




Introduction: The Heart of the Matter


It is as if out of the death of another, new sustenance has been given to the recipient of a transplanted heart. Would the dead person be envious? Would the beneficiary suffer frightening moments of imaginative confrontation with an accusing finger from the person who left him his heart? A certain biblical line from the *Song of Solomon* might assume a new haunting meaning. That dead person who donated a heart might cry with that famous line, 'I sleep, but my heart waketh' (5: 2).

Ali Mazrui, 'The Poetics of a Transplanted Heart'¹



So wrote the academic and political writer Ali Mazrui in an article entitled 'The Poetics of a Transplanted Heart', published in 1968. In the aftermath of Christiaan Barnard's first successful heart transplant, Mazrui highlighted the peculiar sensibilities attached to the heart as an organ and symbol, and the moral and ethical issues confronting surgeons, donors, and recipients. Aside from the racial questions thrown up by this new field of medical endeavour—in particular the possibility that African people could become 'spare parts for whites'—might it be possible, Mazrui wondered, for the 'borrowed heart' to bring to the recipient something other than a mere pump: a sense of identity, perhaps, even a change of soul?²

This question remains with us. Since the 1960s, developments in heart-transplantation techniques have been paralleled by studies suggesting that some emotional or psychological characteristics were transmitted between donor and recipient. In one recent





autobiography, entitled *A Change of Heart*, Claire Sylvia records her transition from a healthy, active dancer to a heart-transplant patient—a transition that altered her physical and mental make-up and left her craving chicken nuggets, a particular favourite of her organ donor that Claire had apparently never desired before the transplant.³

These kinds of stories have been mythologized in popular consciousness. There are a variety of explanations one could put forward to dispute, or endorse, their legitimacy. For some neuroscientists, it provides evidence of cellular memory, the organs of an individual retaining an imprint of lived experience even after brain death. For others, it is nothing more than a wishful imagining on the part of the donor family that something of the deceased lives on, albeit in another breast. For the recipient, it is possible that the sense of ‘otherness’ related to the possession of another’s heart gives rise to emotional trauma and subsequent psychological alteration. The status of such competing narratives as ‘truth claims’ is ultimately unimportant. What is significant from the point of view of the cultural history of the heart is that such questions exist. What is it about the heart as an organ that has inspired such tales of personality transfer? After all, there seem to be no parallel claims of kidney recipients waking up to find themselves classical pianists.⁴

Emotions, the heart, and the ‘self’ (however defined) have been linked in medical and popular consciousness for many centuries. We ‘feel’ in the heart. We ‘know’ from the heart. Sometimes we privilege our ‘hearts’ over our ‘heads’, claiming emotional over rational reasoning as the appropriate response to any given circumstance. Or person. But where does this language come from? And what does it mean? Furthermore, how do such tales of personality exchange continue to thrive when, to most physicians, the heart is nothing more than a pump? *The Oxford English Dictionary* provides a definition of the ‘heart’ (n.) that is common to most modern works of medical reference: ‘The hollow muscular or otherwise contractile organ which, by its dilatation and contraction, keeps up the circulation of the blood in the vascular system of an animal.’⁵ That seems straightforward enough. And yet underneath that definition is the following alternative, but ‘archaic’, definition: ‘2. Considered as the centre of vital functions: the seat of life; the vital part or principle; hence in some phrases = life.’ And even more surprisingly, perhaps: ‘5.a. MIND, in the widest sense, including the functions of feeling, volition, and intellect.’⁶ These are





rather a lot of definitions for one organ to acquire. They are also rather contrary definitions.

This apparent divergence between the heart-as-pump found in science, and the heart-as-emotion rhetoric that survives in popular culture has seldom been explored. This is arguably because of the ordering of disciplinary categories—cardiology (the modern study of the structure and functions of the heart) being structured and studied in isolation from the mind sciences, which focus on the study of mental and behavioural characteristics. The study of emotions has continued a separate trajectory, whether in the mind sciences, the social sciences, or more recently the humanities, as part of the history of the secularized mind or self. There was little research into the relationship between the heart and emotions during the eighteenth and nineteenth centuries, a crucial chronological point in the solidification of many of the categories (mind, body, heart, emotions), in common usage in the twenty-first century.

To account for the diverse languages of the heart, and to answer some of the questions outlined above, we need to explore its medical and cultural history. It is only by unravelling the theorizing of the heart, from the classical world to the twentieth century, that we can understand the lingering language and sentiment behind the heart's emotional status. Yet such an enterprise throws up still more questions: how does the heart link to the brain? Where is the self located? And how (and when) did emotions (along with concepts of 'the self') become redefined as mental, rather than bodily, experiences? According to the famous and oft-quoted Cartesian formulation, *cogito ego sum* (I think, therefore I am). We might 'feel' in the heart, but those feelings originate in thought and cognition, the essence of humanity being located in the brain. That, at least, is the 'common-sense' modern approach. Why, then, does the heart continue to hold such resonance as a feeling organ, most associated with love (I ♥ U); with courage (the heart of a lion); and with truth (because my heart tells me so)? In addressing these themes, this book presents the following arguments.

First, the cultural and spiritual origins of the heart as a symbol of affect (and affection), and as an organ of emotion, were embedded in classical ideas about the body and the mind, and retained and transmitted into Western theory for thousands of years by the Galenic medical tradition. Many of the 'heartfelt' languages and images of the





heart and the blood that remain with us, such as ‘cold hearted’, ‘warm hearted’, ‘hot blooded’, and ‘cold blooded’, derive from Galenic principles. These concepts have lingered as (possibly self-reinforcing) metaphors where once they were taken as a series of bald, medical facts. The heart warmed the blood in order to generate and sustain particular emotional states; it moved in response to the sensations of anger, love, and fear; it was affected by the operation of the soul, with its links to mind and body.⁷ These beliefs about the active status of the heart in producing emotions were linked to the physical, lived experience of emotions themselves: passions were *felt* in the breast, whether in the dull ache associated with the loss of love, or the palpitations brought by excitement.

Second, the historical development of alternative ways of understanding the actions of the heart, be they mechanical, chemical, nervous, or hormonal, took place in the context of attempts to redefine and understand the human body and its links to the soul and the divine. The dominance of any one narrative of human physiology was not inevitable; incompatible stories often nestled curiously side by side. One obvious example is the theory of blood circulation as espoused by William Harvey in the seventeenth century (in a discovery that borrowed heavily from earlier Islamic writings on pulmonary circulation, notably by Ibn al Nafis), but that did not radically alter medical interpretations or practices, most notably bloodletting, for many years to come.⁸ This curious phenomenon is an example of the disjointedness of theory and practice in the fields of science and medicine, a factor that must be borne in mind when we consider changing perspectives on the heart and its functions.

Third, medical conceptions of the heart as a pump (responsible for the circulation of the blood and as subject to decay, as any other material structure) came into being only after the theorizing that followed Harvey’s discussion of blood circulation. As a matter of interest, the ‘pump’ metaphor was made possible by the contemporaneous popularization of mechanical pumps of all kinds—a process that is indicative of the analogical process by which human emotions have been historically understood.⁹ The language in which the mind–body–brain relationship has been addressed throughout history is therefore indicative of broader cultural shifts in social and economic life, as well as the available metaphors to articulate difference. In the same way that metaphors of clockwork bodies (and



hearts) became conceivable at the same time as manufacturing mechanisms made such phenomena part of the material world, there has been a post-twentieth-century shift towards seeing the mind as a complex neuro-physiological structure akin to a computer; memories and experiences exist in separate compartments or files, to be accessed when required by the mainframe operator. Other examples include the mind as a 'filing cabinet' and the hydraulic body that boils, like a kettle, unless emotions are released.¹⁰

From the late seventeenth century, the heart was dissected, examined, labelled, and catalogued in a way that was hitherto unknown. Its functions were exposed to the processes of morbid anatomy by anatomists like the brothers William and John Hunter. How ironic, then, that it should be John Hunter's heart that provides us with the first case study in this book.¹¹ At his death in 1793, the surgeon's heart was subjected to the same classificatory principles of the organs lining his museum shelves: its thickened, calcified structure provided evidence of 'angina pectoris', one of several 'new' cardiac diseases to come into being from the late eighteenth century, and as much a product of emotional distress as structural disease.

The links with emotion and heart disease are important. The fourth argument presented here is that a crucial aspect of eighteenth-century classifications of heart disease was a reformulation of the role, and the extent, of emotional influence. Traditionally, emotions were perceived capable of causing profound structural changes in the body, and in the mind. This was a throwback to classical beliefs that the passions, working in conjunction with the humours to effect the soul's desires, could physically alter the constitution of the human body.¹² By the nineteenth century, the belief in physical (or *structural*) alteration was limited, as cardiac phenomena began to be explained in terms of nervous transmission. Far more likely, it was believed, emotions could cause a disruption in the operation of the heart (a so-called *functional* disease), perhaps as a result of a disruption in the circulation. It was possible that functional and structural disease could be related (repeated functional problems causing actual changes in the structure of the heart), but emotions gradually became associated with functional disease (and with women) through concepts of nervousness and neuroses.¹³

This shift in interpreting the relationship between structure and function (and the gendering of that relationship) takes us to the fifth



argument presented in this book. By the time of Thomas Arnold's death from angina pectoris in 1842, it was common for angina pectoris to be regarded as a structural disease when associated with men of a particular weight, lifestyle, constitution, and personality.¹⁴ It was also increasingly commonplace (though this would not peak until the early twentieth century) to associate functional angina pectoris with women. Beyond the gendering of angina pectoris, however, many more forms of heart disturbance were being regarded as functional by the end of the nineteenth century. This claim runs counter to established historical writings about the trajectory of heart disease from functional to structural as new forms of disease causation were identified.¹⁵

The transition of angina pectoris from a largely structural to a largely functional disease was made possible through a simultaneous reconsideration of the parameters of 'the emotional', a theme that this book explores in some detail.¹⁶ This claim is consistent with the development of an ostensibly modern, scientific, and rational medicine from the nineteenth century as part of the process of modernity—the development of institutions and authorities that formalized the statuses of health and disease, promising also transformations in understandings of interiority, human behaviour, and the self.¹⁷ Fernando Vidal has recently made a similar claim about the status of the modern self, stating that as a 'cerebral subject' a human being is defined 'by the property of "brainhood", i.e. the property or quality of *being*, rather than simply having a brain'.¹⁸ Vidal's argument is supported in this book by an examination of the rise of the self and the emotions as products of mind in late-nineteenth-century culture.¹⁹

Vidal's discussion of the birth of the cerebral subject is unusual in that it does not seek to identify a parallel emergence of self at the level of practice. Historical discussions typically, and problematically, focus on experiential changes, most often through an over-reliance on Cartesian principles (often taken out of context and/or oversimplified), and the study of the language of emotions (what Peter and Carol Stearns termed 'emotionology') as being tantamount to studying emotions themselves.²⁰ Nevertheless, it is interesting to view the construction of the modern heart, the heart of science, perhaps, in the context of the rise of modernity and the emergence of the subjective self as a unit of discourse, if nothing else.





It can be no coincidence that, at the same time as scientific theorizing of the body as a set of separate if interrelating systems was taking place (a separation that would be embedded in the construction of laboratory experimentation as well as in the newly emergent hospital system), concepts of ‘the mind’ and the emotional were also subject to scrutiny. Moreover, the rise of the mind sciences and attempts to define and classify a ‘science of emotion’ took place to mirror the rise of experimental physiology.²¹ Debates centred on how far emotions existed beyond their physical manifestation, and how far they constituted cognitive processes that could be detached from the physical realms. Part of the process by which this degree of experimentalism occurred was the rise of the mind sciences and the evolution of the ‘feeling’ brain, a shift from cardio-centrism to cranio-centrism that remains entrenched in twenty-first-century medical theorizing.²²

Finally, therefore, this book will suggest that the transition from heart to brain at the level of theory took place under the influence of processes that we might broadly associate with modernity. The construction of the subject *as* a thinking being, the cognitive processes located in the brain (rather than in the soul), and not in the body, meant that it was the brain that would be prioritized in discussions of emotions and the self. Since the nineteenth century and the segregation of the body and the mind into a series of disparate parts, it has become commonplace for the brain to be the organ most associated with life (indeed, ‘brain death’ has succeeded ‘heart death’ as the number one criterion for determining life cessation).²³ Psychology, psychiatry, and neuroscience each posited the brain (that cold, wet matter that was all but dismissed by Aristotle) as the site where intelligence, emotion, thought, and the self originated.²⁴

The institutions and procedures that catered for this newly circumscribed self were attended by objectifying measures that removed the need for subjective assessment, placing interpretation in the hands of a trained (and usually male) expert. The technologizing of medical knowledge by diagnostic aids and practices from the late nineteenth century created a hierarchy of knowledge in which individual experiences of cardiac sensation were downplayed in favour of objective measurement. As the epigraph suggests, however, things were not so straightforward. The shift in theory—away from the heart of feeling and towards the brain of feeling, away from the heart as symbol and





towards the heart as organ—was ultimately less successful at the level of practice. In a mid-nineteenth-century case study, we find that Peter Mere Latham, or ‘Heart Latham’, continued to treat his patients in the way medical practitioners had long done—as holistic entities, whose hearts beat in correspondence with their general constitution and lifestyle.²⁵ The century saw a number of important diagnostic strategies and technological innovations designed to ‘know’ the living heart, and to standardize that knowledge in order to construct new theories of disease. Yet the preservation of holism and the reluctance of many physicians to incorporate those innovations in a clinical setting meant that genuine medical specialization was unusual even in early twentieth-century Britain.²⁶

Moreover, at the same time as the heart became more materially ordered and circumscribed in scientific discourse, its status as a cultural artefact became paradoxically more emotional: the feeling heart was crucial to the Romantic project and provided evidence of creativity and the divine.²⁷ This phenomenon draws attention to further ambiguities in relation to the construction of emotions as mental phenomena. Although it has been a part of modernity’s project (intentional or otherwise) to separate the mind and the body, to prioritize the mind (the masculine, the cerebral, and the rational) at the expense of the heart (the feminine, the somatic, and the irrational), it remains the brain that has a hold on emotions as part of its cognitive capacity. Emotions are felt by the body, and yet belong to the mind; the heart is a mere respondent to the sensations and experiences being cognitively processed by the brain.

This realization points to a crisis at the heart of modernity and the feeling subject. For the heart cannot be both pump and feeling organ under scientific accounts of the mind–body relation. The preservation of ‘common-sense’ ideas grounded in individual and collective experience of cardiac phenomena (as seen in the disputes over heart transplantation) has opened up new spaces of meaning where the heart has been reaffirmed as an intelligent organ, a subtle repository of the self. The scientific community has responded in two main and very different ways; first, by rejecting the existence of any emotional status being attached to the heart, or, alternatively, by incorporating and transforming these counter-narratives. In the case of the latter, new languages of emotional intelligence grounded in materiality and scientific discourse are being used to



redefine and rework emotional memories. These include concepts of ‘cellular memories’, and of the heart possessing a ‘little brain’, or a pathway of ‘neurons and synapses’ akin to those that exist in the brain.²⁸

Who knows where these reformulations will take us. What is interesting is that they are necessary in the West, where scientific medicine has become dominant, and less so in traditional Eastern medicines, where the brain and the heart are regarded as indivisible.²⁹ Will the reworking of the heart and brain by organizations like ‘Heartmath’ reunite the mind and body in a material framework and take us closer to the humours than the hormones did? Will the ‘little brain in the heart’ gain stature and relevance as time progresses, perhaps even overtaking the ‘wet cold matter’ of the brain? Or will the brain and mind be mapped in radically new ways that reassert the inherently physiological role of the heart?³⁰

These kinds of issues are obviously beyond the scope of this project. But they need to be acknowledged if we are to understand how important the heart’s history is to modern debates about emotions, the brain, and the mind–body relation. As theories of the body, of identity and the self, come under increased scrutiny—through such controversial issues as the Human Genome Project, retained organs, stem-cell research, and animal-human hybrids—the history of the heart has never seemed so relevant.³¹

Emotion History and Terminology

Since the history of emotions is a rapidly developing field, its own history and terminology need to be acknowledged.³² Developing from social and cultural history’s interest in the ‘personal’, or the ‘psychological’, ‘emotion history’ has become a discreet subdiscipline in its own right, from the ground-breaking work by Lucien Febvre in the 1940s, through a series of works by Carol and Peter Stearns in the 1980s and 1990s, that prioritizes the question of emotional change, and its implications for subjectivity, interiority, and selfhood.³³ More recently, historians from diverse chronological periods have explored specific emotions, such as anger, jealousy, and fear.³⁴ Interestingly, the emotions that are chosen for research are those that have somehow been linked to modern subjective and individualistic identities: there



is no similar outpouring of works on ‘collective’ imaginings and emotions, whether linked to benevolence, compassion, or mob rule.³⁵

Much emotion history has been about language; from the ‘emotionology’ of the Stearns to the ‘worrying’ of Rosenwein, historians have attempted to explain the different emotional climates (or ‘communities’) prevailing in particular epochs.³⁶ Other challenges that unite historians include the themes of rhetoric, cultural specificity, and the connections between what philosophers have called the ‘raw feels’ (bodily sensations), and cognitive experiences of emotion, all of which concerns are shared by scholars in anthropology, sociology, and psychology.³⁷ Rather less attention has been paid to embodied emotions, or to the physical, lived realities of feelings. This is perhaps the most difficult aspect of emotions to address. Even if we suppose that emotions exist as bodily artefacts outside of language, how do we begin to access them? One answer, at least for twentieth-century scientists, comes from the measurement and quantification of physiological indices: from raised heartbeats to cold sweats.³⁸ As will be seen, however, there is no easy correlation between emotional experience and its expression; making the heartbeat into an autonomic response dependent on a number of physiological variables potentially reduced its ability to convey psychological experience.³⁹

Rather than providing a comparative study of emotions over time, or a linguistic account of the shifting emotional states associated with the heart, this book explores the shifting status of the heart and its links with affective states.⁴⁰ Its focus is less on the lived experience of cardiac sensations (though with an alternative source set that would prove a valuable study) than with the relationship between medical and constructions of affect as linked to the heart as an organ. Since most discussion on the heart of emotion in medical writings focuses on its pathology, there is a source-led emphasis in this book on the heart of disease—the heart that was taken apart, dissected and studied to find out what it could reveal about the role of extreme emotional states.

The heart—diseased or healthy—is more neglected as an aspect of the history of emotions than as a cultural or medical artefact. There is an extensive history of cardiology that traces the emergence of medical specialization by the early twentieth century, often stretching its origins back into the seventeenth century and beyond.⁴¹ There has also been much work on the history and origins of cardiac surgery,





which incorporates the history of heart transplantation.⁴² Medical historians are seldom concerned with the heart as an emotional organ, but there have been some important studies on the heart as symbol that include historical and/or medical context. Louisa Young's *Book of the Heart*, for instance, provides a rich and diverse account of the cultural embeddedness of heart iconography throughout a range of times and cultures. More recently, and with relevance to the history of the heart as a medical organ, Kirstie Blair has studied the emergence of the pathological heart in Victorian literature in an insightful work that reminds us of the embeddedness of fictional and non-fictional texts in the pursuit of knowledge.⁴³

Throughout this book, there is an awareness and an acknowledgement of the breadth of the heart as an object of study, its material, emotional, and symbolic properties viewed in many different ways, in different times, and in different contexts. The concept of 'heart' is more difficult to pin down than its material, physical incarnation as an object of science. The same must be said about emotions, as transitory experiences that are notoriously difficult to define or to structure. Yet deconstructing emotional codes tells us much about the society in which they function. In a recent series of essays by the Polish linguist Anna Wierzbicka, for instance, emotions are shown to be communicated and structured as linguistic as well as bodily experiences (through scripts of 'sincerity' or 'warmth') that reveal much about culturally situated values and norms.⁴⁴

Given the complexities of the subject matter, then, it is clearly necessary to say something about the terminology employed in this book. The languages of emotion used at different epochs, and in different sources, have varied considerably. It is often difficult to distinguish expressed codes of emotion from their specific sites and circumstances of production. This is as true for seventeenth-century court records and emotional scripts as it is for the language of marital disputes, love letters, and narratives of illness and suffering.⁴⁵ Different spaces of textual production of emotions, in the past as in the present, depended on a variety of different registers.

The languages of emotion are problematic across different historical periods, as well as across cultures and genres. The 'passions' of the seventeenth century (with all their religious overtones of suffering and the Passion of Christ) cannot be unproblematically aligned with emotions in the eighteenth and nineteenth centuries. In a recent book





on this subject, Thomas Dixon has identified a linguistic shift between the earlier and the later period, a shift that arguably reflects broader transformations in philosophical and theological attitudes towards the status of emotions as human artefacts.⁴⁶

There have also been historic shifts in the numbers and types of emotions that are classed *as* emotions. Part of the reason why early modern attitudes seem so different from their modern counterparts is the number of ‘passions’ they also described as ‘inclinations’, ‘perturbations’, or ‘yearnings’. Under humoral theory, passions and emotions were both psychological and physical states that worked on the mind, the body, and the soul. Modern-day distinctions between mental and cognitive or physical and somatic experiences had no relevance. Nevertheless, debates continued about such themes as what constituted an emotion, how many emotions were peculiar to humans, and whether they originated in the mind, the soul, or the body. Their impact was similarly controversial: in medieval and early modern Europe, emotions were said to be both beneficial and detrimental for the health, linked to the bodily and the secular, but also to the spiritual and divine realms.⁴⁷ They were God-given, yet (in some cases) shared with animals; they were associated with ethical principles, for good and ill. How far emotions could and should be controlled, acknowledged, denied, or uncovered has been a staple of debates over health and disease from the medieval period to the present.⁴⁸ So, too, have discussions of human motivation, one characteristic of modernity being that the motive behind emotions has shifted from the soul to the individual psyche. Even in the twenty-first century there remains uncertainty and conflict about the numbers or types of emotions, as well as about their purpose and development.⁴⁹

In focusing explicitly on the organ of the heart and its links to emotion, this book acknowledges the social and cultural specificity of beliefs about affect. With the exception of seventeenth-century texts that explicitly use the term ‘passion’, this book uses the term ‘emotion’ to mean physiological experiences with a cognitive dimension—that is, that were recognized as distinct and recognizable psychological experiences by eighteenth- and nineteenth-century writers. Each of the chapters below follows the terminology used in the primary sources consulted, and there is no attempt to equate the experiences we might recognize in the twenty-first century (such as ‘stress’) with those prevailing in earlier periods.⁵⁰ Finally, this book





chooses not to engage with theological or philosophical discussions about passions, ethics, and moral philosophy, on the grounds that this opens up too many registers of emotion rhetoric. Other scholars have addressed these themes in considerable detail, and there is simply insufficient space to include them here.⁵¹ It would be interesting to trace further the connections between morality, ethics, and the heart as identified under Romanticism, however, or to analyse the shifting status of cardiac function as related to theories of life and death.⁵²

In employing the same terminology as contemporary patients and practitioners, this book traces medical and cultural understandings of emotions as both physical and psychological events, exploring the extent to which transformations in scientific theory impacted upon, or fed back into, cultural practices (and vice versa). (One such example might be the way that medical ideas about palpitations and cardiac function indicating emotional sensitivity moved between medical and literary writing about the heart.⁵³) In so doing, it explores and evaluates the status and meanings of the emotional heart between the seventeenth and nineteenth centuries. Particular emotions that caused concern to early modern commentators were anger and anxiety.⁵⁴ Attitudes towards such extreme emotions reveal much about the ways their existence has been understood to impact first on the physical structure of the heart, and second on its functions. Charting the development of medical and cultural beliefs about the interconnectedness of heart, mind, body, and soul between the seventeenth and nineteenth centuries also reveals much about the gender- and class-based analyses at work in the construction of the cardiac patient.

The structure of this book is thematic, and broadly chronological. It begins with a survey of the links between emotions and the heart between the seventeenth and the early twentieth centuries. This is not intended to be exhaustive, or to impose any sort of teleological transition. Rather, it is to provide an episodic outline of some of the major ideological and physiological underpinnings of emotion rhetoric during this *longue durée*. The emotional significance of the heart, both physiologically and spiritually, in the early modern West (particularly in relation to the transmission of classical sentiment), is traced through the hydro-dynamical and chemical theories of the seventeenth century, to the nervous physiology of the eighteenth and



nineteenth centuries, and the emergence of modern understandings of nervous influence and the mind-body relation.

The emergence of hormones as an explanatory category by the turn of the twentieth century, and the reintegration of mental and physical processes, take us back, almost full circle, to humoral influence and mind-body holism.⁵⁵ And yet there were some very important differences between the theorized heart of the early twentieth century and that of earlier periods. In the former, the heart was no longer the centre of emotions, merely the site where emotions might be felt, and not by the actions of the soul, but by basic biological (often mechanical) processes related to blood pressure and hormonal surges. More fundamentally, moreover, those experiences were not controlled in the heart itself as an organ, its structure being simply muscular. Rather, the controlling organ was the brain. It was in the brain that cognition, apprehension, and awareness now took place; it



Fig. 1. Jennifer Sutton and her dead heart.
Jennifer Sutton, a 23-year-old heart transplant patient, confronting her own dead heart, shown as part of a Wellcome Trust exhibition held in 2006.
Source: Adrian Brooks.

was from the brain that impulses were sent to the heart, and it was through the brain that we became aware of sensations in the body.

By the closing decades of the nineteenth century, this interpretation of the mind-body relationship, and of the heart's subservience to the brain (with the rest of the body acting as agents to undertake the brain's commands), rapidly acquired some 'common-sense' status in the modern West. It arguably represented the triumph of reason over passion, of mind over matter, of masculine over feminine. And yet the heart continues to dominate as an emotional symbol. In popular culture, it is the heart and the heart alone that stands as a cipher for emotion, especially for romantic love. It is also the heart that continues to dominate debates over transplantation. The unsettling image of Jennifer Sutton confronting her own dead heart at the 2006 Wellcome Trust Heart exhibition provides a dramatic illustration of our attitudes towards the heart as an emotional and somehow *personal* organ (Fig. 1.).⁵⁶ Given the shifts that have taken place in scientific theorizing since the end of the twentieth century, moreover, it may not be long before the 'heart of emotion' is returned to mainstream science: a heart conceived not merely as an organ or pump for the circulation of blood but, like the brain, as an intelligent organ that retains memories, experiences, and emotions.⁵⁷ These are the kinds of issues that this book explores, using matters of the heart to locate emotion in medicine and culture.