook, measurements are meticulously recorded through numerous weather indicators. As Frangsmyr further explains, “such theories led numerous physicians to keep weather observations in the expectation of correlating weather patterns with diseases” (Frangsmyr 1990). The influence of weather was not a mere superstition but instead a highly regarded science in the medical community.

Historian Lisa Wynne Smith writes in her essay “Secrets of Place: The Medical Casebooks of Vivant-Augustin Ganiare” of a physician named Vivant-Augustin Ganiare, who maintained a very detailed account of his medical practice from the years 1736 to 1777. Smith explains that Ganiare, “as a frame for his medical observations... maintained a record of the monthly weather and diseases” (Leong 213). Ganiare wrote twelve books outlining these sorts of records. More specifically:

Each month, he outlined the weather trends, unusual behavior amongst the populace, and reigning diseases before discussing specific cases, organized according to disease type. Mostly, he treated a narrow range of problems, from colds and fevers to rashes and smallpox, using a combination of old (Hippocrates) and new (Thomas Sydenham) methods (Leong 214).

As an apothecary, Keats was also keenly in tune with the weather and its proposed effects on health. An examination of his collection of letters illustrates his high attentiveness to the weather. Keats’ consideration of the weather and disease was two-fold: he attributed cold weather to disease and warm weather to good health.

Recent medical research has shown that the idea of cold weather causing disease is merely a correlation concerning the intersection of numerous factors such as Vitamin D deficiency, crowding in small spaces, etc., rather than causation between surface body chilling and susceptibility to illness. For example, in the study “Cold air-provoked respiratory symptoms: the mechanisms and management” conducted by the Department of Respiratory Medicine at Kuopio University Hospital, the researchers explain that “cold air is unlikely to be a causal factor initiating respiratory diseases but a symptom trigger” (Koskela 2007). Further, the review article “Acute cooling of the body surface and the common cold,” written at Cardiff University explains:

There is a widely held belief that acute viral respiratory infections are the result of a “chill” and that the onset of a respiratory infection such as the common cold is often associated with acute cooling of the body surface, especially as the result of wet clothes and hair. However, experiments involving inoculation of common cold viruses into the nose, and periods of cold exposure, have failed to demonstrate any effect of cold exposure on susceptibility to infection with common cold viruses. Present scientific opinion dismisses any cause-and effect relationship between acute cooling of the body surface and common cold (Eccles 2002).

This “folklore” medical acceptance of the causal relationship between weather and illness stems from faulty models of infection, particularly dominant theories such as the “miasma theory,” which hypothesizes that diseases are caused by “bad” air. Such beliefs were held in the English suburban community (including those of Keats’ time) and are explained by papers such as Cecil Helman’s ““Feed a cold starve a fever’ folk models of infection in an English suburban community, and their relation to medical treatment.”

It was not until after Keats’ time, in the later 19th century, that Robert Koch’s revolutionary work established a more acceptable “germ theory” based on Koch’s Postulates. In 1876, Koch scientifically established that microorganisms (microscopic living organisms) can cause disease. Although microorganisms were discovered as far back as 1674 with Antonie van

Leeuwenhoek's microscope, the relationship between microorganisms and disease was not definitively proven until Koch's breakthrough work with anthrax and cattle. In fact, Koch also received a Nobel Peace Prize in Physiology or Medicine for his 1882 discovery of the microorganism that causes tuberculosis, a bacillus subsequently named *M. tuberculosis*.

Tuberculosis was not only a serious epidemiological concern for public health in this century, but it was also peculiarly seen as a "glamorous" disease amongst the English population. In

Consumption and Literature: The Making of the Romantic Disease, author Clark Lawlor writes,

In the Romantic formulation, consumption was aestheticized in a positive manner as a sign of passion, spirituality and genius. The setting of autumn leaves is "gorgeous" for Poe: autumn was traditionally the time for consumptive death, but also the most visually poetic of seasons. A condition poignantly afflicting the young, consumption took away the brightest and the best of both sexes: fair maidens expired in full bloom, while poetic young men, those Keats and Shelleys who burned brightly and exhausted their vital energy in heroic early death, became martyrs to literature (1-2).

Tuberculosis was poorly understood by those in the Romantic Era, as many oddly glorified the highly deadly and infectious disease. The disease took the lives of millions of people, but was interestingly embraced by the Romantics as a manifestation of artistic genius and a sensationalized way to die. Without knowledge of the infectious origin of tuberculosis, physicians and apothecaries such as Keats hypothesized that the disease was hereditary, or passed on through one's genes. As many members of Keats' family suffered from tuberculosis, Keats believed that he too became ill because it was a "family disease." Keats, however, does not seem to enjoy or glamorize his condition as other Romantics did. He refuses to name his disease within his letters and poetry, and appears more saddened by his bleak condition, as seen in his poem "When I Have Fears that I May Cease to Be."

WHEN I have fears that I may cease to be
Before my pen has glean'd my teeming brain,
Before high pil'd books, in charact'ry,
Hold like rich garners the full-ripen'd grain;

Though autumn, the season of consumptive death, was seen as “gorgeous” (Lawlor 2) for poets such as Edgar Allan Poe, Keats, the apothecary who lost many of his loved ones and patients to the disease, ultimately chose to represent autumn, and the idea of death, in a different way.

Keats sought a remedy for his condition. Although he was keenly aware of the inevitable consequence of his disease, he did in fact seek ways to acquire medical help. In this time period, Keats and other medical professionals believed that “...the air might also contain disease-causing effluvial exhalations from the interior or surface of the earth” (Frangsmyr 1990). For example, Keats claims that “from imprudently leaving off my great coat in the thaw I caught cold which flew to my Lungs” (Letters 347). When he falls ill with a cold virus and sore throat, he writes to his brother, Tom, that his illness is “chiefly from bad weather” (Letters 153). Yet again, on December 20, 1819 in a letter to Fanny Brawne he explains,

You would have seen me if I had been quite well. I have not, though not unwell enough to have prevented me—not indeed at all—but fearful lest the weather should affect my throat which on exertion or cold continually threatens me. —By the advice of my Doctor I have had a warm great Coat made and have ordered some thick shoes... (Letters 336).

The belief that illness correlated with the cold weather led Keats to in turn embrace warm weather as an entity of healing. In response to his sickness he writes, “...quietness of mind and fine weather will restore me” (Letters 352). In this manner, for Keats, winter and its cold weather represented very concretely his idea of the causes of disease and death. Furthermore, summer represented warmth and life, as warm weather was one of the factors that constituted his perception of health.

The Third State in Physical Organization

Keats frequently uses the season of autumn to represent a neutral, in-between season—a liminal bridge straddling the life of spring and the death of winter. The Romantic era idea of medicine recognized a third state in physical organization, which De Almeida explains to be:

...a state of neutrality intermediate between that of life and death, a state into which certain animals are plunged into the stoppage of respiration... The notion of being suspended or preserved in a state of neutral torpidity that was neither life nor death nor any state between these, however physically improbable, was nevertheless imaginatively real to the dissociation from life and vacuity of consciousness... (315, 1991).

Keats' belief in autumn's "neutral torpidity" (De Almeida 315, 1991) as a suspended state between life and death echoes his personification of the seasons in his short poem "The Human Seasons," his ode "To Autumn," and other poems such as "La Belle Dame sans Merci: A Ballad" and "The Eve of St. Agnes." As an apothecary, Keats' scientific beliefs infiltrate into his poetry, and he is particularly drawn to using weather and seasonal imagery to grapple with these human concepts of life and death.

An understanding of the third physical state helps us pull together an idea of what Keats' diagnostic imagination sought to explore and uncover. The third physical state is a place of suspended animation, where animals maintained a constitution of neither life nor death. Keats draws on the seasons to illustrate that at this liminal bridge, one could look to his left and see the harvest of the fall and simultaneously look to his right and realize the impending cold death of winter. The suspended animation of the third physical state gives us a taste of immortality, in that one is "preserved" (De Almeida 315) in place of a non-death. The diagnostic imagination seeks to explore this third physical state and ascertain if it can provide a remedy to the inevitable death that we all face. Through a careful examination of Keats' poetry, we can see how the diagnostic

imagination moves through meteorology and human health to determine if the third physical state offers a cure to the mortality which eventually diseases us all.

Poetry

We will first examine Keats' poem "The Human Seasons." In this short poem, originally written on March 13, 1818 in a letter to Keats' friend Benjamin Bailey, Keats represents four stages of human life in reference to the physical seasons.

"The Human Seasons"

FOUR Seasons fill the measure of the year;
There are four seasons in the mind of man:—
He has his lusty Spring, when fancy clear
Takes in all beauty with an easy span:

He has his Summer, when luxuriously 5
Spring's honey'd cud of youthful thought he loves
To ruminare, and by such dreaming high
Is nearest unto heaven: quiet coves

His soul has in its Autumn, when his wings
He furleth close; contented so to look 10
On mists in idleness—to let fair things
Pass by unheeded as a threshold brook:

He has his Winter too of pale misfeature,
Or else he would forego his mortal nature.

In this short poem, Keats moves from spring to summer to autumn to winter, comparing the four physical seasons with four stages in human life. Opening the poem, Keats establishes the comparison between physical time and time in the "mind of man" (2). This human time corresponds to differing stages of maturity. First, spring is associated with youthfulness and whimsicality. This particular time in one's life is also described as "lusty," (3) connecting the season to passionate, almost hasty, love. The next season, summer, proves to be a time to "ruminare" (7) on the actions of the past season. The season feels more thoughtful and

introspective, thus illustrating the general movement into maturity. The season is not fully mature, however, as there is still time to be “dreaming high” (7).

As the poem moves into the description of autumn, Keats begins to slowly approach the idea of impending death. Autumn serves as the most ripe and mature season of a man’s life; the season brings a wisdom that in turn makes man aware of his approaching death. The passivity present in Keats’ depiction of autumn indicates a very resolved mood towards the idea of death. He writes that autumn is “when his wings/He furlleth close” (9-10) and describes an “idleness” (11) that seems to take over one’s disposition. He develops the image of a “threshold brook” (12) that represents the threshold between life and death. The description of autumn takes up four lines of the very short poem, replicating the longevity of this time for the reader as well. As the poem moves to its concluding two lines, Keats swiftly ends man’s life with the brutality of winter. Keats’ depiction of winter draws from an association with the cold and disease. The closing of the poem mimics a dying patient with the description of a “pale misfeature” (13).

The images of weather similarly appear in Keats’ ode “To Autumn,” in which he draws a comparison between the season of autumn and the suspension of life. “To Autumn” was written in September 1819, one year after Keats first showed signs of tuberculosis. As Keats began to contemplate the mortality of his own life, he wrote this ode in the fall, awaiting the dangers of winter. Keats believed that the approaching cold winter would negatively influence his disease, indicating in his letters that he must move to warmer weather in order to get better. He writes, “My Physician tells me I must contrive to pass the Winter in Italy” (Letters 362). The association between the weather and health was strongly influenced by his conception of how disease is spread and maintained. Keats draws on winter to represent death in a way that connects back to his own ideas of coldness as causation for disease. Further, his idea of winter as a harbinger of

death stems from his medical concept of the third physical state of dormancy between life and death.

The opening line of “To Autumn” immediately establishes the “in-between” nature of the season. Particularly, Keats’ diction choice of “mists” (1) and “mellow” (1) highlights the intermediacy of autumn. A mist serves as a form of precipitation between the rain of the spring and the snow of the fall—it is not warm, but it is not quite cold. Further, the choice of the word “mellow” perpetuates a concept of passivity. The liminal bridge does not seem to be place of sensory experiences or actions, but rather a place of fullness as well as stillness. As a person becomes aware of his approaching death, Keats implies there remains nothing to do but wait. During this intermediate time of waiting, Keats emphasizes the dilemma of autumn’s plentiful harvest. How can one confront the abundance of autumn’s maturation when one is simultaneously cognizant of one’s imminent death? This abundance is therefore read as excess, with overflowing descriptions such as “To swell the gourd, and plump the hazel shells” (7) and “the last ooziings hours by hours” (22). The syntactical choice to connect the lines with commas and semi-colons further perpetuates the feeling of continuing excess. Additionally, Keats adds in an extra line to each stanza compared to his other famous odes. While most of Keats’ well-known odes (e.g. “Ode to a Nightingale,” “Ode on a Grecian Urn”) contain ten-line stanzas, the stanzas in “To Autumn” contain eleven lines, emphasizing the surplus of autumn’s harvest.

Though the speaker remains aware of what the seasonal change to winter will bring to autumn’s harvest, the bees represent innocent observers, ignorant of the impending cold and death. Keats writes, “And still more, later flowers for the bees,/Until they think warm days will never cease,/For summer has o’er-brimm’d their clammy cells” (9-11). Keats the apothecary comprehends the movement of life better than the young bees. As the poem moves along, the

bountiful harvest begins to represent not only excess, but also a sort of somberness. The sullen mood of the harvest seems to draw from the reality of forthcoming demise. Keats imagines a situation in which one is prematurely removed from autumn's bounty, or the fruit of a man's life. The language begins to sound subdued, with sound imagery-filled phrases such as "in a wailful choir the small gnats mourn" (16) and "full-grown lambs loud bleat from hilly bourn" (10). Stanza three of "To Autumn" is ripe with these sounds of autumn, which the speaker instructs autumn to embrace. Though the songs of autumn are not the happy, carefree songs of spring, the speaker urges, "Think not of them [songs of spring], thou hast thy music too" (24). The mature, fully-grown lambs seem unconsciously aware that their growth will now signal their impending death, and their sounds become the song of autumn. De Almeida explains that autumn is "a passing pleasure felt through the pain or knowledge of what follows after the illusion of boundless or eternal life fades" (314, 1991). Though there is a sense of approaching death, there is a pleasure felt in the pain of existing in this third state—not quite dead, but not fully alive. How valuable is this state to Keats? Could this be a remedy to the diagnostic imagination's quest to understand mortality? Keats does not allow his diagnostic imagination to declare that remaining in this state is the answer. Keats continues to think of both horses and zebras, and allows his poetry to contemplate the potential negativity of the third physical state in organization.

In "La Belle Dame sans Merci: A Ballad" (the beautiful woman without pity) Keats explores both the time directly after autumn's harvest and the time during the death of winter. The first three stanzas of the poem represent a time in the heart of winter, after the "knight-at-arms" (1) and his heartbreak. This time characterizes death from love, with the cold, frigid heart of the "lady in the meads" (13). Death comes at a time after autumn, as the poem reads, "The

squirrel's granary is full,/And the harvest's done" (7-8). During this time, the "gathering swallows [that] twitter in the skies" (33) from the end of "To Autumn" have migrated away, as he writes that, "The sedge has withered from the lake,/And no birds sing" (3-4). The promise of death and illness manifests itself in this poem with lines such as "With anguish moist and fever-dew,/And on thy cheeks a fading rose/Fast withereth too" (10-12), all of which point to the inevitable sickness that winter brings. In this poem, Keats chooses to use the wintery sickness to represent the lovesickness that the knight-at-arms endures.

The poem then goes back in time to the abundant harvest of autumn to explain the cause of the knight's death-like distress. The knight experiences an overwhelming love and pleasure (similar to the overabundance of the harvest in "To Autumn" and the "More happy love! more happy, happy love!" (25) from "Ode on a Grecian Urn") from a lady that he meets in the meads. He describes the lady that he meets as, "full beautiful—a faery's child" (14). The knight quickly becomes infatuated with this woman, doting her with garlands and bracelets and fragrances. As the knight falls deeper in love with this woman, the poem finds itself in Keats' "in-between" state—a dormant sleep between life and death. There are no songs for Autumn to sing, however, within the state this time. The love quickly fades as he is "lulled" (33) into a sleep by the lady he loves. Keats writes, "And there I dreamed—Ah! woe betide!—/The latest dream I ever dreamt/On the cold hill side" (34-36). The knight remains stuck in a sleep between the overabundance of love in autumn and death in winter. Perhaps Keats's diagnostic imagination is at this point exploring an option to immortalize the knight's love—preserve it in the third physical state. However, when the knight finally awakens, he finds himself in the brunt of winter on the "cold hill's side," (44) bringing the poem back to present-day winter, where the poem began. The knight has passed the threshold between the seasons into a loveless death, and

migratory patterns of birds through the seasons. The migratory behavior of birds based on the changing seasons was thought to expose particular instincts for “human intelligence and behavior” (De Almeida 318, 1991).

For his gathering birds of passage, Keats had a more immediate source than Virgil, for journals and societies functioning between 1812 and 1826 reveal considerable general interest in England in the instincts for human intelligence and behavior. The nesting habits of swallows in particular generated a variety of papers on the birds’ flight schedules and intimation of the season, their abandonment of unfledged nestlings at first frost, their return at spring to board up those nests containing dead baby birds, and of the blind necessity of their instinct to bury the mistakes or imperfections of a prior season (De Almeida 318, 1991).

As birds migrate away for the cold of the winter, nature reveals the inevitable abandonment of helpless life. De Almeida explains, “nature has but small and enclosing space for those living mistakes exposed by the passage of seasons” (318, 1991).

The setting is established as before the migration of birds, which we have determined Keats uses to represent the time right before winter, such as in “To Autumn.” Keats highlights the precarious state of Madeline, as she floats between the seasons of life and death. This type of moment can once again be read as Keats’ “in-between” state found in both “To Autumn” and “La Belle Dame sans Merci.” Madeline finds herself drowsed with the same overwhelming excess in the Keats’ previous poems and lays in bed in a “wakeful swoon” (236). Keats describes her state as a “poppied warmth,” (237) similar to in “To Autumn,” where he writes that autumn can be found, “Drows’d with the fume of poppies” (17). Madeline remains in this overwhelming state of pleasure and excess between sleep and consciousness when Porphyro, her admirer, “Stol’n to this paradise, and so entranced,/Porphyro gazed upon her empty dress” (244-245). Just as Madeline remains in a condition of overwhelming “poppied warmth” (237), Porphyro hides in the closet, consumed with his desire for Madeline. Unable to remain in his state of passivity any longer, Porphyro takes action.

And still she slept an azure-lidded sleep,
 In blanched linen, smooth, and lavender'd,
 While he from forth the closet brought a heap
 Of candied apple, quince, and plum, and gourd: 265
 With jellies soother than the creamy curd,
 And lucent syrups, tinct with cinnamon:
 Manna and dates, in argosy transferr'd
 From Fez; and spiced dainties, every one,
 From silken Samarcand to cedar'd Lebanon. 270

These delicates he heap'd with glowing hand
 On golden dishes and in baskets bright
 Of wreathèd silver: sumptuous they stand
 In the retired quiet of the night,
 Filling the chilly room with perfume light.— 275
 'And now, my love, my seraph fair, awake!
 Thou art my heaven, and I thine eremite:
 Open thine eyes, for meek St. Agnes' sake,
 Or I shall drowse beside thee, so my soul doth ache.'

As he walks into Madeline's bedchamber, the reader also becomes overwhelmed by excess.

Keats describes the scene with the plentiful harvest imagery also found in "To Autumn." The "heap of candied apple, quince, and plum, and gourd" (264-265) anticipates the language found in "To Autumn," such as,

With fruit the vines that round the thatch-eves run;
 To bend with apples the moss'd cottage-trees, 5
 And fill all fruit with ripeness to the core;
 To swell the gourd, and plump the hazel shells
 With a sweet kernel; to set budding more,

As Madeline remains in the third physical state, she is confronted with the threshold between her equal longing for Porphyro and the fear of losing her virginity. She desires Porphyro just as Porphyro desires her, but seems to want to act on this desire without bearing the consequences for her decision. She wants to immortalize the pleasure, but does not want to face the death of her virginity. In a state of "dreaming," Madeline remains in a liminal boundary. Once she

awakens and realizes that her dream was in fact reality, and that Porphyro is in front of her, we cross yet another threshold into death. She cries out in pain:

Her eyes were open, but she still beheld,
 Now wide awake, the vision of her sleep:
 There was a painful change, that night expell'd 300
 The blisses of her dream so pure and deep
 At which fair Madeline began to weep,
 And moan forth witless words with many a sigh;
 While still her gaze on Porphyro would keep;
 Who knelt, with joined hands and piteous eye, 305
 Fearing to move or speak, she look'd so dreamingly.

The realization of her transition from purity into her “death” brings about a “painful change” (300) that causes Madeline to weep. Although Porphyro claims his love for her extends beyond just physical desire and promises to love her forever, Keats’ diagnostic imagination seems to have reached a place of uncertainty in terms of the value of the third physical state. It seems that the third physical state can never truly immortalize or remain constant, but that a wintry death is always soon ahead. The diagnostic imagination has realized that the value of the third physical state is passing. Although the two lovers run off together in a hastily conceived plan for a life of love, the poem ends where it starts, with the word “cold”—Keats’ bleak characterization of death.

And they are gone: aye, ages long ago 370
 These lovers fled away into the storm.
 That night the Baron dreamt of many a woe,
 And all his warrior-guests, with shade and form
 Of witch, and demon, and large coffin-worm,
 Were long be-nightmar'd. Angela the old 375
 Died palsy-twitch'd, with meagre face deform;
 The Beadsman, after thousand aves told,
 For aye unsought-for slept among his ashes cold.

Conclusions

Keats is not ignorant like the summer bees in “To Autumn,” but rather understands quite well the movement of the seasons, and more specifically, the movement of life. Cold and winter, to Keats, represent a sort of death that we all must inevitably confront—as did he, at such a young and promising time of his life. The third physical state of life, as understood by Keats and other Romantic apothecaries, represents the suspended time between life and death—a sleeping, dream-like state where one must ultimately confront the impending end of the harvest of one’s life. Keats’ diagnostic imagination explores the possibility of the diagnosis of mortality in this third physical state, but ultimately reaches the conclusion that this state consistently passes into death. There is no absolute answer to mortality; Keats’ diagnostic imagination refuses to claim that there exists a definitive remedy to death, but instead embraces the inevitable reality that we are mortal, unlike the carvings on the Grecian Urn. Though there is the possibility for immortalization through such means as these carvings, the next chapter will explore how a life frozen on the urn will never be satisfying, as it is devoid of sensation.

Chapter 4

Senses are the Key to Truth

“However it may be, O for a life of sensation rather than of thoughts! It is a 'Vision in the form of Youth,' a shadow of reality to come” (Letters 42).

The third physical state may provide a taste of immortality in that it suspends life, but it will never be satisfying because it ultimately remains devoid of sensation. Apart from “Beauty is truth, truth beauty—that is all/ Ye know on earth, and all ye need to know” (“Ode on a Grecian Urn,” 49-50), Keats’ desire for a “life of sensation rather than of thoughts” (Letters 42) remains his most debated and contemplated expression. Keats writes this phrase in a letter addressed to Benjamin Bailey, whom Keats met while Bailey was a student at Oxford. Though Keats is now one of the most highly regarded Romantic Era poets, he was strongly criticized by his contemporaries and critics for his “overly sensual” language. In a critical essay on John Keats by Matthew Arnold, Arnold claims that:

Keats as a poet is abundantly and enchantingly sensuous; the question with some people will be, whether he is anything else. Many things may be brought forward which seem to show him as under the fascination and sole dominion of sense, and desiring nothing better (Ward 2013).

Convinced that his poetry lacked the intellect of respected poetry from writers like Wordsworth and Shelley, some critics dubbed him “passion’s slave” (Ward 2013). Keats was heavily accused of achieving nothing beyond a surface description of sensual experiences in his poetry. This chapter will examine the diagnostic imagination’s search for mortality’s “cure,” and its implications for Keats’ value of sensation.

As many critics claimed, strains of sensuousness can indeed be found throughout Keats’ collection of poetry. From “Endymion” to “The Eve of St. Agnes” to “Bright Star,” sensuousness (and sensuality) occupies the imagery of much of his works. No one can deny the very

sensuousness of the “fragrant bodice” (229) and the “warmed jewels” (228) from the following stanza of “The Eve of St. Agnes”:

Anon his heart revives: her vespers done,
 Of all its wreathed pearls her hair she frees;
 Unclasps her warmed jewels one by one;
 Loosens her fragrant boddice; by degrees
 Her rich attire creeps rustling to her knees: 230
 Half-hidden, like a mermaid in sea-weed,
 Pensive awhile she dreams awake, and sees,
 In fancy, fair St. Agnes in her bed,
 But dares not look behind, or all the charm is fled.

This rich sensuality, present in his description of Porphyro longing for the beautiful Madeline, created waves of complaints amongst literary scholars. Ayumi Mizukoshi writes in his paper “The Cockney Politics of Gender—the Cases of Hunt and Keats” that, “John Gibson Lockhart branded Keats as a naive and callow youth whose ‘too susceptible mind’ was, just like that of a milliner girl, easily swayed and seduced by his master Hunt” (1999). Such strains of sensuality were dubbed as immature and callous, as well as immoral and inappropriate for a man of his middle class. Though the aristocratic poets, such as Lord Byron, could get away with being more “loose” in their poetry, a man of Keats’ status could not be quite as liberal with his exploration of sensuality. Despite these criticisms, Keats insisted on producing these erotic poetic works. “Bright Star,” perhaps Keats’ most recognized sensual work, capitalizes on these sensory images such as,

Pillow'd upon my fair Love's ripening breast 10
 To feel for ever its soft fall and swell,
 Awake for ever in a sweet unrest;

From the bedside desire of “my fair Love’s ripening breast” (10) to the elfin grot in “La Belle Dame sans Merci” where the lady “wept, and sigh’d fill sore,” (30) Keats drew from the physical senses to produce highly descriptive, sometimes sensual, works.

These sensuous works, however, were not indicative of the mind of an immature poet. Keats' reading of life, drawing from his diagnostic imagination, inevitably focused on the senses. Romantic diagnostics for apothecaries, as previously discussed, required patients to verbalize their physical experiences. While surgeons focused on drawing information from physical signs, apothecaries asked their patients to describe into words their physical symptoms. Further, as science was moving towards an emphasis on rigorous empirical research, diagnostics relied less on scientific proof than on interpretive research. Similarly, in Keats' poetry, his diagnostic imagination seeks to verbalize, but not pronounce definitively on, both internal and external symptoms of the human body. De Almeida explains:

Keats was indeed a poet of sensation in that he eschewed, finally, what could not be proved upon the pulses: the disciplines of medicine had trained him to avoid speculation ... More than the other Romantics of his skeptical late generation, because of the very comprehensiveness of his medical education, Keats wrote truly under the shadow of Waterloo and beneath the dark conscripts of European mechanism. His poetic achievement looms very large in the new history of his scientific age precisely because he adhered to the genuine inspiration of that small portion of truth that could be gleaned from a disciplined and verifiable reading of life" (8-9, 1991).

I argue that Keats' emphasis on the senses comes from a place of more careful thought, rather than of a merely superficial inspiration. A life of a sensation-integrated consciousness provides the sort of immortality that Keats deems valuable. In "Bright Star," Keats reflects on the steadfast nature of the star, but feels unsatisfied with its type of immortality. He exclaims,

BRIGHT Star! would I were steadfast as thou art—
Not in lone splendour hung aloft the night,
And watching, with eternal lids apart,
Like Nature's patient sleepless Eremite, 4

Although the star achieves a state of immortality and constancy, Keats dislikes its separation from human life, as it remains in "lone splendour" (2). The star does not possess human-like qualities, but rather stays "sleepless" (4); it is non-participatory by nature, and physically exists

apart from the world. The speaker, however, feels unsatisfied by this sort of immortality. He proposes that an immortality where one can feel sensations of human existence [“To feel for ever” (11)] is preferable to an immortal life devoid of the “tender-taken breath” (13) of one’s lover. Similarly, Keats exposes his dissatisfaction of immortality without sensation in “Ode on a Grecian Urn.” The two lovers carved on the urn immortalize their love through a physical art form, which is indeed a joyous act, but there still remains a lingering dissatisfaction with this sort of immortality. Keats writes, “Bold Lover, never, never canst thou kiss,/Though winning near the goal” (17-18). Although the two lovers are immortalized on the urn, they can never experience the sensations of being human, such as physically being able to kiss. In this manner, Keats’ diagnostic imagination dismisses the idea of a sensory-devoid immortality as a cure for man’s mortality. Instead, his imagination contemplates an alternative way to “treat” mortality—a life of sensation.

To illustrate a life of sensation, Keats creates poetry drawn upon physical experiences. Though the visual and tactile images are more easily identifiable, I want to additionally highlight the very rich sonic texture of his poetry. For example, Keats stresses the aural experience of his poetry through his alliteration, assonance, and consonance. Through incorporating all three of these aural elements into his poems, Keats achieves a contrast in sounds that draws our senses to the sonic texture of his work. A close examination of the first stanza of “Ode on Melancholy” illustrates Keats’ creation of aural emphasis.

No, no! go not to Lethe, neither twist
 Wolf's-bane, tight-rooted, for its poisonous wine;
 Nor suffer thy pale forehead to be kissed
 By nightshade, ruby grape of Proserpine;
 Make not your rosary of yew-berries, 5
 Nor let the beetle, nor the death-moth be
 Your mournful Psyche, nor the downy owl
 A partner in your sorrow's mysteries;

For shade to shade will come too drowsily,
And drown the wakeful anguish of the soul.

The first line reads with a strong alliteration of the letter “n.” The words “no, no” “not,” and “neither” emphasize the speaker’s urging tone to not deal with depression by going to Lethe, the river of forgetfulness in Greek mythology. Directly following this line is another line filled with aural elements, as Keats’ consonance stresses the “t” in the middle of words such as “tight-rooted,” and “its.” The combination of both alliteration and consonance emphasizes the poet’s concern for embodying more mentally-conscious ideas, such as melancholy, with very physical, sonic experiences. By switching from alliteration to consonance, Keats draws attention to the aural presentation of his poem, indicating the importance of senses being grounded in our consciousness.

For Keats, the value of the senses lies in the ultimate pursuit of truth and beauty—the final objective of his diagnostic imagination. Keats’ process of diagnosis has approached the possibility that the cure for mortality may not be a horse, but perhaps could be a zebra. The sort of immortality that one achieves through the third physical state can be slightly satisfying for a brief period of time, but inevitably the seasons will move along and one will find himself like the wandering knight in “La Belle Dame sans Merci.” Suspended animation, although it can achieve a sort of immortality in that death is delayed, ultimately lacks the very sensuousness that Keats perceived as the joys of being human. This idea of an incorporated life of sensations is Keats’ ultimate truth. Through a more sophisticated agency of sensual and sensuous experiences, the diagnostic imagination therefore functions to gradually uncover the difficult-to-comprehend truth that a life of beauty entails a unification of both physical sensation and conscious thought.



According to Newell Ford, “Keats evidently felt it needful to persuade his firm-minded, theological correspondent [Benjamin Bailey] that the enjoyment of beauty (especially in poetry) was not an immoral self-indulgence” (1949). Benjamin Bailey’s need for persuasion seems very likely, as religious sensibility was quite offended at bodily functions. In “Endymion,” Keats opens with the line “A thing of beauty is a joy forever” (1). According to Keats, beauty transcends the very fallibility of human nature. The “loveliness” (2) of beauty does not remain stagnant, but rather always “increases” (2). The escalation of beauty’s loveliness, therefore, leads to its legacy of consistency—Keats writes,

...it will never
 Pass into nothingness; but still will keep
 A bower quiet for us, and a sleep
 Full of sweet dreams, and health, and quiet breathing. 5

Sensory images, for Keats, were a manifestation of his diagnostic imagination at work, yearning to illustrate the significance of sensations for beauty. Senses were not mere descriptions of observable physical signs, but were vital in Keats’ illustration that the mind and the body work together to create the art of his imagination. He explains his logic in a letter to his brother George, when he compares the work he is trying to accomplish against the work of contemporary Romantic poet Lord Byron. Keats writes, “You speak of Lord Byron and me – There is this great difference between us. He describes what he sees – I describe what I imagine – Mine is the hardest task” (Letters 301). The “great difference” (Letters 301) that Keats conceived between himself and Lord Byron stems from his insistence on elevating the life of sensations, rather than thoughts. Though Lord Byron did not ignore physical sensations in his poetry, Keats was more

interested in connecting physiological processes to more cognitive processes of consciousness. Only through a life of sensation can one truly experience Keats' idea of beauty.

With the identification of beauty and truth in mind, one can reexamine Keats' "naive" (Mizukoshi 1999) poetry and recognize that Keats' channel for his diagnostic imagination worked through this life of sensation. Keats trained as an apothecary remains aware that death is inevitable and does not claim to have found a cure for mortality through his diagnostic imagination. His imagination has explored the possibility for a remedy in the third physical state, but remaining true to its value of rejecting definitive answers, decides that there is not a full satisfaction in immortality without senses. Sense-devoid immortality is not the answer to the "disease" of death, nor will Keats proclaim that he has solved the issue of death like the classic Roman or Shakespearean ideas of literary immortality. Keats' "Truth" is that immortality on its own can never be a definitive solution. A marriage of both human consciousness and physical sensations remains our best option to experience a little taste of truly satisfying beauty in life.

Thoughts of mortality and immortality represent just one aspect of cognitive function that Keats ultimately argued is intimately tied to the sensation of bodily experiences. For Keats, the diagnostic imagination sought to heal the division that existed between cognitive consciousness and physical experience. Keats placed importance on the observation of bodily functions not because he was a crude or unrefined poet, but rather because he believed that only through healing the division of consciousness and physical experience can one unravel the ideal of "Beauty is Truth" ("Ode on a Grecian Urn," 50). The diagnostic imagination sought to stitch the wound between this concept of a mind-body dualism, arguing that the separation of the two would lead one unfulfilled and unsatisfied. A life of immortality without physical experiences loses its value intrinsically because it remains parted from the functions of the body.

As we saw in the lines from “Endymion,” to Keats, beauty is forever. Unlike the dying patients Keats saw in the poor homes of London or in the charity hospital, the beauty of poetry transcends death into an assured place of constancy. Although we as humans cannot achieve immortality, we can sample the magic of beauty’s constancy through a life of carefully observed sensuous experiences. Keats finds comfort and solace in the truth that is beauty, and chooses to represent this beauty through his sensual imagery. In fact, Keats embraced this constancy and was afraid of inconsistency—which was the reason he turned away from the very precarious practice of surgery.

My last operation was the opening of a man’s temporal artery. I did it with the utmost nicety, but, reflecting on what passed through my mind at the time, my dexterity seemed a miracle, and I never took up the lancet again (Scarlett 1937).

Through verse, Keats elevates a life of sensations to illustrate the medicinal qualities of his poetic conception of beauty. The diagnostic imagination embraces uncertainty and freedom of fancy, which ultimately allows Keats to express his idea that the incorporation of sensuous, bodily experiences must be valued for the diagnostic imagination’s pursuit of beauty.

Conclusion

As a celebrated Romantic Poet, Keats achieved lasting recognition through the preservation of his intellectual and brilliant works of poetry. His works have endured through the past two centuries as pieces of genius, despite the scathing criticisms they received during Keats' lifetime. According to William Harmon in *The Classic Hundred Poems*, "To Autumn," ranks as the single most-anthologized English poem. Keats' works have created an indelible mark on the literary books of history, and I hope to have offered a fresh way to interpret his very well-studied poetry.

Though other literature exists on the influences of science and medicine on the works of John Keats, my thesis has argued that these influences work through the agency of a literary vision that is distinctly diagnostic. Keats was certainly influenced by his education as a medical professional, but we must ultimately respect his decision to turn away from the medical field and enter the literary world of poetry as he writes,

I have been at different times turning it in my head whether I should go to Edinburgh and study for a physician; I am afraid I should not take kindly to it; I am sure I could never take fees-and yet I should like to do so: it's not worse than writing poems and hanging them up to be fly-blown on the Review shambles (Letters 233).

By describing the several dimensions of his diagnostic imagination, I have incorporated Keats' medical and scientific reasoning into a working literary entity that can be traced throughout his works.

Keats lived far too short of a life—plagued by the disease that surrounded him both personally and as a medical professional. His poem "Ode to a Nightingale," written just as he lost his brother Tom, ultimately sums up my thesis' exploration of Keats' diagnostic imagination. Just as the two lovers from "The Eve of St. Agnes" run off together, in "Ode to a

Nightingale,” Keats imagines himself flying away and escaping from the inevitable pain of death, which cold weather and winter represents. Once again drawing from the influence of the migratory nature of birds, Keats creates “Ode to a Nightingale,” a famous poem included in his *1819 Odes*. In this poem, the speaker admires the nightingale for its ability to “Singest of summer in full-throated ease” (10). The nightingale enjoys “a beaker full of the warm South!” (15) and can migrate to escape away from the death of the winter, as Keats describes,

Fade far away, dissolve, and quite forget
 What thou among the leaves hast never known,
 The weariness, the fever, and the fret
 Here, where men sit and hear each other groan;
 Where palsy shakes a few, sad, last grey hairs, 25
 Where youth grows pale, and spectre-thin, and dies;

As the bird flies off, it travels away from “The weariness, the fever, and the fret” (23) associated with the “groan” (24) of death. The bird has the capability to fly away from the death and disease that Keats found himself intimately involved with for almost the entirety of his life.

Keats is enraptured by the nightingale’s ability to fly away and escape from death and describes a state of pleasure that he receives from experiencing happiness through the happiness of the nightingale. This state of pleasure, however, seems to be not completely satisfying and ultimately is a state of dulled sensory experiences. Keats likens this “sense” (2) to one’s body after drinking hemlock (poison) or taking opiates (an analgesic drug). The speaker does not completely experience the sensory happiness himself, but rather seems to be invoking a sympathy that was characteristic of Keats’ negative capability.

MY heart aches, and a drowsy numbness pains
 My sense, as though of hemlock I had drunk,
 Or emptied some dull opiate to the drains
 One minute past, and Lethe-wards had sunk:
 'Tis not through envy of thy happy lot, 5
 But being too happy in thine happiness,

As Keats sympathizes with the bird and flies away into its place of immortality, he finds himself floating above the physical human world. Keats writes,

I cannot see what flowers are at my feet,
 Nor what soft incense hangs upon the boughs,
 But, in embalmèd darkness, guess each sweet
 Wherewith the seasonable month endows
 The grass, the thicket, and the fruit-tree wild; 45
 White hawthorn, and the pastoral eglantine;
 Fast-fading violets cover'd up in leaves;
 And mid-May's eldest child,
 The coming musk-rose, full of dewy wine,
 The murmurous haunt of flies on summer eves. 50

Entering into the nightingale's world of immortality inherently means departing from a world of sensation and physical experience. When flying high above the world with the nightingale, the speaker can no longer "see what flowers are at my [his] feet" (41) and smell what "soft incense hangs upon the boughs" (42).

What is a life of immortality without the experiences of human senses? To Keats, it seems quite unsatisfying and unlikely, as the end of the poem ends with,

Forlorn! the very word is like a bell
 To toll me back from thee to my sole self!
 Adieu! the fancy cannot cheat so well
 As she is famed to do, deceiving elf.
 Adieu! adieu! thy plaintive anthem fades 75
 Past the near meadows, over the still stream,
 Up the hill-side; and now 'tis buried deep
 In the next valley-glades:
 Was it a vision, or a waking dream?
 Fled is that music:—do I wake or sleep?

Keats wakes up into reality, considering that this notion was perhaps just a dream. He suggests that the state of immortality with the bird should not be sought through "Bacchus and his pards" (32) because the experience of substances such as Bacchus' wine numbs the capability to fully embrace the senses. Therefore, in order for the speaker to fly away with the bird and experience

a satisfying taste of immortality [Away! away! for I will fly to thee" (31)], he must incorporate an avenue to the senses, which is ultimately his vision of riding the "viewless wings of Poesy" (33).

Poetry was Keats' medicine for the common man. He wrote poetry in a manner that could be understood by all and ultimately sought to explore concepts universal to all men through his imagination's journey through writing. What is Keats' diagnostic imagination's ultimate diagnosis? Cognitive functions such as the imagination must be intimately experienced with physical senses in order to slowly and gradually unravel a true discernment of the connection, the articulation, between beauty and truth.

"This is a mere matter of the moment—I think I shall be among the English Poets after my death" –John Keats (Letters 171).

References

- Chen, Pauline W. "The Doctor as Poet." *The New York Times*. December 2011. Web. Accessed 21 Mar 2015 from: <http://well.blogs.nytimes.com/2011/12/01/the-doctor-as-poet/>
- Croker, John W. "Keats' Endymion." *Quarterly Review*. London. Vol. 19 No. 37, 1818. Pages 204-08. Web. Accessed 21 Mar 2015 from:
<http://lordbyron.cath.lib.vt.edu/doc.php?choose=JoCroke.1818.Keats.xml>
- De Almeida, Hermione. *Critical Essays on John Keats*. Boston, MA: G.K. Hall, 1990. Print.
- De Almeida, Hermione. *Romantic Medicine and John Keats*. New York: Oxford UP, 1991. Print.
- Eccles, R. "Acute cooling of the body surface and the common cold." *Rhinology*, 40 (2002): 109-114. Web. Accessed 21 Mar 2015 from:
http://www.rhinologyjournal.com/Rhinology_issues/109_Eccles
- Ford, Newell F. "Keats's 'O for a Life of Sensations...!'" *Modern Language Notes* 64.4 (1949): 229-34. JSTOR. Web. Accessed 30 Mar 2015 from: <http://www.jstor.org/stable/2909561>.
- Frangmyr, Tore, J. L. Heilbron, and Robin E. Rider. *The Quantifying Spirit in the Eighteenth Century*. Berkeley: University of California Press, 1990. Web. Accessed 14 Mar 2015 from: <http://ark.cdlib.org/ark:/13030/ft6d5nb455/>
- Ginzburg, Carlo. "Morelli, Freud and Sherlock Holmes: Clues and Scientific Method." *History Workshop* No. 9 (1980): 5-36. JSTOR. Accessed 30 Mar 2015 from:
<http://hwj.oxfordjournals.org/content/9/1/5.full.pdf>
- Goellnicht, Donald C. *The Poet-Physician: Keats and Medical Science*. Pittsburgh, PA: U of Pittsburgh, 1984. Print.
- Helman, Cecil. "'Feed a cold starve a fever' folk models of infection in an English suburban community, and their relation to medical treatment." *Culture, Medicine, and Psychiatry*,

2 (1978): 108-137. Print.

Holmes, Richard. *The Age of Wonder: How the Romantic Generation Discovered the Beauty and Terror of Science*. New York: Pantheon, 2008. Print.

Holt, Terence E. "Narrative Medicine and Negative Capability." *Literature and Medicine*, 23.2 (2004): 318-33. Web. 20 Mar 2015.

Keats, John. *Letters of John Keats to His Family and Friends*. Ed. Sidney Colvin. London: Macmillan, 1891. Print.

Keats, John. *John Keats*. Ed. Jack Stillinger. New York: Garland Pub., 1984. Print.

Koskela, Heikki. "Cold air-provoked respiratory symptoms: the mechanisms and management." *International Journal of Circumpolar Health*, 66.2 (2007): Web. Accessed 21 Mar 2015 from: <http://www.ncbi.nlm.nih.gov/pubmed/0000081735>

Leong, Elaine. *Secrets and Knowledge in Medicine and Science: 1500-1800*. Farnham: Ashgate, 2011. Print.

Lockhart, John. "On the Cockney School of Poetry. No. IV," *Blackwood's Edinburgh Magazine*. Vol. 3 No. 17 (1818): 519-24. Accessed 30 Mar 2015 from: <http://lordbyron.cath.lib.vt.edu/doc.php?choose=JoLockh.1818.Cockney4.xml>

Mizukoshi, Ayumi. "The Cockney Politics of Gender—the Cases of Hunt and Keats." *Romanticism on the Net*, 14 (1999). Web. Accessed 19 March 2015 from: <http://www.erudit.org/revue/ron/1999/v/n14/005851ar.html>

Newman, Charles. *The Evolution of Medical Education in the Nineteenth Century*. London: Oxford UP, 1957. Print.

Percival, Thomas, and Chauncey Depew Leake. *Percival's Medical Ethics*. Baltimore: Williams & Wilkins, 1927.

Philosophical Society of Edinburgh, 1733. *Medical Essays and Observations*.

Scarlett, E.P. "Medicine and Poetry." *The Canadian Medical Association Journal* (1937): 74-79.

Web. Accessed 19 Mar 2015 from:

<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1562133/>

Ward, Thomas Humphry, ed. *The English Poets*. New York, London: Macmillan and Co., 1880–

1918; Bartleby.com, 2013. Accessed 25 Mar 2015 from:

<http://www.bartleby.com/br/337.html>

Yagsur, Batya S. "Are You a Great Diagnostician?" *Medscape*. March 2013. Web. Accessed

21 Mar 2015 from: <http://www.medscape.com/viewarticle/780889>