WHILE THERE is significant thematic overlap between the four sections of this book, this section attempts to plumb in greater depth what the previous section identifies as a preeminent discourse in the creation of freakery: science and medicine. Each of these essays, however, fleshes out these questions in relation to another British social tension as well. Meegan Kennedy’s essay provides an English Victorian inquiry that complements work like Tchen’s on Asians in the United States. She examines the social understanding of “monstrous or uncontrollable growth at the borders of British empire,” situating the “Oriental” in Britain, with regard to the medical management of Hoo Loo, a man with a massive testicular tumor. Christine Ferguson looks at physician Frederick Treves’s discursive manipulation of the famous Joseph Merrick as he “toured” London social circles. While it offers a particular focus on the famous “Elephant Man,” this argument opens up questions about the linguistic/textual production of freakery in general. Finally, Nadja Durbach looks at scientific discourses about evolution, ideologies of imperialism, and their relationship to Krao Farini, a Laotian woman who opened her career at the London Aquarium in 1883 exhibiting as the “missing link.” Durbach’s essay not only tackles science but also forms a link to the next section of the book, which addresses the role of empire and social perception of race in shaping—and understanding—freakery.
MEDICAL NARRATIVES of extraordinary bodies must negotiate a long tradition of “the curious” in British culture. Lorraine Daston and Katharine Park, for example, argue that the unknown and the wondrous were precisely what early modern science was charged with examining. However, that long tradition began to shift its ground during the nineteenth century. Curious cases were no longer as welcome in medicine and the sciences, as workers in these fields struggled to define and to attain a new ideal of professionalism. Medical texts began to demonstrate an increased anxiety of genre, in an effort to distinguish their narratives from those such as R. S. Kirby’s six-volume *The Wonderful and Scientific Museum; or, Magazine of Remarkable Characters* (1803–20), for example, which combined spectacle and entertainment with the claim of educational content and offered copious illustrations to lure readers (figure 4.1).

In fact, even Kirby’s text registers that cultural shift: the first volume of his compendium was titled *The Wonderful and Scientific Museum*; the third, *Kirby’s Wonderful and Eccentric Museum*. That shift in title—to “eccentric” museum—anticipates the changes in what “science” could comprehend during the 1830s and 1840s, with the intensification of debates over the borders of appropriate medical practice. As part of...
the vexed process of professionalization, which included an increased interest in studying normative disease experience, curious phenomena fell out of favor as the proper matter for medical science.\(^5\) This suspicion of the curious was well established even in popular discussions of medicine by 1859, when George Henry Lewes commented, in the course of a discussion of fantastic cases of fasting, “It is rather startling
to find so learned a physiologist as M. Bérard recording such cases, and trying to explain them. The possibility of deception and exaggeration is so great, that we are tempted to reject almost every one of these cases rather than reject all physiological teaching.” Physicians began to consider the curious case as improper—inappropriate for a medical or scientific narrative—due to its generic markers: a singular patient or unexplainable event, a rhetoric of extremity, and an explicit appeal to the emotions. As a result, although curious cases do not disappear, most medical authors begin to shroud the profile of the curious in their unusual cases, instead emphasizing their use of clinical protocol, permitting a curious discourse only intermittently, and turning to euphemisms such as “interesting” to replace “curious” or “singular.”

The author of the medical report from Guy’s Hospital in the Lancet of April 16, 1831, however, makes it clear that the case he records here is a curious case. It is a remarkable case, in fact, bringing together a number of significant topics in British medicine: a disease of remarkable or unstoppable growth, a patient of an exotic race, a medical error, and the properly objective stance of a medical practitioner. The proceedings of the case testify to the British faith in, and the limits of, nineteenth-century clinical medical knowledge and recall the most spectacular aspects of eighteenth-century medicine, while the rhetorical and visual choices made in the text and illustrations, typical of the period, demonstrate a timely anxiety over problems of monstrous or uncontrollable growth at the borders of the British empire.

In this case, Hoo Loo, a thirty-two-year-old “Chinese labourer,” journeys from Canton to England seeking treatment for “an extraordinary tumour [in his scrotum] . . . of a nature and extent hitherto unseen in this country” (86). Chinese surgeons would have had more experience with scrotal tumors, which were more common in Asia. Scrotal swelling can be caused by tuberculosis, syphilis, and hydrocele (a sac of fluid in the scrotum), among other diagnoses, but in Asia, Africa, and South America this condition is especially associated with scrotal elephantiasis. John Esdaile, in Mesmerism in India (1846), reports on cases of elephantiasis, hydrocele, and syphilis in this context. Elephantiasis probably accounted for Hoo Loo’s fifty-six-pound tumor, based on the postmortem discussion. Immense (“mature”) tumors of every sort, ranging from five to eighty pounds, were also more common in China, in part because practitioners there only rarely performed surgeries at this time.

Thus, despite their relative familiarity with afflictions like Hoo Loo’s,
Chinese surgeons (and the English eye surgeon Thomas Colledge, who sent him to Britain) had declined to operate on him—prudently, as it turns out. The famed Sir Astley Cooper, however, and his protégé, Charles Aston Key, accepted the challenge and proceeded to surgery on April 9, 1831.

Because of the complex anatomy of the area, when speed was crucial in allowing the patient to withstand the rigors of surgery. Cooper decided to simplify the procedure by simply cutting off the penis and testes to save time, rather than attempting to preserve them, but the operation still lasted an hour and forty-four minutes, a “tremendous protraction” due to the occasional pauses to allow the patient to recover when he fainted from the pain. The various reports of the surgery differ on the amount of blood lost, agreeing that an emergency transfusion did take place, but “he sunk” anyway, from either shock or loss of blood.

In its role as a spectacular failure of British medical superiority, the case of Hoo Loo triggered debate over surgical standards. The Lancet, the dominant reformist medical journal in Britain and a powerful voice in the struggle to professionalize medicine, loudly voiced the opinions of its editor, Thomas Wakley, on the sometimes egregious gaps in medical competence. Wakley printed the Hoo Loo case as the regular report from Guy’s Hospital, probably written by one of the surgeons there, but he prefaced it with a scathing editorial that, while acknowledging “the manual skill of the operator,” thundered against the “very serious errors” of judgment that doomed the case. He concluded that the length of the surgery, combined with “the time and place selected for the operation[,] showed an extraordinary, if not a fatal, want of professional discrimination.” The Lancet’s position is delicate. On the one hand, its editorial embraces the role of reformer. On the other hand, there is no indication that Wakley, as editor, called for revisions in the report from Guy’s Hospital; and by printing it, the Lancet implicitly endorsed the report’s version of events—a version that calls into question the professionalism of not only the operator but also his scribe.

That version of Hoo Loo’s case stages the patient as a curious case; it also embraces sentiment in its portrayal of an exotic protagonist and his tragic, stoic death in extreme circumstances. And it triggered an equally impassioned discussion of medical standards, in and out of the professional press. Most interesting, perhaps, the striking full-length portrait of the patient, captioned “Poor Hoo Loo and His Tumour,” raises questions about the relation of professional knowledge and
medical representation to British beliefs about race, nationalism, and imperial ambition. In particular, Hoo Loo’s case, like others in the Lancet during these crucial years of professionalization, suggests that the discourse of nineteenth-century case histories enabled the exoticization of “grotesque” diseases, such as elephantiasis, genital tumors, and morbid obesity. Diseases like these locate British concerns over excessive growth and the security of national borders. Because the bodies most frequently depicted as portraits in the mid-century Lancet depict illnesses of grotesquerie, in particular uncontrolled physical growth, they carry the potential of signifying monstrous, unsustainable appetite and expansion beyond “natural” bounds of the body. Because they are often associated with problems of generation, they offer a venue for the expression of anxieties over the reproduction of the British nation abroad. And because these bodies are also almost always exoticized, with their usually Asian or Southeast Asian features clearly marked, the sickness of monstrous growth coincides, here, with some of the global locations where the British empire was most rapidly expanding. The conjunction of sentimental discourses with curious and spectacular representations of these patients may represent one way of textually fixing onto the “other” the mid-century anxieties over the viability of British imperial appetite.

The Curious Case of Hoo Loo and His Fortitude

The report of Hoo Loo and his tumor displays a number of rhetorical characteristics typical of a singular genre of medical narrative: the curious case, which flourished in the eighteenth century and persisted into the nineteenth century, in the teeth of increasing pressure toward objectivity and normative cases. Such survivals are more common than might be expected, even late in the century, but the curious discourse in these cases is typically tempered with more careful scientific detail. By 1896, for example, with the publication of a collection of Anomalies and Curiosities of Medicine, the American editor carefully framed the encyclopedic but eccentric text as itself a curiosity in the era of clinical medicine.17

The rarity and difficulty of Hoo Loo’s case immediately tags it as curious. Certainly mature tumors like his were rare in Britain, and his was enormous even compared to other mature tumors in the medical literature. Nonmedical reports on the case not surprisingly exhibit the
rhetoric of extremity and emotion that marks curious discourse. The Times, for example, concludes its article on the case with the exclamation, “[The tumor’s] circumference, when detached from the body, was exactly four feet!” Even the Guy’s Hospital report in the Lancet did little to diminish the curious aspects of the case, however, instead emphasizing them through its narrative choices. A curious discourse recurs in the report, conveying extremity (“an extraordinary tumour . . . hitherto unseen”), exoticism (Hoo Loo’s Chinese ethnicity), and sexuality (the location of the tumor). Other cases of sizable genital tumors in the Lancet during the first half of the nineteenth century also often signal the status of their case as curious in phrases such as “most interesting,” “an enormous size,” and the like. Like these, Hoo Loo’s case history registers the uneven progress of the shift from a more curious and sentimental medicine to the more clinical and scientific medicine of the nineteenth century.

Another rhetorical hallmark of a curious case is its oscillation between sometimes discordant discourses and genres, as the author draws from different, even conflicting, narrative norms. Hoo Loo’s case includes significant shifts in tone of this sort, recording the author’s complicated response to the rapidly changing situation. The author of the Guy’s Hospital report, probably a surgeon associated with the case, at first makes the most of the curious aspects of Hoo Loo’s story. We hear that “the case excited considerable interest, both in and out of the profession,” and in fact, on the day set for the excision of the tumor, “an assemblage, unprecedented in numbers on such an occasion, presented themselves for admission at the operating theatre, which was instantly filled in every part.” Due to the crowd, Cooper moved the operation to the “great anatomical theatre . . . where accommodation was afforded to 680 persons” (86). Although the placement of the operation in the “great anatomical theatre” suggests that Hoo Loo’s case is of educational value, it also proleptically figures him as a cadaver being dissected, while the “considerable interest” and great size of the audience unhappily recalls some of the great spectacles of early medicine, by this time considered inappropriate to professional decorum.

While the hospital report sets the scene by soliciting attention through a discourse of the spectacular, it assumes a brisk clinical tone in order to chronicle and explain the complex surgery. Unfortunately, the procedure itself was not as brisk, ultimately causing Hoo Loo’s death. It is at this point, when the narrative must detail how the powers of medicine begin to fail the patient (and his surgeons), that the consistency
of the clinical narrative begins to falter as well. As if to fill this gap of clinical knowledge, a sentimental discourse emerges instead in statements such as this one: “Immediately after the removal of the tumour, another fit of syncope—if syncope could be said to be at all incomplete for the last half hour—came on, from which the poor fellow did not for a moment rally.” The desperation of the operators becomes evident in the phrasing of the last moments of the procedure: despite the frantic blood transfusion “from the arm of a student” (one of “several” who volunteered), the narrator reports, “The patient did breathe after the operation, but that is as much as can be said. Artificial respiration was subsequently, but vainly attempted” (87). The image of the narrator here shifts from that of an expert observer or even participant to that of a sympathetic, even despairing spectator.

Hoo Loo’s death, once it is established, prompts the narrator to launch into a eulogy that rehearses the operation from another, even more sentimental, perspective, and not inconsequentially revises the image of British medicine in the process. This view emphasizes what is most curious about the patient: not his remarkable tumor, as it turns out, but his extraordinary stoicism in the face of unthinkable pain.

The fortitude with which this great operation was approached, and throughout undergone, by Hoo Loo, was, if not unexampled, at all events never exceeded in the annals of surgery. A groan now and then escaped him, and now and then a slight exclamation, and we thought we could trace in his tones a plaintive acknowledgment of the hopelessness of his case. Expressions of regret, too, that he had not rather borne with his affliction than suffered the operation, seemed softly but rapidly to vibrate from his lips as he closed his eyes, firmly set his teeth, and resignedly strung every nerve in obedience to the determination with which he had first submitted to the knife. (87)

Here the language of extremity, typical of curious discourse—“fortitude . . . never exceeded”—pairs with a sentimental identification with the patient, in which the spectators “thought we could trace” his thoughts, his regret, and his resolve. Hoo Loo’s body, too, is transformed here from a clinical object (originally evident in the title, which details the borders of the tumor as “extending from beneath the umbilicus to the anterior border of the anus” [86]) to a sentimental type, figured only in clichés evoked through the process of identification. That this process is an imaginative rather than an empirical one is evident from the
narrator’s claimed knowledge, despite the cloth obscuring the patient’s face, that Hoo Loo’s regret vibrated from his lips, as he closed his eyes, set his teeth, and strung his nerves up to the ordeal. In juxtaposing Hoo Loo’s stoic demeanor during surgery to the medical narrator’s more agitated, melodramatic apprehension of the event, this case reverses the doctor-patient hierarchy of objectivity over subjectivity that nineteenth-century British medicine would set itself to achieve.\textsuperscript{21}

\textbf{Reading the Event: Spectacle, Stoicism, and Race}

The record of the surgery provided by the Guy’s Hospital report is thus evidently a shaped narrative, pointing toward a particular reading of the situation. This becomes especially clear in comparing the report with other published versions of events. The \textit{Times} article describes the scene as more chaotic than the \textit{Lancet}’s merely factual record of a massive audience. Indeed, the \textit{Times} reports that the hospital was “absolutely besieged” by “the most celebrated medical men” and that “a rush was immediately made by those assembled” to the theater, which “was crammed in every part within two minutes of the doors being opened.” Although the \textit{Times} noted the presence of at least fourteen “celebrated medical men” by name, descriptions such as the one above suggest not a professional demonstration but a mob scene. Similarly, an article in \textit{Bell’s Weekly Messenger}, a conservative newspaper, provides details that only exacerbate the suggestion that the operation had become a spectacle: audience members were offering money to obtain Hoo Loo’s “Chinese hat” or queue as “some memento” of the occasion. The hospital’s report, not surprisingly, does not mention this rush for souvenirs.

\textit{Bell’s} also presents an image of Hoo Loo that is not nearly as stoic as that in the \textit{Lancet}. In \textit{Bell’s} the author reports that hospital “authorities” very much regretted not having provided “persons . . . who could act as interpreters to the unfortunate foreigner; and who would, at the same time, by soothing the poor fellow in his own language, keep up his spirits, and render him that explanation and assistance . . . of which the poor fellow appeared so much in need.” \textit{Bell’s} even dwells on Hoo Loo’s agitation during the surgery, reporting (from a spectator familiar with Hoo Loo’s language) that he called out, “Unloose me! Unloose me!” “Water! help! water! let me go!” and, finally, “Let it be—let it remain—I can bear no more!—Unloose me!”\textsuperscript{22} There is little evidence
in this horrific scene of the extraordinary stoicism that the Guy’s Hospital report insists on seeing in Hoo Loo.

These lay periodicals attribute Hoo Loo’s death to an unforeseen complication of his racial identity. Bell’s comments that Hoo Loo “appeared to suffer greatly from the loss of [about sixteen ounces of blood], which would not have dangerously affected a European.” Similarly, the Times concludes that Aston Key’s delays throughout the procedure were prudent and responsible, and that Hoo Loo’s death was due to “the shock inflicted on his nervous system by the operation, and to the loss of a quantity of venous blood, which an ordinarily healthy European would have borne without any dangerous effects.”

The experiences of the surgeons Peter Parker and John Esdaile prove that this is not necessarily the case. Esdaile reported many successful resections of elephantiasis of the scrotum, and Parker excised many mature tumors. But while Aston Key was poised at the epicenter of British surgery and operating under the scrutiny of the assembled London medical community, Parker and Esdaile were clearly positioned at the margins of British surgery, in China and India. Ironically, however, their residence, far from the metropole but in the path of tropical disease, probably also accounted for the relative facility with which they performed operations like that on Hoo Loo, as they encountered such tumors far more frequently. The American missionary surgeon Peter Parker, whose Ophthalmic Hospital at Canton provides some of the best, and first, documentation of the practice of Western medicine in China, achieved remarkable success in his overcrowded hospital in the factory district of Canton. He successfully removed dozens of mature (immense) tumors, of a difficulty analogous to the case of Hoo Loo and involving major blood loss, such as a well-vascularized tumor two feet long and three feet in circumference, on the clavicle of a forty-nine-year-old man. Although that surgery was unexpectedly severe, so that Woo Kinshing convulsed and fainted, having lost “about two pounds of blood” (Parker’s emphasis), he recovered completely. In an 1846 treatise Esdaile reports having successfully removed twenty-eight large scrotal tumors over the course of eight months, without a single fatality (137). He represented an especially marginal voice in the medical conversation due to his promotion of mesmerism as an anesthetic. However, he attributed his success to that very technique. In the case of Gooroochuan Shah, who suffered from a “monster tumor” of eighty pounds that he “used . . . as a writing-desk,” Esdaile comments that the mesmerized patient’s freedom from “pain and struggling” or “bodily and
mental anguish” allowed his body to withstand the blood loss, which was “great” (140). Notably, the case histories written by these physicians do not carry the sentimental charge that so inflects Hoo Loo’s operative report.

**Sentimental Medicine and Its Failures**

Hoo Loo died, then, despite—or perhaps because of—his apparent advantage in being in London, under the knife of one of Britain’s foremost surgical authorities. In fatal cases such as his, sentimental discourse regularly appears to compensate for, and (ironically) point up, surgical failure. Some of the common tropes of these fatal cases, as well as the singularity of Hoo Loo’s case, become clear with comparison to another case of scrotal swelling. The *Lancet*, in an editorial on an inquiry into an 1825 case of hernia, promises to “recapitulate the facts of the case.”

John Moore’s case begins tersely enough:

1st. John Moore, aet. 32, admitted Wednesday, Feb. 23d, at half-past five in the morning, having an irreducible Hernia since the preceding day at two o’clock in the afternoon. Taxis first . . . immediately on his admission.

2dly Taxis by Joberns at nine o’clock—unsuccessful—urgent state of the symptoms at this period. (29)

But as the *Lancet* reviews Moore’s situation, which was worsening while Joberns delayed operating, its tone becomes more and more extreme.

4thly. One o’clock, p.m. Arrival of Mr. BELL, who, with Mr. JOBERNS, again employed the taxis—symptoms deplorable—scrotum black and blue—operation deferred!!!

5thly. Half-past four, p.m. CONSULTATION!!! at which all the Surgeons were present. . . .

6thly . . . Proposal to postpone the operation till the following day!!!—Dreadful state of the patient at this period, and his solicitude for an immediate operation. . . .

7thly. About half-past five!!! The OPERATION performed . . . humiliating spectacle!!!

8thly. Subsequent treatment—DEATH of the patient, and its probable cause!!!—REFLECTIONS.
Such is a brief recapitulation of the outlines of this melancholy case, and it has never fallen to our lot to describe a scene so truly humiliating—so unequivocally demonstrative of the fatal effects of delay—or of the dreadful results of INDECISION!!! (29)

While the case of John Moore differs from that of Hoo Loo in several respects, most importantly Moore’s Caucasian identity and his diagnosis of the more familiar British or garden-variety hernia rather than Hoo Loo’s exotic scrotal elephantiasis, its similarities allow us to recognize an important aspect of how medical narrative used different kinds of discourse to construct and manage the beginnings of professional authority. Sentimental and clinical discourse, in particular, become tools in the case history of Hoo Loo, with which the author attempts to direct and restrict possible readings of this unhappy episode in the annals of surgery.

Many kinds of medical cases exhibit the physical necessity for swift decision and swifter action; why would the cases of Hoo Loo and John Moore in particular prompt this heightened rhetoric? We may compare these briefly to a similar narrative of delay and sorrow in the *Lancet*’s report of the 1825 trial on the case of James Wheeler, who suffered from “inflammation of the lungs,” for which he was bled from the arm (a common procedure at the time for inflammatory ailments). However, an artery was nicked during the bleeding, and in an effort to stem the hemorrhage, his arm was bound up tightly for three days, after which “mortification” set in and Wheeler died. While Wheeler’s case does include some sentimental passages, it significantly declines to indulge in much of the exaggerated rhetoric that characterizes Hoo Loo’s and Moore’s cases. Wheeler “died from the accidentally opening an artery in the arm, and from the want of proper attention,” but here the sentimental editorializing of the *Lancet* is almost entirely unmixed with the horror and outrage (marked by capital letters and multiple exclamation points) evident in Moore’s case in particular. The *Lancet* follows its generally sober discussion of Wheeler’s fatal arm procedure with a recapitulation of Moore’s mistreated hernia, wherein the more excitable rhetoric reappears.

Similarly, no sentimental discourse appears in another seemingly curious case, that of Nicholas Pearson, whose thirty-seven-pound adipose (fatty) tumor of the abdomen was successfully removed by Astley Cooper (Hoo Loo’s surgeon). In Cooper’s five-page report of the case, published in 1821 in *Medico-Chirurgical Transactions* with a plate
depicting the patient, the only hint of curious discourse is in one word, his description of the tumor’s size as “prodigious.”

Hoo Loo’s and John Moore’s cases, unlike Wheeler’s or Pearson’s, combine two situations in which curious or sentimental discourse seems more likely to be mixed with the emerging norm of clinical discourse: medical error and disease at the site of reproduction. In all these cases, the patient has died due to the failure of medical knowledge or treatment. Iatrogenic illness or injury (caused by medical treatment) and medical incompetence, although deplored for centuries, was only beginning to be considered a problem that could be ameliorated by organized effort, such as the Lancet’s reformist editorials. Evident in the editorial on John Moore is the author’s (probably Wakley’s) frustration at continued incompetence and the inability of medical prowess to save the patient once delay had occurred. In such a case, the sentimental discourse serves to signal outrage and the determination to improve standards of care, thus rhetorically standing in for the desired, professional action, even though the sentimental stance seems incompatible with the ideal detachment of an emerging professional identity. Ironically, in this familiar narrative, replete with tragic irony (“they could have saved him if only . . .”), the patient’s death actually becomes rhetorically necessary to the editorial’s narrative logic, to fulfill the implied trajectory of sorrow and dismay.

The Lancet’s editorial on Hoo Loo’s case similarly employs sentimental and sensational discourse as a vehicle for a reprimand of medical ill judgment, terminating in the death of the patient, and sentiment serves a similarly vexed role in this case. Although declining to “call into question the manual skill of the operator,” the editorial deplores several of Cooper’s and Key’s choices as “injudicious, nay, particularly unphilosophical” (84). These include, first, the decision to perform the operation before Hoo Loo’s body could adjust to a foreign climate. “Medical geography” extensively influenced eighteenth- and early nineteenth-century medicine, so that one’s constitution was thought to become habituated to a particular climate and to require particularly careful treatment upon travel, especially to an environment associated with disease. Indeed, the Guy’s Hospital report comments that during Hoo Loo’s voyage, “the change of air had an effect on his constitution, as to occasion a material increase in the tumour” (86).

In a second failure to follow the dictates of medical geography, the editorial points out, the surgeons should have known not to perform the operation in an unventilated operating theater “rendered unfit for the purposes of respiration by the crowd,” when Hoo Loo’s body had been
accustomed instead to the “pure and peculiarly invigorating breezes of the ocean” on his journey to England. The editorial reports that conditions in the operating theater were such that “many of the spectators were covered with perspiration, were pale as death, and closely approaching to a state of fainting,” and rhetorically asks, “What then must have been the condition of Hoo Loo, who with bound limbs was compelled to breathe in such a place for a period of two hours, during one hour and forty-four minutes of which he was under the infliction of the knife?” (84). This concern for the ill effects of spectacularity and the curious crowd appears in cases as early as the seventeenth century, associated with the impulse toward objectivity, but here it appears in the guise of pathos.

Most of all, the surgeons were at fault for “the length of time which poor Hoo Loo was under the tortures of the knife” due to Key’s decision to “discontinue the use of the knife, while the patient was in state of syncope” (fainting), since “the vital energy is unable to contend against the long continuance of such unusually severe pain.” Here as in Moore’s case, delay contributes to the irrevocable decline of the patient. In sum, “the time and place selected for the operation showed an extraordinary, if not a fatal, want of professional discrimination” (84). Interestingly, neither the Lancet editorial nor the Guy’s Hospital report mentions a damning fact that emerges in the Times article: Sir Astley Cooper actually left the room after the procedure, in a remarkable misreading of the patient’s condition, assuming that Hoo Loo would “speedily rally from his faintness.”

The discourse of “the curious” in the hospital report conveniently minimizes these medical mistakes in Hoo Loo’s case: his extraordinary tumor was a risky and unfamiliar surgery to begin with; his Chinese origin rendered his body exotic and strange to these British doctors; his Chinese culture meant that the tumor had not been removed at an earlier, simpler stage; his long journey and his sudden immersion in a strange climate no doubt tired his body and rendered it less resilient to pain; and so on. The Lancet’s editorial itself is not free from sensational discourse and the staging of the case as a spectacle, citing details such as the “tortures of the knife” or the spectators “pale as death” and close to fainting, but it claims the high moral ground of good judgment and medical progress regardless (84).30

In such a case, heavy with the pathos of the patient who came so far seeking help, only to be tortured to his death on the table, sentiment can serve the crucial purpose of demonstrating the physician’s good intentions and empathic connection with his patient. In fact, the
Lancet’s editorial, which prefaces and thus also frames the case, begins by referencing Hoo Loo as “the unfortunate Chinese” and foregrounding the “deep and painful anxiety” of its readers (83). While indirectly acknowledging the failure of nineteenth-century medical science and in fact defying the crucial tenet of scientific status—objectivity—that would develop later in the century, sentimental medicine draws upon the sensibilities of an earlier century to heal Hoo Loo figuratively, by signifying the physician’s humane purpose and identification with the patient. The sentimental passages in the case history also rhetorically invoke the personality and virtues of Hoo Loo, as if to call his image up from the dead (like a eulogy). Likewise, an engraving in the Lancet depicting the final sutures must have been drawn from his dead body, but it also proleptically cures Hoo Loo’s tumor and restores him to health.

In this way the sentimental passages in Hoo Loo’s case act as rhetorical strategies similar in function to those common in eighteenth-century case histories—as an acknowledgment of the limitations of medicine, and as a means of symbolically recovering the patient through an empathic relationship expressed by the physician and shared by his readers. Rather than permit the case to remain a truncated, failed surgical report, the excursion into sentimental narrative reorients the text, and this exotic case, around a familiar narrative that presumes death and certifies the narrator’s virtuous concern.

But sentiment, ironically, is what kills Hoo Loo. The surgeons’ sympathy for the patient contravened established medical practice by “allow[ing] [him time] for recovery from the fits of exhaustion which supervened” (“Guy’s Hospital,” 87). While his medical team humanely paused in the surgery, Hoo Loo continued to lose blood and eventually died, in the judgment of Mr. Key the surgeon, of “haemorrhage.”

**Sentimental Generation and the Orient**

If iatrogenic injury often inspires case histories to veer toward curious or sentimental discourse, another trigger is a focus on diseases of the organs of generation—especially breast or uterine cancers, puerperal fever, or genital tumor. One also encounters sentimental moments in some cases involving children with severe illness, perhaps because these represent reproductive possibility. Around this time the Lancet published cases such as that of Wangke, a little slave girl with a large encysted tumor
on her sacrum, whose mistress “felt for her the affection of a mother”; or Lew Akin, “the only child of her affectionate parents,” with a steatomatous tumor on her right hip that was larger than her body itself, and whose father seemed more troubled by the surgery than she was.\(^\text{32}\)

Unlike James Wheeler or Nicholas Pearson, both John Moore and Hoo Loo suffered from swollen genitalia. Although hernia and scrotal elephantiasis develop from very different causes, the readiness with which the narrative turns to sentimental discourse in each of these cases suggests that there may be a symbolic, cultural resonance at work here, where excessive growth in the generative parts is conjoined with the inability to reproduce healthily and culminates in the death of the organism.

Two important differences between the cases of John Moore and Hoo Loo, however, suggest that the swollen genitalia of Hoo Loo carry a particular symbolic, cultural resonance as well as a professional reproof. The most obvious is perhaps Hoo Loo’s visibility in the text, in engraved illustrations. The several renditions of John Moore’s case do not offer any visual representation of his body, despite the surgeon’s defense that “the tumour on the scrotum [was] of very unusual form and alarming appearance,” which led him to postpone the diagnosis of hernia.\(^\text{33}\) Hoo Loo’s case, on the contrary, concludes with four illustrations: a full frontal view of Hoo Loo in Chinese robes displaying his tumor (figure 4.2); a view of the lower torso of Hoo Loo after the surgery; and two illustrations of the tumor itself, though without a depiction of the tissue upon microscopic analysis, a view that would become more common later in the century. The figures are captioned “Poor Hoo Loo and His Tumour,” in an echo of the sentiment that distinguished the central section of the case.

“Poor Hoo Loo and His Tumour,” as a caption, conventionally suggests a double subject for the illustration, or the presence of a pet (a dog or horse) with the subject, as was common in portraiture of the period. Stephen Rachman has noticed a similar illusion in Lam Qua’s portraits of patients such as Woo Kinshing, wherein “the tumor often appears as the patient’s prop.”\(^\text{34}\) Indeed, Parker and Esdaile note other instances in which a patient comes to treat his tumor as a prop—a cushion, a seat, or a desk, as in the case of Gooroochuan Shah.

But such a locution also suggests Hoo Loo’s alienation from his own body, such that the tumor becomes his burden rather than flesh of his flesh. The full-length image, showing the tumor outside his robes, visually corroborates this impression. If, as Susan Stewart suggests, the body
is both “contained and container at once,” here what should remain internal and hidden becomes external, as if independent, and all too evident. In fact, Hoo Loo’s tumor is his master, constraining his mobility and coloring his existence.

This unusual circumstance further differentiates and exoticizes Hoo Loo, who is indeed not like any of the other 680 men in that sweltering theater. The only one in thrall to such an imperious companion, his loss of this alter ego on the table would entail a further loss of identity.
The *Lancet*'s illustration of the postsurgical repair demonstrates Hoo Loo's potential loss through the comparative simplicity of this image. It depicts the corpse from abdomen to thighs only, utterly unremarkable, naked and with no identifying markings apart from the repair. Only, perhaps, the clenched hands suggest the memorable story of Hoo Loo. Clearly, this case would lose much of its curious and sentimental appeal were such a repair to have been successful.

It is perhaps not unusual to find illustration of Hoo Loo's case, given his diagnosis; curious cases like those of elephantiasis or hydrocele do tend to offer illustrations of these striking ailments more often than cases involving more mundane tumors. But it is remarkable to find multiple images of the patient, including a full-length portrait showing his face, especially given that images of patients were already rare in British medical journals of this period. Full-length portraits are extremely rare and occur almost always in “curious” cases. Images of tumor are by no means standard, and when one is offered, the image is usually confined to a focused view of the tumor itself (figure 4.3). The illustration of the scrotal tumor of a “servant man Keogh” in 1836, for example, shows only the immediate area of the tumor, with cloths draped around the abdomen and thighs as if to obscure the rest of the body. In fact, even when a tumor is on the patient’s neck, an effort is generally made to exclude or play down the face in any illustration (figure 4.4).

Perhaps we can account for Hoo Loo’s full-length portrait by the need to depict the scale of his extraordinary tumor, but the image is still remarkable for what it displays and what it hides. Four other images in the *Lancet* between 1820 and 1870 also represent an immense scrotal tumor. In all these cases the patient was shown full-length and entirely unclothed, presumably so that the scale of the tumor could be ascertained in relation to the individual anatomy of the patient, and its size foregrounded against the background of the thin body that supports it. However, the clothing depicted on Hoo Loo obscures these important pieces of information. It can serve little purpose other than to register his cultural and ethnic derivation.

An examination of these other cases bears out this thesis. Only the earliest, an 1829 case, represents a European. This soldier is depicted with an almost heroic physique and stance despite his sizable tumor (figure 4.5). The artist’s attention to the patient’s musculature and the care in posing this patient so as best to display the tumor result in a self-confident figure that seems to imitate some classical nude (were it not for the tumor), and stands in sharp contrast to Hoo Loo’s hunched
Part II: Science, Medicine, and the Social

In the other cases, in an 1846 article on sarcomatous tumors, the patients represented are Indian, and the artist carefully depicts their “native” features and (in one case) long hair. This convention of marking ethnicity is typical of the period; a similar full-length illustration of a nearly naked tumor patient with ethnic markers occurs as early as 1796 in another journal (figure 4.6). The illustration of Paunchoo marks his ethnicity through his cap, the cord around his waist, and the long bamboo staff in his hand. Again, the illustration seems to be due to the spectacular nature of the case, since the author, John Corse, describes the case as “very extraordinary,” with an “amazingly large tumour.” But because these other examples of scrotal tumor are depicted naked or nearly so, Hoo Loo’s clothing represents a departure from the norm.

Figure 4.3

Figure 4.4
of illustration in medical periodicals and may well serve primarily as a marker of his “exotic” Chinese identity.

Many of these cases, although not the Guy’s Hospital report, register concern over the accuracy of the illustrations. Corse boasts that his illustration is “justly esteemed a very true and striking likeness of the patient, as well as of the parts diseased, by all, and those not a few, who have seen him” (262–63). Wallace comments, “Here is a drawing of the disease, well executed, and by an admirable artist, Mr. O’Neil, yet
it affords but a very inadequate idea of the disease.” In contrast, the Guy’s Hospital report describes what is visible in its four engravings, but it does not address their accuracy as representations, another indication that the primary purpose of the illustration of “Poor Hoo Loo and His Tumour” may not be to educate.

One other unusual case in the *Lancet* also uniquely features a full-length patient portrait that offers little information other than ethnic marking. Strikingly, it also combines the attributes of extraordinary growth, exotic racial identity, spectacular status, and a disorder of generation. A “Remarkable Case of Obesity in a Hindoo Boy Aged Twelve Years” (1859) includes an etching of Shakarm, a Mahratta, “known in the streets of Bombay under the *soubriquet* of the ‘Fat Boy.’” The illustration of Shakarm (figure 4.7) does not offer much in the way of medical information, which is provided by the table of his measurements in the text, and no treatment for his condition is offered—or, indeed, even considered. Like Hoo Loo and his kin, Shakarm combines a body growing beyond its bounds with a peculiar inability to reproduce; his “genital organs . . . are not larger than those of an infant, while the testes are very small, and seem either to be undeveloped or to have become atrophied.” His image does, however, offer a spectacle like the grotesqueries on display in the London streets and at Bartholomew Fair—a boy entirely “encased in an immense mass of solid adipose tissue”! The image complements Shakarm’s stagy *soubriquet* of “The Fat Boy” of Bombay, given that he is portrayed wearing only his cap, which marks him even more definitively as “other.”

These characteristics—the portrait-style posing and the inclusion of ethnically marked clothing—also characterize a series of oil paintings of Peter Parker’s most striking cases, painted by the artist Lam Qua from 1836 to 1852. However, it is difficult to compare Lam Qua’s paintings directly to medical illustrations in the *Lancet*, due to the many differences in context: Lam Qua’s unique situation as a Western-trained Chinese painter, the status of his paintings as a possible gift instead of as part of a medical record intended for publication, the uncertainty over how each patient was chosen to be a subject of portraiture, and the apparent intent of portraying a range of cases of mature (immense) tumors. However, these portraits do demonstrate some qualities familiar from the case of Hoo Loo: the impulse to represent the extraordinary; the practice of portraying Chinese patients with clothing or, if naked, other markers of ethnicity; and the fascination with diseases of extraordinary growth. The paradoxical effect of Lam Qua’s portraits is in fact
to normalize such diseases, since almost all of his 114 known paintings depict a patient with a monstrous tumor.

The image of Hoo Loo, however, appears remarkable in the context of the *Lancet*, where mature tumors are rare; and it is made more unusual by this portrayal of the patient with clearly Asian features and dress: as a racial rather than a merely physiological specimen. In this particular case, then, the portrait of Hoo Loo stands in for the more detailed image of the tumor itself that might have been most useful from a medical standpoint. What it accomplishes instead is primarily—and even more...
effectively than the long hair and foreign features of the Indian patients in 1846—to mark Hoo Loo’s Chinese ethnicity clearly and unambiguously.

A second important distinction in Hoo Loo’s case, made more visible by comparison to John Moore’s, is the author’s striking emphasis on Hoo Loo’s stoical suffering. While John Moore pleads with his surgeons (note “his solicitude for an immediate operation”), Hoo Loo, as represented in the hospital report, exhibits a fortitude “never exceeded in the annals of surgery.” Given the author’s visual and rhetorical emphasis on Hoo Loo’s ethnicity, his stoicism then registers as another accoutrement, albeit a physiological one, associated with the Chinese.

This is borne out by other cases published in the *Lancet* featuring stoic Chinese. In an 1840 article surveying tumors in Chinese patients, G. T. Lay relates how Akae, a thirteen-year-old girl with a sarcomatous tumor the size of her head projecting from her right temple, “cheerfully submitted to be blindfolded, and to have her hands and feet confined [for the excision]. . . . She vomited, but did not faint . . . [and] after a nap, the child awoke cheerful as usual.” Similarly, Leäng Yen, a thirty-four-year-old woman with an immense tumor surrounding her right wrist, “bore” the operation “with uncommon magnanimity, and showed no uneasiness, save at not being allowed to follow the knife and the saw with her eye. She had always sneered at the idea of pain, and her practice was a full verification of her theory.”

Parker frequently commented on the stoicism of his Chinese patients. In contrast, although Peter Stanley points to examples of fortitude among English patients as well, most English patients were considered to suffer greatly from pain during surgery before anesthesia. Indeed, most surgeons even after the advent of anesthesia applied it selectively based on an array of factors, including the perceived sensibility of any particular body to pain, along a hierarchy in which patients who were (for example) female, wealthy, or white were thought to be more sensitive to pain than those who were male, poor, or nonwhite. The need for the surgeon to complete his operation swiftly, before the utter collapse of the patient, meant, as Alison Winter shows, that he required utter dominance over that patient’s writhing body.

Stoicism may be an accepted characteristic of the Chinese, but Hoo Loo is not, in fact, stoic—certainly not in comparison with Parker’s remarkable patients, given his anguished exclamations as the surgery progressed. His portrayal as stoic does not, then, accord with the facts of the case; it apparently serves discursive and rhetorical aims instead.
It helps fulfill the author’s need for a hero worthy of a sentimental narrative. But it also, especially in the context of the illustration, marks Hoo Loo conclusively as racially “other.”

What does it mean to present Hoo Loo’s heroic determination as Oriental, to render it a cultural phenomenon instead of an individual virtue? In the context of Hoo Loo’s sad tale, his “fortitude” presents an unacknowledged threat to the medical narrative by pointing up the contrast between the stoic patient, centered on his task of endurance, and his anxious physicians, changing their plan from moment to moment in reaction to a series of unforeseen crises.

However, the publication of this unusual illustration of Hoo Loo, by helping exoticize his stoicism as uniquely Chinese, regularizes the author’s (and the surgeons’) emotion, rendering their panic and dismay as an index of sensibility in the civilized English. The author’s sentimental discourse manages the eruption of the grotesque into the clinical case by normalizing Hoo Loo as “poor Hoo Loo” (84), establishing a familiar narrative in which the surgeons’ medical errors and emotional dissolution, in contrast to Hoo Loo’s supreme self-command, register not as incompetence or lack of self-control but as sensitivity and the pity of a superior culture desiring to help a suffering creature. Hoo Loo’s portrait, with its emphasis on traits “peculiar” to the Chinese, thus illuminates the importance of sentimental rhetoric in the case and its function as a rhetorical strategy. Clearly this text demonstrates not a failure to acknowledge medical reality but a strategic deployment of curious, clinical, and sentimental discourses as demanded by the exigencies of the text and its audience.

Anne Secord argues that, for many scientists, “visual pleasure could be tied to reason and lead to objective observation” via images, even (or especially) spectacular ones. That said, scientists also recognized the disturbing power of the sometimes spectacular images of scrotal tumor. When David Esdaile put together a popular (1847) edition of his brother’s treatise, Mesmerism in India, in which nearly thirty of the seventy-three surgeries discussed involved tumors or other problems with the genitalia, he chose not to publish the “nine beautifully executed drawings” (some of which were of scrotal tumor) but to allow the publisher, Longman, to retain them “for the inspection of the scientific, and the curious.” The images “are very striking,” comments David Esdaile, “but, unfortunately, their very fidelity is a reason for their non-publication, for, assuredly, they are fitted to shock the delicate, who are unaccustomed to witness the fearful ravages of disease on the human frame.”
Eesdaile’s nice distinction between the “scientific” and the “curious” acknowledges that there may be more than one way to observe these medical illustrations and carefully distinguishes “scientific” observation from mere “curious” gaping. His comments, with his care in restricting the circulation of the drawings, point to the continued importance of establishing and maintaining the generic identity of curious cases as science rather than spectacle—an issue I have also had to confront in choosing to reproduce similar images for the purposes of this discussion.

The Illustration of Empire

It is of course to be expected that the patients in cases of scrotal tumor would be largely Asian or Southeast Asian in ethnicity, since hydrocele and elephantiasis, the two most common causes of tumor in the groin, were known to be tropical diseases, and tuberculosis and syphilis, other common causes of tumor, were also prevalent in the area. Indeed, John Esdaile devoted an entire chapter of *Mesmerism in India* to hypertrophy of the scrotum because “it is so common in Bengal” (210). But why are elephantiasis, hydrocele, and other cases of excessive growth so commonly portrayed in illustrations, especially full-length ones, through the first half of the century in the *Lancet*, when other cancers, wounds, and dislocations are less so?

In part, these cases develop out of a newly awakened interest in tropical diseases. Textbooks on the subject appeared, from James Lind’s *Essay on Diseases Incidental to Europeans in Hot Climates* (1768) and John Clark’s *Observations on the Diseases in Long Voyages to Hot Countries* (1773), to James Johnson’s *The Influence of Tropical Climates, More Especially the Climate of India, on European Constitutions* (1815) and James Annesley’s *Sketches of the Most Prevalent Diseases of India* (1825). New professional organs such as the *Transactions of the Medical and Physical Society of Calcutta* (founded 1825) soon followed. Indeed, the surge in number and variety of tropical medical texts eventually led to a diverse array of resources including medical surveys, medical topographies, and imperial gazetteers. Partially, then, the likelihood of illustration in cases of scrotal tumor and similar tropical disease indicated an awareness that these diseases represented a hot spot in medical knowledge, a site of increased interest and concern, reflective of the increased activity and engagement of Britain in the government of its interests overseas and
its increased need for adequate medical knowledge in the management of its dominions.

But the prevalence of illustration in cases of scrotal tumor and other growths of the reproductive system, combined with their use of sentimental and curious discourse, signals a further possible import to these cases, concentrated as they are among an Asian and Southeast Asian population. Despite the rise of medical professionalism and the gradual valorization of a circumspect, detached perspective in medical narrative, curious portraits in general continue to appear in medical illustration through about 1875. This indicates a fascination in medical culture, as in Victorian culture more generally, with the cultural other. As Sander Gilman has pointed out, images of the cultural other often conflate the foreign qualities of racial, sexual, and pathological difference. In fact, in a survey of the *Lancet* between 1820 and 1870, while the number of full-length or full-face illustrations of patients diminishes markedly, those that remain are—like Hoo Loo or Shakarm—disproportionately Asian or Southeast Asian patients, marked with their ethnic identity, and exhibiting disorders of extraordinary growth.53 While these images do point to their subjects’ ethnic identity, they offer a curious portrait of individual exoticism, rather than the anthropomorphic “type” that became popular in ethnological photographs of the 1860s and later.54 They appear far in excess of their representation among the patient population of British physicians, and also in excess of their representation within the collection of cases published in the *Lancet* during this period. These patients, then, may be considered Orientalized cases, their meaning overdetermined by spectacle and discourse. The attention paid to the bodies of these particular patients signals that these bodies, and their disorders, carry additional cultural import and resonance in their status as representatives of “the East.” Even scientific narratives on China or Bombay could not avoid being freighted with some of the cultural meaning that collected around those particular prospective nodes of empire.

Rosemarie Garland-Thomson argues that “because [curious] bodies are rare, unique, material, and confounding of cultural categories, they function as magnets to which culture secures its anxieties, questions, and needs at any given moment. . . . Thus, singular bodies become politicized.” In such a context, it is notable that the interest in these Orientalized cases arises in the same historical moment that “the anomalous body” moves from “a narrative of the marvelous to a narrative of the deviant.”55 Unlike many of the “freaks” discussed in Thomson’s
book, however, Hoo Loo and his kin do not exhibit ambiguous bodies; they do not challenge cultural categories in the same way that a hermaphrodite or a porcupine man might. Instead, their visibility—which, like their bodies, was out of proportion to their number among patients of British physicians—serves as a kind of visual hyperbole, signaling the intensification of cultural interest around swollen “native” bodies. Reading these cases in conjunction with one another helps us recognize the significance in the publishing decisions of mid-century medical authors and of the *Lancet*, including their inclination to illustrate in particular these cases combining Oriental ethnicity with a body growing out of control, metaphorically consumed, apparently by its own overweening appetite.

Significantly, given the long tradition of considering the nation as a body, these Orientalized cases appear as metaphors of inflation located specifically in the site of reproduction. They are swollen bodies from the places where Britain might be most swiftly reproducing and regenerating itself: at the eastern borders of empire. The conclusion of the Napoleonic Wars in 1815 permitted a remarkable British expansion; one historian comments that “in the thirty or forty years after Waterloo the empire grew so rapidly and yet with so little sense of strain or effort that it looked as if there was some dynamic force which, once set in motion, carried its boundaries forward until they were stopped by mountains or oceans.”56 Another notes that the “massive expansion of British Imperial power” took place “especially in Asia [between 1786 and the late 1820s].”57 In a century beginning with the Act of Union with Ireland in 1800, the political and cultural work of empire had continued at an increasing pace in multiple sites, including—just in the years preceding the case of Hoo Loo—Wellesley’s unprecedented expansion of the powers of the East India Company (1798–1805); debates over Elgin’s importation of the Parthenon marbles (beginning in 1801); the abolition of the slave trade, part of a long debate on British responsibility in matters of international morality as well as economics (1807); the opening of the plains beyond the Blue Mountains in Australia (1812); the addition of the Cape Colony and Ceylon to British official holdings (1815); the unsanctioned founding of Singapore by the expansionist Sir Thomas Raffles (1819); the creation of British West Africa (1821); the first Anglo-Burmese war (1823); the establishment of the Straits Settlements, a Crown colony (1826); the British and French defeat of the Turks at Navarino (1827); and the first cholera epidemic, signaling the dangers of this more rapid pace of intercourse between lands (1831).
Even more important, physicians during this period were struggling to establish British medicine as an imperial force, attaining an “evangelizing zeal” by the 1830s and 1840s, and leading to both the expansion of medical facilities in India and a sharp rise in domestic medical awareness of empire and its issues.\textsuperscript{58} It is not unlikely that, in such a context, British medicine might well evince an increased interest in the excessive growth of foreign bodies.

How does colonialism make meaning of these bodies? David Arnold argues that “colonialism used . . . the body as a site for the construction of its own authority, legitimacy, and control,” and that “over the long period of British rule in India, the accumulation of medical knowledge about the body contributed to the political evolution and ideological articulation of the colonial system.”\textsuperscript{59} He focuses on the construction of a network of British medicine in India, but the process he describes also occurs, perhaps even more importantly, within British borders, in British periodicals and other media. The pattern I have noted in the cases above facilitates a particular view of the Indian and Chinese borders of empire as overgrown, inflamed, metaphorically rapacious, and—paradoxically—suggestive of a British impotence displaced onto the swollen figure of the “other.”

According to Thomas Richards’s figuration of the “imperial archive,” the knowledge-making project of Victorian morphology attempts to eradicate monstrosity by providing a taxonomy within which to accommodate every variety of being. Richards argues, however, that by the end of the century a new kind of monster had emerged, “beings capable of sudden changes of form” that “do not follow, and cannot be understood by, the ordinal system of morphological development,” threatening the disruption and downfall of a British empire built on knowledge.\textsuperscript{60} And Georges Canguilhem argues that the appearance of Darwin’s \textit{Origin of Species} in 1859 revises the construct of the biological “normality of a living thing” so that it comes to represent “that quality of its relation to the environment that enables it to generate descendants exhibiting a range of variations and standing in a new relation to their respective environments.”\textsuperscript{61}

However, the attention paid to Hoo Loo, Shakarm, and other Orientalized cases of swollen bodies within the pages of the \textit{Lancet} does not signal the presence either of the monstrosity that Richards sees in late-century Gothic texts or of the “abnormal,” in the sense of an unreproductive relation to the environment, that Canguilhem identifies in post-Darwinian biology.\textsuperscript{62} Rather, these cases represent another
category entirely, that of the grotesque, which suffuses mid-century fiction and, despite physicians’ valorization of detached rationality, persists in curious cases throughout the century. Stewart argues that the grotesque body is “inextricably tied” to the cultural other and represents “the assurance that the wilderness, the outside, is now territory.” If this is so, then since the grotesque is typically a disorder of size and proportion, as in Dickens’s dwarves and giants, it thus presents an ideal site at which to represent an anxious fascination with rapid, perhaps disastrous growth where British “inside” touches or even everts out into exotic “outside.”

Although these insoluble cases may not stand as empire-destroying monsters, they do signal a failure within the orderly production of imperial knowledge and a fascination for the places where the body may escape its bounds. Hoo Loo’s doctors may be able to identify the cause of his tumor, but they cannot force his body to obey their dictates. In fact, Hoo Loo’s vaunted stoicism, juxtaposed with the author’s sentimental regret, advertises that the Chinese patient is in more control of his unlikely body than the doctors are of either themselves or of him. As Arnold shows of British medicine in India, “the body formed a site of contestation and not simply of colonial appropriation.” The Lancet’s fascination with Orientalized cases of “swelling” during a remarkable period of imperial expansion clearly locates at the borders of the empire—the site of cultural reproduction—the need to consider narratives of moderation, control, and knowledge; or, conversely, the unruly narratives that reveal unrestrained growth, lack of control, and the limits to medical knowledge.

**Notes**

This essay was completed with the aid of a Wood Fellowship from the College of Physicians of Philadelphia, and a Research and Creative Activities Grant from the Florida State University English Department, and with the kind assistance of the staff at the John Hay Library at Brown University, the Historical Library at the College of Physicians of Philadelphia, the Health Science Center Library at the University of Florida, the Countway Medical Library at Harvard University, the Watkinson Library at Trinity College, and the Medical Historical Library at the Harvey Cushing/John Hay Whitney Library of Yale University.


9. Elephantiasis is caused by lymphatic filariasis, a parasitic disease endemic in tropical climates but extremely rare in England. Jerome Goddard explains, “Bancroftian filariasis, caused by *Wuchereria bancrofti*, is widely distributed through much of central Africa, Madagascar, the Nile Delta, the Arabian seacoast, Turkey, India, Pakistan, Sri Lanka, Burma, Thailand, Southeast Asia, many Pacific islands, Malaysia, the Philippines, and the southern parts of China, Korea, and Japan. In the Western Hemisphere, it is found in the Caribbean and in Central and South America, including Haiti, the Dominican Republic, Costa Rica, Honduras, Guatemala, Guyana, Surinam, French Guiana, and parts of Brazil. There was at one time a small endemic center of the disease near Charleston, South Carolina, which has apparently disappeared. . . . Malayan filariasis [is] mostly confined to Malaysia and areas from the Indian subcontinent through Asia to Japan.” See “Mosquitos and Lymphatic Filariasis,” *Infections in Medicine* 15, no. 9 (1998): 607–9.

It is likely that tuberculosis (consumption), another cause of scrotal swelling, was more common in China as well, given that early twentieth-century figures show China with the highest tuberculosis rate in the world, at least four times that in Britain. See Bridie J. Andrews, “Tuberculosis and the Assimilation of Germ Theory in China, 1895–1937,” *Journal of the History of Medicine and Allied Sciences* 52, no. 1 (1997): 114–57.

Elephantiasis, which is a lymphedema, should not be confused with other
diagnoses such as neurofibromatosis or Proteus syndrome, both of which have been suggested to explain the symptoms of Joseph Merrick, the Elephant Man. Merrick did not suffer from elephantiasis.


11. The “mass of tubercules” on the surface of Hoo Loo’s tumor are typical of scrotal elephantiasis (88).

12. An article in Bell’s Weekly Messenger explains, “The Chinese surgeons at Canton declined to attempt the removal of the tumour; and the English surgeon there, attached to the Company [Thomas Colledge], absolutely refused to undergo the fearful responsibility of the loss of life in the event of the Chinese, during the operation, losing his; as it is a maxim with the Chinese, which they never fail to put into practice (and more particularly where the English are concerned), to take ‘the blood of life from him by whom the blood of life is shed.’” See “Hoo Loo, the Unfortunate Chinese,” Bell’s Weekly Messenger, no. 1829 (April 17, 1831).

13. Colledge’s pamphlet on “the heroic Hoo Loo” comments that Hoo Loo’s tumor “bid defiance to all remedies” but that Colledge was “of opinion that it might be removed” (excerpted in A Philanthropist, “A Brief Account of an Ophthalmic Hospital at Macao, During the Years 1827 to 1832, Inclusive,” Chinese Repository 3 [December 1834]: 365).

14. Charles Aston Key (1798–1849) was a respected surgeon and cardiologist, who, like John Keats, had been trained by Sir Astley Cooper (1768–1841). Cooper had been a pupil of the famous anatomist John Hunter.


17. George M. Gould and Walter M. Pyle, Anomalies and Curiosities of Medicine (Philadelphia: W. B. Saunders, 1897). This self-consciousness increased over the century. J. G. Millingen’s Curiosities of Medical Experience (Philadelphia: Haswell, Barrington, and Haswell, 1838), in contrast, is less anxious about its reception.


20. For example, the Philosophical Transactions of 1668 tell of a blood transfusion from a calf to a madman, in which “the crowd of spectators interrupted very much this operation” (620). J. Denis, “Extract of a Letter Written by Dr. J. Denis, of Paris, Touching a Late Cure of an Inveterate Phrensy by the Transfusion of Blood,” Philosophical Transactions of the Royal Society II, no. 32 (1668): 617–24.

21. These discursive shifts continue through the rest of the case history. After this encomium, remarkable in itself, the narrator passes to an affectionate remembrance of Hoo Loo’s “amiable” temperament and the “very cheerful and good-tempered expression” that endeared him to the nurses (87)—and then retrieves the
impersonal language of clinical medicine to detail Hoo Loo’s physical appearance and his postmortem results, with the dissection of his tumor.

22. “Hoo Loo,” Bell’s. An excerpt from this article is reprinted in “Hoo Loo, the Unfortunate Chinese,” Times (April 19, 1831): 3e.


25. Emphasis in all quoted passages is in the original.

26. Taxis is the attempt to reduce the hernia manually, by physical manipulation. If unsuccessful, surgery is necessary to prevent potentially fatal infection.


29. See, for example, Alan Bewell, Romanticism and Colonial Disease (Baltimore, MD: Johns Hopkins University Press, 2000), 27–65.

30. Remarkably, one version of the report comments, “Mr Key was the operator and is said to have distinguished himself.” This is from the version carried in the London Medical and Physical Journal, reprinted in “Quarterly Summary of Medical Intelligence,” North American Medical and Surgical Journal 12, no. 24 (October 1831): 482.

31. For example, in an eighteenth-century case of a little girl who drowned after being pulled under a mill wheel, once it is clear that she will not recover, the narrative shifts from chronicling the efforts to save her to imagining her, sentimentally, as she might have been had she grown to maturity, proleptically reviving her rhetorically when medicine fails to do so physically. See John Green, “Part of a Letter from John Green, M.D. Secretary of the Gentlemens Society at Spalding in Lincolnshire, to C. Mortimer, M.D. Sec. R. S. Serving to Inclose a Relation of a Girl Three Years Old, Who Remained a Quarter of an Hour under Water without Drowning,” Philosophical Transactions of the Royal Society 41, no. 454 (July–October 1739): 166–68.

32. G. T. Lay, “Diseases Among the Chinese. Tumours,” Lancet 34, no. 888 (1840): 851. These cases in the Lancet are actually reprinted from the records of Peter Parker, the missionary surgeon. His reports on his ophthalmic hospital, published in the Chinese Repository (CR), offer further details on such cases. For Wangke, see Parker's sixth quarterly report, CR 6 (May 1837): 36; for Lew Akin in the same report, see 38–39. The paragraph detailing Lew Akin’s father’s vigilance by her side and “the force” of his “natural affections” suggests that the stoicism elsewhere attributed to Asian patients may be limited to physical pain.

33. “More ‘Hole and Corner’ Doings,” 228. Nicholas Pearson's case report does include a full-length image of Pearson, seated, drawing back his clothing to reveal his abdominal tumor, probably due to the unusual nature of the case, its relatively early (1821) publication date, and perhaps its publication in a periodical other than the Lancet, known for its drive to professionalize medicine. Even
so, the image is not exoticized or sentimentalized, and (unlike the image of Hoo Loo) enough of Pearson’s body is disclosed to afford a sense of the placement of the tumor. The plate is captioned, “Represents the appearance of the patient having the large adipose tumor which was successfully removed by Mr. A. Cooper, as described in his paper, p. 440.” At the foot of the plate itself, the tumor’s dimensions are inscribed.


36. See, for example, W. C. Maclean, “Report of a Case of Lateral Transposition of the Heart and Liver in a Soldier,” *Lancet* 82, no. 2084 (1863): 159. Here the image of the soldier from the knees up, including the head, illustrates (by outline on the body) where his transposed organs reside.

37. William Wallace, “Influence of the Hydriodate of Potash in Malignant Fungous and Cancerous Diseases,” *Lancet* 25, no. 653 (1836): 894–901. Ironically, the close focus on the tumor has the effect of making the illustration much more explicit about its interest in the male anatomy.

The decision to illustrate Keogh’s tumor at all is probably prompted by its status in a curious, sentimental case. The tumor is not large compared to Hoo Loo’s, but Wallace notes its peculiar shape and the critical condition of “this poor man,” celebrates the miraculous regression of the tumor under his experimental medical treatment, and concludes that “the progress of his dissolution was so tranquil, that he seemed to have gradually passed from sleep into eternity” (894, 898).

38. One exception occurs in a case of advanced breast cancer in an older woman, published in the same article as the neck tumor illustrated here (Robert Liston, “A Course of Lectures on the Operations of Surgery and on Disease and Accidents Requiring Operations, Delivered at University College, London, in the Session of 1844: Part II,” *Lancet* 44, no. 1110 [1844]: 309). The illustration of the breast cancer depicts the patient to the torso, lying in bed, staring straight ahead with an expression of resignation, with a cabbage-sized cancer crouched darkly on her chest. As in some other images of women patients at this time, she is otherwise clothed even to her cap, perhaps in a gesture of modesty to counteract the exposure of her chest. Despite this remarkable image, Liston maintains a strictly scientific tone, not even referencing the woman’s case in particular, but using the illustration merely to illustrate “the appearance of the swelling [in advanced cancer], the discoloration of the skin, the adhesion of the tubercules to it, and the retraction of the nipple” (309). It is possible that the half-length image was thought advisable to provide scale and perspective on this large, amorphous tumor, as with a closer focus, the tumor would be difficult to orient relative to the anatomy, due to the tumor’s having devoured the surrounding area. Even with Liston’s guidance, it is impossible to recognize the structure as a human breast.

39. “[Review].”

40. See Brett.

41. John Corse, “The Case of Paunchoo, an Inhabitant of the Village of Gundassee, in Pergunnah Humnabad, and Province of Tiperah, Bengal,” *Transactions of
42. The native illustrator drew the figure apparently just as it stood, with the staff obscuring part of the front of the tumor. Many times practitioners might employ a local artist, who might not be aware of the norms of medical portraiture. This becomes evident in an incident preceding Hoo Loo’s voyage to England. According to Bell’s, Colledge commissioned “a full-length cast of Hoo Loo” to be sent to England. Unfortunately, the finished product entirely omitted the tumor. Practitioners retained the right to dictate how an artist proceeded, however, if they could but secure an artist. Colledge rejected that cast and continued seeking an acceptable one, but he could not find a sculptor willing to risk cursing himself by reproducing the tumor.

43. Wallace asks his readers to supplement the drawing by imagining “the head of an immense cauliflower seated in the right groin,” among other details, to obtain “an ideal representation of the seat, extent, and form of the diseased parts” (895).


45. There is evidence both that they were a gift (Lam Qua’s nephew was Parker’s first pupil) and that Parker paid for them; see Rachman, 141–42. To my knowledge, the paintings were not published during Parker’s lifetime. Most of them are currently in storage at Yale University’s Historical Medical Library; Parker donated others, possibly duplicates, to Guy’s Hospital. See also Sander Gilman, “Lam Qua and the Development of a Westernized Medical Iconography in China,” Medical History 30, no. 1 (1986): 57–69.

46. Lay, 852, 853. These cases are also reprinted from Parker’s records, which repeatedly comment on the stoicism he perceived in his Chinese patients. He mused, for example, on “the fortitude of a heroine with which the child [Akae] endured the operation”; similarly, four-year-old Yat Akwang, who had a bleeding tumor on the eye, prompted the comment, “The little child endured the operation with much fortitude.” This phenomenon becomes so familiar to Parker that when he removes a “large” tumor from the face of Lo Wanshun, he comments laconically, “The patient endured the operation with fortitude, characteristic of the Chinese.” Parker’s Chinese patients are portrayed as not just stoic but absolutely unruffled. Pang She did not even lay aside her needlework until the moment when Parker entered her room for her operation. Of Woo She, whose breast Parker removed, he remarked, “Her fortitude exceeded all that I have yet witnessed. She scarcely uttered a groan during the extirpation, and before she was removed from the table, clasped her hands, and, with an unaffected smile, cordially thanked the gentlemen who assisted on the occasion.” And Leäng Yen, whose sarcoma of the right wrist required amputation of the arm, “contemned the idea of pain, and at the moment of sawing the bone inquired when that part of the process would take place” (578).

In some cases, the patient’s composure triggered a question of whether his or her body was actually insensible to pain. Removing nasal polyps from the patient Tinqua, Parker reports, “The patient endured the operation as if insensible to pain.” Of Yang She, a young woman twenty years old and five months pregnant, from whose chin Parker removed a three-foot-long pendulous tumor, he remarked with
wonder, “Seldom has there been less apparent suffering from so serious an opera-
tion, as there was manifested by the young woman.” And Parker records that Leäng
Ashing displayed a composure that the medical team found literally unbelievable.
During the removal of an “enormous” tumor on his face, “he did not move a muscle,
change a feature of his countenance, or draw one long breath, so that apprehensions
were even entertained that he was insensible; but if spoken to he answered deliber-
ately and correctly. Subsequently he informed me he was sensible of all that was
done, but putting his arms across each other, he said, ‘I determined not to move.’”

For the case of Akae, see Peter Parker, “Ophthalmic Hospital at Canton:
First Quarterly Report, from the 4th of November 1835 to the 4th of February
1836,” CR 4 (February 1836): 464–73, quotation on 438; for Yat Akwang, the third
quarterly report, CR 5 (August 1836): 187; for Lo Wanshun, the fifth quarterly
report, CR 5 (February 1837): 457; for Pang She, the first quarterly report, CR 4
(February 1836): 470–71; for Woo She, CR 6 (January 1838): 439–40, quotation on
439; for Tinqua, CR 5 (May 1836): 39; for Yang She, the seventh quarterly report,
CR 6 (January 1838): 438–39, quotation on 439; for Leäng Ashing, the fourth quar-
terly report, CR 5 (November 1836): 32526; and for Leäng Yen, the ninth quarterly
report, CR 7 (March 1839): 576–79, quotation on 578.


48. Martin S. Pernick, A Calculus of Suffering: Pain, Professionalism, and Anes-
thesia in Nineteenth-Century America (New York: Columbia University Press, 1985),
4–7.

49. Alison Winter, Mesmerized: Powers of Mind in Victorian Britain (Chicago:
University of Chicago Press, 1998), 103, 163–86.

50. Anne Secord, “Botany on a Plate: Pleasure and the Power of Pictures in
Promoting Early Nineteenth-Century Scientific Knowledge,” Isis 93, no. 28–57
(2002): 45. Secord focuses on botany but acknowledges the usefulness of medical
images of the body before the Anatomy Act of 1832 made cadavers more readily
available for study. Illustrations would, of course, continue to be useful in curious
(rare) cases even thereafter.

Application in Surgery and Medicine, by James Esdaile, 1846, 1902 (Honolulu: Uni-
versity Press of the Pacific, 2003), 5. I have not been able to locate copies of these
images.

52. See David Arnold, Colonizing the Body: State Medicine and Epidemic Disease
in Nineteenth-Century India (Berkeley: University of California Press, 1993), 23–28;
and Bewell, 27–46, on the development of tropical medicine.

53. In fact, this pattern persists through the century. Nancy Leys Stepan notes
the disproportionate, “almost obsessive” visual representation of elephantiasis in
tropical medicine treatises late in the century (during another spurt of imperial
growth) and attributes this phenomenon to the disease’s role as “an iconic image
of the diseased tropics” and its ability to encapsulate an imagined link between
“blackness, sexuality and pathology” (Picturing Tropical Nature [Ithaca, NY: Cornell
University Press, 2001], 173, 177). However, I would argue that the cases and im-
ages I analyze here counter Stepan’s claim that “a special genre of tropical medi-
cal pictures did not develop” until the pocket camera enabled realist photographic representation of such patients from the 1880s on (171). In fact, the cultural constructs around what would become tropical or imperial medicine fostered particular perspectives and details in the engravings of such patients, many decades earlier.


58. Arnold, 58.

59. Ibid., 8.


62. In fact, the case of Gooroochuan Shah, in Esdaile’s *Mesmerism in India*, displays the adaptability of a subject with hydrocele. While Esdaile identifies Shah’s eighty-pound growth as a “monster tumour,” the patient offers an alternate, more quotidian (and suggestive) metaphor for the appendage: he has “used it for a writing-desk for many years” (221).


64. Arnold, 10.