

Healthy Debate: Medical Discourses in the Early Novel

By

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Thesis

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Abstract

In the light of different views about how the early novel was distinct as a literary form, this thesis draws on those ideas that emphasise the novel's capacity to formulate and address issues of major concern to a broad section of eighteenth-century society. Modern experience was shaped by new epistemological and socio-ethical codes, removed from traditional values and assumptions which, as a cultural instrument, the novel was designed to mediate. This thesis focuses on the novel of mid-century when, in Michael McKeon's view, the novel first became a distinct genre, and displayed a conspicuous adaptability in tackling its explicatory and interpretative role.¹

To the reader, the novel opened up a spectrum of (fictional) experiential possibilities. These were delivered through formal realist strategies in a literary form that was askance to established modes of cultural expression such as romance. Furthermore, formal realist strategies reflected empiricist tenets, or the gaining of knowledge through experience rather than by referral to perceived authorities, such as Church or State.

One theme which recurs as a prominent area of concern is that of medical theory and practice. This thesis demonstrates how the early novel form explicated and engaged with topical medical discourses by virtue of its emergent literary qualities. These qualities include innovative narrative

¹ Michael McKeon, *The Origins of the English Novel 1600-1740: 15th Anniversary Edition* (Baltimore, MD: Johns Hopkins Press, 2002), pp. 20-21.

techniques, the portrayal of multiple perspectives, and characterisation; those attributes that strive to construct verisimilitude. Via this engagement, medical discourses served as a powerful tool to illustrate and participate in wider debates of philosophical, cultural and social significance during the period.

Adopting the methodology of the case study, three contrasting representatives of the early novel are analysed with reference to three important medical debates of mid-century. The novels are *The Life and Opinions of Tristram Shandy, Gentleman* (1759-1767) by Laurence Sterne; *The Adventures of Roderick Random* (1748) by Tobias Smollett and *The Adventures of Ferdinand Count Fathom* (1753) also by Smollett. The debates are respectively man-midwifery and conception theories; naval medicine, and the professionalisation of medicine.

Furthermore, I argue that together the case studies provide new evidence to substantiate a broader claim. They confirm John Bender's evaluation of the eighteenth-century novel as an Enlightenment 'knowledge system'.²

² John Bender with David E. Wellbury, 'Rhetoricity: On the Modernist Return of Rhetoric', in *Ends of Enlightenment* (Stanford, CA: Stanford University Press, 2012), pp. 203-236 (p. 218).

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Introduction

“Who are you? – whence are you? [...] For my own part, my education cost me fifteen hundred pounds.”

“Never was money laid out to less purpose,” said Ferdinand; “for it does not appear that you have learned so much as the basis of medical requirements, namely that decorum and urbanity which ought to distinguish the deportment of every physician.”¹

Situating the Research Aims: The Medical and the Literary

Landscape in the Eighteenth Century

The early novel’s close alignment with the prevailing anxieties, preoccupations and appetites of a broad spectrum of contemporary Georgian society was one of its most defining characteristics.² It also underpinned its commercial and critical success. Tracing its origins relative to earlier genres from 1600 to 1740, Michael McKeon has argued that it secured its ‘modern, “institutional” stability and coherence at this time because of its unrivalled power both to formulate, and to explain, a set of problems that are central to early modern experience’. Modern experience was shaped by new epistemological and socio-ethical codes, far removed from traditional values and assumptions which, as a cultural instrument, the novel was designed to mediate.³ This thesis focuses on the novel of mid-century when, in McKeon’s view, the novel first became a distinct genre, and

¹ Tobias Smollett, *The Adventures of Ferdinand Count Fathom*, ed. by Jerry C. Beasley (Athens: University of Georgia, 1988), p. 249, hereafter cited as *FCF*. This edition is based on the first edition and is heavily annotated. All subsequent references appear in parentheses in the text and relate to this edition, unless they are footnoted to offer further context or to avoid ambiguity.

² The term ‘early novel’ is equivalent to the ‘mid-century novel’ in the context of this study because it was at an early stage of its development at this point.

³ Michael McKeon, *The Origins of the English Novel 1600-1740: 15th Anniversary Edition* (Baltimore, MD: Johns Hopkins Press, 2002), pp. 20-21 and xx-xxii: To McKeon these categories are ‘an aspect of the long term process of the modern division of knowledge’, in contrast with traditional cultures in which conceptions of truth exist within an all-embracing idea of religious or cosmic truth (as in Christian theology).

displayed a conspicuous adaptability in tackling its explicatory and interpretative role.

The above dialogue from Tobias Smollett's *The Adventures of Ferdinand Count Fathom* (1753) gives a short and intense illustration of the eighteenth-century novel's engagement with one such explicatory challenge or 'set of problems'. It forms part of a dispute between a regular physician and the 'quack' antihero of the novel that plays out medical discourses relating to medical knowledge and education, the delineation of the profession and acceptable standards of behaviour. The discourses are densely packed but vividly rise to the surface from the text. I introduce my thesis with this passage for three reasons. Firstly, it neatly prefigures the primary aim of this study, which is to analyse the ways in which the early novel, as a developing literary form with emerging singular attributes, engaged so effectively with contemporary medical themes. Secondly, it shows how medical discourses were used as a powerful tool in the novel of this period to illustrate and engage with wider social, philosophical and cultural issues. In this instance they include the threat of social mobility, the ephemerality of identity, and the effect of commercialisation on moral standards. Changing ideas about the philosophical and cultural significance of the human body, here as an indicator of interior feelings and attitudes in social intercourse, are also embedded within the exchange. These wide-ranging concerns are satirised by using a fictional dialogue in a context far removed from a medical book or pamphlet and in an accommodative medium that reaches a broader section of society.⁴

⁴ As Roy Porter has said, the early novel in England reflects 'how medical issues were often extremely close to the surface' and readers were abreast of medical theories: 'Lay Medical Knowledge in the Eighteenth Century: The Evidence of the *Gentleman's Magazine*', *Medical History*, 29 (1985), 138-168 (pp. 140-141).

As Ferdinand Count Fathom's quotation implies, medical theory and practice was the subject of lively debate in both the public and the private spheres during the eighteenth century. There were questions about how to diagnose, prevent and treat medical conditions of different kinds, inevitably bound up with prevailing conceptualisations of how the human body functions or dysfunctions. There were also differing perspectives on who was fit to practice medicine, how doctors should be trained and where and in what setting. In the public sphere, they were expressed in a broad range of genres from poetry, witness the popularity of John Armstrong's 2000-line poem, *The Art of Preserving Health* (1744), to handbills advertising miracle cures to the needy and desperate.⁵ Pamphlets and periodicals engaged in debates as various as the menace of quackery and the beneficial constituents of spa water.⁶ Books such as John Wesley's *Primitive Physick* (1747) and William Buchan's *Domestic Medicine* (1769) dispensed advice to the lay reader. Eighteenth-century periodicals such as the *Gentleman's Magazine* (1731-1868) consistently responded to reader interest not only by featuring the latest medical news and reviewing the latest medical works, but also by becoming a form of 'talking shop' for medical issues through reader contributions. Indeed medical language and metaphors seep into every part of the magazine's content, including obituaries and political comment.⁷

⁵ *The Art of Preserving Health; A Poem* (London: Printed for A. Millar, 1744); It 'ranks among the most frequently reprinted books of the eighteenth century', Adam Budd, *John Armstrong's The Art of Preserving Health: Eighteenth-Century Sensibility in Practice* (Farnham: Ashgate, 2011), p. 6; Michelle Wallis, 'Communicating Credibility: Handbill Advertisements and the Medical Marketplace in the Long Eighteenth Century', *Credit, Money and the Market*, 42nd BSECS Annual Conference, St Hugh's College, Oxford UK 3-5 January 2013 (sourced from 3 collections of medical advertisements held by the British Library).

⁶ For example, *The Harangues, or Speeches, of Several Celebrated Quack Doctors in Town and Country ... Concluding with the Character of a Quack, Several Merry Receipts, and Three Mountebank Songs* (London: Printed for J. Thomson, 1762); Adam Mason, 'The "Political Knight Errant" at Bath: Charles Lucas's Attack on the Spa Medical Establishment in *An Essay on Waters* (1756)', *JECs* 36 (2013), 67-85.

⁷ Porter, 'Lay Medical Knowledge', pp. 142-144.

In the private sphere, medical complaints and health concerns of many differing kinds pepper the private journals and letters of prominent figures as diverse as James Boswell (1740-1795) and Frances Burney (1752-1840). At the same time thousands of letters to and from the eminent eighteenth-century physician, William Cullen (1710-1790), document the health concerns of sufferers from a relatively wide range of the social spectrum, many in a state of desperation.⁸ The effect is that medical discourses emerge cacophony-like from the various literary genres as one of the defining features of the period.

This thesis demonstrates that the novel of the mid-eighteenth century was especially well-equipped to engage with, and explicate, contemporary medical discourses, owing to its singular formal properties as a new literary genre. The fact that medical discourses also served as a means to illustrate philosophical, cultural and social debates is a function of the prominence of medical theory and practice in the public consciousness of the time, when the question of what constituted medical knowledge and who was qualified to act as a doctor were ill-defined. Thus medical discourses lend themselves as a form of case study to explore and confirm the qualities of the early novel as a medium for critical communication within the Enlightenment model.⁹ Like John Bender, G. S. Rousseau, David Harley and others have done, the thesis draws on Michel Foucault's ideas about the role of discourse in the assembly of accepted knowledge in this regard, employing some of his key

⁸ *Boswell's London Journal, 1762-1763*, ed. by Frederick A. Pottle (London: Heinemann, 1950), p. 155: Boswell complains of venereal disease; *Journals and Letters of Fanny Burney*, ed. by Joyce Hemlow and others, 12 vols (Oxford: Clarendon Press, 1972-1984), VI, p. 612: Burney describes how she screamed 'unintermittingly' during a mastectomy; Wayne Wild, *Medicine-by-Post: The Changing Voice of Illness in Eighteenth-Century British Consultation Letters and Literature* (Amsterdam: Rodopi, 2006), p. 182; see also The Cullen Project < <http://www.cullenproject.ac.uk> > [accessed 1 April 2018]. Note that the poor are excluded from medical consultations by letter because of illiteracy.

⁹ Bender with Wellbury, 'Rhetoricity', in *Ends of Enlightenment*, p. 218.

concepts as analytical devices.

In terms of existing perspectives on the qualities of the eighteenth-century novel – of which there are many – Ian Watt was one of the first to recognise a coherent set of criteria, under the term ‘formal realism’, as definitive of the genre. In his influential analysis, formal realism strives for the construction of verisimilitude to take precedence over earlier fictional codes and traditions such as romance. It is concerned instead with formal realistic elements which home in on specific subjective representations of what is real, such as particulars of character, time and location.¹⁰ The mid-century novels on which I focus my research exploit the opportunity for experimentation within these bounds. They each, for example, adopt the style of other literary forms – like the *picaresque* – or draw on different narrative techniques, or modes of characterisation, to make the desired impact on the reader.¹¹ The contribution that Mikhail Bakhtin, the Russian critic, has made (posthumously) to the discussion about the qualities of the novel form is also especially pertinent to the aims of this thesis. He identified how the novel is equipped to represent multiple and shifting perspectives and to undermine the authority of the author.¹² I argue that it is these features which underpinned the power of the early novel to take part in and explicate contemporary medical

¹⁰ Ian Watt, *The Rise of the Novel: Studies in Defoe, Richardson and Fielding* (London: Bodley Head, 2015), pp. 31-32. See also ‘The Early Novel, ‘A New Species of Writing’’, pages 43-50 of this thesis.

¹¹ A satirical mode exemplified by the anonymous *Lazarillo de Tormes* (1554) and Miguel de Cervantes’ *Don Quixote* (1605-1615) where a rogue or *picaro* embarks on a journey meeting various challenges along the way; the term *picaresque* dates from the nineteenth century. See *The Oxford Companion to English Literature*, ed. by Margaret Drabble, 6th edn (Oxford: Oxford University Press, 2000), p. 788. According to Peter Linebaugh it is derived from *piquero*, the Spanish for ‘pikeman’. It is linked to the demographic upheaval caused by the Spanish Habsburgs when Spain’s ‘vagabond and pauperized population’ were plunged into the Flemish civil wars. For such an individual to survive was an achievement: *The London Hanged: Crime and Civil Society in the Eighteenth Century*, 2nd edn (London: Verso, 2006), p. 119.

¹² Mikhail Bakhtin, ‘Epic and Novel: Towards a Methodology for the Study of the Novel’, in *The Dialogic Imagination: Four Essays*, trans. by Caryl Emerson and ed. by Michael Holsquist (Austin: University of Texas Press, 1981), pp. 3-40.

discourses. As a result both the social and cultural relevance, and the epistemological significance of the new literary form is further validated, especially in consideration of the omnipresence of debates about medicine and the functioning of the body at the time.

The social forces at work in this dynamic have been piercingly articulated by Helen Deutsch. She has described a ‘mutual identification of authors and doctors’ during a period when ‘medicine and literature underwent parallel processes of professionalization and popularization’, with both parties sharing a dependence on print as the means to appeal to the demands of a growing and increasingly literate public.¹³ In an overview of eighteenth-century periodicals like the *Monthly Review* (1749-1845) and its competitor, *The Critical Review* (1756-1817), Aileen Douglas has emphasised the extent to which fictional and medical writing addressed the same audience.¹⁴ These insights impact substantially on my analysis of three novels, two by Tobias Smollett (1721-1771) and one by Laurence Sterne (1713-1768), and enrich our understanding of the close and interactive relationship between medicine and literature at the time.

The three main chapters of this thesis develop case studies which each deliver an in-depth analysis of one of three mid-century novels in the light of three different topical medical debates of the mid-eighteenth century. To conduct the study, I draw on the selected novels as representatives of the novels of the period in this

¹³ Helen Deutsch, ‘Symptomatic Correspondences: The Author’s Case in Eighteenth Century Britain’, *Cultural Critique*, 42 (1999), 35-80 (pp. 36-37).

¹⁴ Aileen Douglas, *Uneasy Sensations: Smollett and the Body* (Chicago IL: University of Chicago Press, 1995), p. 22. *The Monthly Review* and *The Critical Review* together represented a new kind of literary periodical by virtue of their comprehensiveness. They attempted to review all works, published in England, regardless of subject matter or genre. As James G. Basker has said, this ‘made the second half of the eighteenth century unique in literary history’: *Tobias Smollett: Critic and Journalist* (Newark: University of Delaware Press, 1988), p. 36.

context, though they are each very dissimilar, a fact that, in itself, highlights the experimental nature of the form which reached a peak at mid-century.¹⁵ The case study offers a methodology which is especially appropriate in that it features in both literature and medicine and is further indicative of a mutual dependence between the two disciplines.¹⁶ Laurence Sterne's *The Life and Opinions of Tristram Shandy, Gentleman* (1759-67) (hereafter *TS*) and two novels by Tobias Smollett: *The Adventures of Roderick Random* (1748) (hereafter *RR*); and *The Adventures of Ferdinand Count Fathom* (*FCF*) (1753) form the core of my research material as the primary texts. The medical discourses are respectively, man-midwifery and conception theories; naval medicine; and the professionalisation of medicine, all of which were the subject of significant controversy during the period. Each of the featured medical debates notably occupy only a few chapters within the respective novel. But because these episodes resonate with the reader's concerns, and are also used as representative of wider debates, they have a disproportionate impact on the reader, which is reflected in the novels' reception at the time and since.¹⁷

The eighteenth-century debates around man-midwifery and conception, naval medicine and the professionalisation of medicine fall under the auspices of the social history of medicine. But this study does not treat the novel as a historical

¹⁵ For a further discussion of this, see pages 44 and 48-49 of this thesis.

¹⁶ The terms 'case study' and 'case history' are in some contexts used interchangeably. Strictly, the former means a process or record of research of a particular person, group or situation over a period of time, and constitutes a method. The latter is an account of a patient's medical history, often an observational record. They both focus on the details of the particular as opposed to the general, see *Oxford English Dictionary, online edn*, <http://www.oed.com.oxfordbrookes.idm.oclc.org/view/Entry/28393?redirectedFrom=case+study#eid10016675> [accessed 28 February 2018].

¹⁷ See the appropriate chapter for a discussion on each novel's reception and what the author may have hoped to achieve.

source. As a cultural artefact, the novel serves as a historical source only in the sense that it reveals how different discourses or debates, including those related to medical theory and practice, interacted and were juxtaposed at a particular juncture in the middle of the eighteenth century. But by studying the novel as a literary form, which is the premise upon which this thesis is built, it becomes clear how the novel participated in, and animated those debates by dint of its particular formal qualities. It even illuminates how different influences within a society oriented ways of thinking, shaped reader interpretation and caused arguments to be framed in a particular way.¹⁸ As for the role of the author, like pamphleteers and reviewers, novelists exercised a voice through the medium of print and inevitably brought their own interests or enthusiasms to an argument. This consideration complicates and enriches this investigation.¹⁹

The interdisciplinary character of my research demands that I explore its relation to domains such as literature and medicine, the history of medicine and the history of ideas as well as those theories which pertain to the novel (see below, ‘The Early Novel, ‘A New Species of Writing’’). I envisage these different threads as forming a cat’s cradle that supports the weight of my main contention throughout this thesis,

¹⁸ Thomas Kuhn emphasised the role of ‘consensus’ in orienting ways of thinking in science. Reader-response theory as per Stanley Fish argues that the understanding or interpretation of a text is dependent upon established and historically determined perspectives and beliefs shared with a community. N. D. Jewson has prioritised the effect of social relations in medicine and Foucault has emphasised the ‘positive and productive’ aspects of power, as opposed to those of restraint. In a medical context, patients may welcome the exercise of disciplinary power, and disciplinary measures may fail under forms of resistance. See Thomas Kuhn, *The Structure of Scientific Revolutions* (Chicago: University of Chicago Press, 1962); Stanley E. Fish, ‘Interpreting the “Variosum”’, *Critical Inquiry*, 2 (1976), 465-485; N. D. Jewson, ‘The Disappearance of the Sick-Man from Medical Cosmology, 1770-1870’, *Sociology*, 10 (1976), 225-44; Deborah Lupton, ‘Foucault and the Medicalisation Critique’, in *Foucault: Health and Medicine*, ed. by Alan Petersen and Robin Bunton (London: Routledge, 1997), pp. 94-110 (pp. 98-101).

¹⁹ As G. S. Rousseau has commented ‘Before 1800 the literary record is that of the upper classes’, ‘Literature and Medicine: The State of the Field’, *Isis*, 72 (1981), 406-424 (p. 411); as a doctor himself, Smollett presented different members of his profession in specific ways and used the novel form to exhibit his own medical prowess (see Chapter Three).

whilst also highlighting the mutual bonds between medicine and the literary form of the novel as co-existing knowledge systems in the eighteenth century.²⁰

Contexts: An Overview

This section is divided into four parts and gives an overview of some of the philosophical, social and cultural contexts which prevailed during the period and are germane to this thesis. It is informed by different perspectives on eighteenth-century medicine from historians, philosophers and sociologists. Erwin H. Ackerknecht, Michel Foucault, Roy Porter, Nikolas Rose, N. D. Jewson, Othmar Keel and others have paid particular attention to how medical theory and practice developed during the century, reflecting not only their different outlooks but, in some cases, their contrasting agendas.²¹ This latter point is symptomatic of a continuing tendency for medical discourse to be adopted as a case study or model for debates within and beyond its apparent boundaries, echoing what this exploration of the early novel reveals about the relationship over 250 years ago.

The section concludes by returning to the object of this investigation, which is the eighteenth-century novel. It briefly reviews the ideas of Bender, Watt, Bakhtin and others in this regard. By drawing on theories relating to its emergence and its distinctiveness, it highlights the early novel's place in a philosophical, social and cultural milieu in which critical communication was increasingly valued above traditional rhetorical codes. Removed from the authority of church and state, and outside the hierarchical conventions of courtly discourse, every aspect of human

²⁰ John Bender, 'Novel Knowledge', in *Ends of Enlightenment*, pp. 21-37 (p. 23): Bender applies the term to the novel, but I apply it also to eighteenth-century medicine which, I argue, qualifies as a 'knowledge system' too.

²¹ For a discussion of this see Ann La Berge and Caroline Hannaway, 'Introduction', in *Constructing Paris Medicine: Perspectives Past and Present*, ed. by Caroline Hannaway and Ann La Berge (Amsterdam: Editions Rodopi B. V., 1998), pp. 1-69 (p. 36).

undertaking was deemed to be subject to free and open debate, and the subject of medicine, including everything that pertained to it, was one such undertaking. In the new ‘public sphere’, modes of ‘neutral, non-positional and transparent’ discourse, which had characterised scientific endeavour from the outset, were now in the ascendancy in other domains.²² The eighteenth-century novel, like the coffee-houses, clubs, and other forums in a burgeoning print market, was immersed in this new world view.²³ It experimented with ways to entertain, inform, and educate the reading public by exposing them to wider experience, through fictional representation in narrative form. Chapters One, Two and Three set out to demonstrate how this was achieved in relation to topical medical discourses.

Eighteenth-Century Society, Medicine and the Body

Whilst the opening to this thesis makes clear the cultural prominence of medical discourses during the period, the question remains as to why medicine and health assumed a position of such importance in eighteenth-century society. I approach this issue from two directions: one from the contemporary history of ideas and the other from socio-economic history. John Locke (1632-1704), the so-called ‘founder of empiricism’, contended that man was born with no innate ideas and that all ‘knowledge’ of the world was gained through sensory experience.²⁴ As Roy Porter

²² See Jürgen Habermas, *The Structural Transformation of the Public Sphere* (Cambridge, MA: Blackwell, 1989); debates about the accuracy of Habermas’s account, and about the validity of his views continue. For critical evaluations see Nancy Fraser, ‘Rethinking the Public Sphere: A Contribution to the Critique of Actually Existing Democracy’, *Social Text*, 25/26 (1990), 56-80; Gerard A. Hauser, *Vernacular Voices: The Rhetorics of Publics and Public Spheres* (Columbia: University of South Carolina, 1999); Craig Calhoun, *Habermas and the Public Sphere*, ed. by Craig Calhoun (Cambridge, MA: MIT press, 1993); Bender with Wellbury, ‘Rhetoricality’, in *Ends of Enlightenment*, p. 207.

²³ The role of coffee-houses in formulating behavioural codes is explored by Markman Ellis in *The Coffee House: A Cultural History* (London: Weidenfeld & Nicholson, 2004).

²⁴ John Locke, *An Essay Concerning Human Understanding*, ed. by Peter H. Nidditch (Oxford: Oxford University Press, 1975), p. 104; Bender with Wellbury, ‘Rhetoricality’, in *Ends of Enlightenment*, p. 212.

has pointed out, his theories have underpinned ‘the later methods of science and medicine’ and represent one of ‘the most important influences on the Enlightenment’.²⁵ They were published in the seventeenth century but were widely circulated during the eighteenth. In *The Spectator* (1711-1712), John Addison ‘made Locke in particular and philosophy in general not only respectable but fashionable’.²⁶ Locke privileged individual consciousness as a delineator of personal identity or the ‘self’, and this had repercussions for existing conceptions of the human body. His refusal to subscribe to any precise definition of the human body, and René Descartes’ compelling portrayal of the body as a machine, led to uncertainty about its meaning and significance, and to anxiety about man’s place in the world.²⁷ This coincided with the dissemination of new modes of bodily behaviour, such as how to conduct oneself so as to display ‘taste’ or politeness in a public setting, and the proliferation of new social spaces during the period such as pleasure gardens, coffeehouses and city streets.²⁸ The result was a profound sense of crisis which threatened to undercut the systems on which eighteenth-century society and culture were based. Elaine Scarry has argued that in times of ideological and social crisis, the human body, as the fundamental common

²⁵ Roy Porter, *The Greatest Benefit to Mankind: A Medical History of Humanity from Antiquity to the Present* (London: Harper Collins, 1997), p. 243.

²⁶ John Vladimir Price, ‘The Reading of Philosophical Literature’, in *Books and their Readers in Eighteenth-Century England*, ed. by Isabel Rivers, (New York: Leicester University Press, 1982), pp. 165-196 (p. 165).

²⁷ Locke, *An Essay*, p. 335: ‘as far as that consciousness can be extended backwards to any Action or Thought, so far reaches the identity of that *Person*’; p. 455: ‘And so far are we from certainly knowing what a *Man* is [...] the certain Boundaries of that *Species*, are so far from being determined [...] none of the Definitions of the word *Man*, which we yet have, nor Descriptions of that Animal, are so perfect and exact, as to satisfy a considerate inquisitive Person; much less to obtain a general consent’; René Descartes, *A Discourse of a Method for the Well Guiding of Reason, and the Discovery of Truth in the Sciences* (London: Thomas Newcombe, 1649), Part V, pp. 65-97. Descartes repeats the assertion several times.

²⁸ See the poem attributed to Thomas Newcombe, *The Woman of Taste* (London: J. Batley, 1733), p. 8: ‘When you shou’d smile or sob, shou’d laugh or cry, / The hint still taking from the neighbour’s eye’. It advises on how to avoid social pitfalls at the opera by taking cues in how to behave from those seated nearby; see also James Noggle, *The Temporality of Taste in Eighteenth-Century British Writing* (Oxford: Oxford University Press, 2012), p. 29; Paul Goring, *The Rhetoric of Sensibility in Eighteenth-Century Culture* (Cambridge: Cambridge University Press, 2005); Aileen Douglas, *Uneasy Sensations*, p. 1.

denominator of incontestable reality, is enlisted to imprint reality on competing cultural constructs, as is exemplified at its most extreme by torture or war.²⁹ At this juncture in the eighteenth century, the body became the foil onto which contemporary anxieties were projected, and as Douglas has pointed out, the physicality of Smollett's fiction, which I discuss in Chapter Two, is an expression of just such unease and apprehension. The crisis is also evident in a corresponding and urgent intellectual endeavour in areas such as philosophy, satire and medicine to grapple with the issue of separating the human body from the beast and from the machine, and to know or 'read' the body through theoretical models such as physiognomy, sensibility or phrenology.

Nikolas Rose conveys the sense of hope and promise which medicine, as a potential source of knowledge about the body, its significance and how it functions, brought with it:

Medicine was bound up with the delineation of the unique human being [...] as a possible object for *positive knowledge*; that is to say, as a territory which could be mastered by a form of truth regulated by rationalities proper to the codes of scientific reason.³⁰

The social and cultural significance of medicine was therefore enhanced by the high expectations for what medical knowledge might elucidate and achieve. Its traditional role as an adjunct to the healing powers of nature, for example in helping to restore humoral balance, receded as a new optimism in its powers gained ground.³¹ This trend to diminish the role of nature in healing foreshadows

²⁹ See Elaine Scarry, *The Body in Pain: The Making and Unmaking of the World* (Oxford: Oxford University Press, 1985), p. 14.

³⁰ Nikolas Rose, 'Medicine, History and the Present' in *Reassessing Foucault: Power, Medicine and the Body*, ed. by Colin Jones and Roy Porter (Abingdon: Routledge, 1994), pp. 48-72 (p. 49).

³¹ 'I have heard some of these [physicians], with great gravity, deliver it as a maxim, "That nature should be left to do her own work, while the physician stands by, as it were to clap her on the Back, and encourage her when

an attitude that characterised Paris medicine (see below) in the early nineteenth century. As W. R. Albury has argued, the idea that nature was actually prone to error and could be ‘destructive rather than beneficent’ empowered the doctor in his struggle for professional status and led to a growing perception that ‘nature could no longer be trusted, but doctors could’.³²

The commercial and social impetus underlying some of these changes was a factor which repeatedly comes to the fore in the following chapters on the individual novels. One of the most conspicuous aspects concerns the role of the patient and the extent to which s/he is represented as an active agent in the medical encounter. Analysing English eighteenth-century medicine from a sociological perspective, N. D. Jewson has argued that medicine, for most of the century, was patient-centred (as opposed to ‘disease-centred’) and the driving force for innovation was the economic power of the patient in the role of patron; it was the fee-payer that shaped the way that disease was understood and treated. According to his thesis, ‘medical knowledge’ of the period was characterised by a ‘chaotic’ proliferation of therapies and theoretical systems, and this is reflected within *TS* in the abundance of contradictory opinions of Walter. Whilst the treatments and theories drew on a number of shared principles based on the humoral model of classical medicine, their diversity reflected an array of different interpretations of

she doth well”’: Henry Fielding, *The History of Tom Jones, a Foundling*, ed. by John Bender and Simon Stern (Oxford: Oxford University Press, 1996), pp. 98-99; for a brief explanation of the classical humoral theory of medicine see Chapter One, note 130 below.

³² W. R. Albury’s views are here summed up by La Berge and Hannaway. Drawing on the physiological work of Jean-Nicolas Corvisart (1755-1821) and François-Joseph-Victor Broussais (1772-1838), Albury argues that an emphasis on internal pathology rather than external symptoms validated the use of medical intervention. It normalised disease and bodily dysfunction so that medical expertise would remain in high demand: see ‘Introduction’, in *Constructing Paris Medicine*, ed. by Hannaway and La Berge, pp. 1-69 (p. 52); W. R. Albury, ‘Corvisart and Broussais: Human Individuality and Medical Dominance’, in *Constructing Paris Medicine*, ed. by Hannaway and La Berge, pp. 221-250 (pp. 225-242).

what this meant in terms of combating disease. There were two areas which particularly flourished: ‘phenomenological nosology’ (the classifying of diseases according to symptoms gleaned from the patient’s own account) and ‘speculative pathology’ (in which ill health was seen in the context of a person’s whole body system, and the doctor was expected to gain an understanding of a patient’s constitution). The patient was able therefore to make choices about the treatment he received from a widening array of options based on divergent rationales from different doctors. In this scenario, and just as each of the featured novels below indicate to varying degrees, securing the patient’s trust and regard was of paramount importance. The doctor invested in demonstrating his credentials to the patient in a variety of ways.³³

The development of a crowded ‘medical marketplace’, in which money could be made and successful careers could be quickly established, also reflects the economic power of the patient and capitalises on an openness to medical solutions and a willingness on the part of the consumer to shop around in the belief that the latest treatment might work.³⁴ As Porter has said, market capitalism fostered an attitude to the body as ‘a secular property’ and turned health into a purchasable commodity.³⁵ Increasing patient demand for medical intervention of various kinds, including preventative, and sometimes controversial, measures such as inoculation or the forceps, was driven by a shared sense of the possibilities which medical

³³ N. D. Jewson, ‘Medical Knowledge and the Patronage System in 18th Century England’, *Sociology*, 8 (1974), 369-385 (pp. 369-371); in *TS*, Walter is the fee-payer rather than his wife, who is the patient. Dr Slop depends for his fee on Walter’s trust in his medical knowledge and capabilities. In *RR* Roderick, as a surgeon’s mate, is trusted by Jack Rattlin to save his leg, and avoids having it amputated, whilst in *FCF*, Ferdinand wins patients’ trust and their custom through his skilful pretence to medical expertise.

³⁴ Harold Cook coined the phrase ‘medical marketplace’, see *The Decline of the Old Medical Regime in Stuart London* (Ithaca, NY: Cornell University Press, 1986), p. 29. It has been adopted by others, e.g. Adrian Wilson.

³⁵ Roy Porter, *Quacks: Fakers and Charlatans in Medicine* (Stroud: Tempus, 2000), p. 328.

treatment had to offer.³⁶ The market model is complicated however by a number of factors such as the indistinct boundaries between types of medical practitioners, the social diversity among practitioners and patients, and the availability of medical information via print to the lay public.³⁷

Another conspicuous indicator of changing attitudes towards medical intervention takes the form of the so-called ‘voluntary hospital movement’ of the first half of the eighteenth century. As Adrian Wilson has said, voluntary hospitals, funded by philanthropic subscribers, ‘constructed a new political space for the practice of medicine’ which allowed for the exercise of greater medical power over the patient. The real-life Dr Manningham, who features in *TS* as the favoured doctor of the fictional Mrs Shandy, enhanced his status in a similar way in 1739 by launching a lying-in hospital in London through charitable donations (see Chapter One). Instead of being beholden to his patient in a relationship of patronage, in this setting, the doctor was free (within certain limits agreed with subscribers) to use patients for experimentation and teaching purposes. Wilson has identified that such developments have parallels with the advent of clinical medicine in Paris (a subject to which I return below).³⁸ For the eighteenth-century doctor in London however, a hospital appointment was ‘a means to an end’ and not an ambition in itself. This is certainly the attitude of the fictional fake doctor Ferdinand Count

³⁶ Penelope J. Corfield, *Power and the Professions in Britain 1700-1850* (London: Routledge, 1995), p. 138: ‘interventionism was increasingly advocated’.

³⁷ Waddington, *An Introduction to the Social History of Medicine: Europe since 1500* (Basingstoke: Palgrave Macmillan, 2011), pp. 79-93.

³⁸ Adrian Wilson, ‘The Politics of Medical Improvement in Early Hanoverian London’, in *The Medical Enlightenment of the Eighteenth Century*, ed. by Andrew Cunningham and Roger French (Cambridge: Cambridge University Press, 1990), pp. 4-39 (pp. 10-15). These institutions impressed the French reformer, Jacques Tenon (1724-1816), which may have precipitated this cultural exchange. The role of the church in founding hospitals diminished as philanthropic subscribers provided funding for reputational and commercial reasons.

Fathom in Chapter Three, see p. 250 below). A hospital position could bolster private practice but it was not the badge of recognition that it became in the next century. Instead it displayed the doctor's social status, served as a mark of his benevolent character and put him in touch with influential members of society.³⁹

Alongside these social and cultural currents reflected in the professionalisation and commercialisation of medicine, there were the ubiquitous threats of epidemic and chronic disease and of maternal and infant death. They inevitably supplied an ever-present and urgent context for this new approach to medical theory and practice. Throughout the long eighteenth century, diseases such as smallpox, diphtheria, typhus, scarlatina, consumption and venereal disease were both a danger to life and the source of great suffering. Against this onslaught, medicine offered a perennial means of defence and counter-attack.⁴⁰

A Sudden Break with the Past? Differing Perspectives on the Emergence of Clinical Medicine in the Eighteenth Century

The advent of clinical or 'hospital' medicine and the new institutions, practices and hierarchies that accompanied it, constitutes another relevant eighteenth-century context which impacts on this investigation of the early novel.⁴¹ The Paris School necessarily looms large in this discussion because of the significance that has been attributed to it by Erwin H. Ackerknecht and others, in the establishment of clinical medicine in the West at the end of the century and beyond. The three case studies in this thesis add weight to the view that many of the attitudes and

³⁹ W. F. Bynum, 'Physicians, Hospitals and Career Structures in Eighteenth-Century London', in *William Hunter and the Eighteenth-Century Medical World*, ed. by W.F. Bynum and Roy Porter, pp. 105-123 (pp. 118-121).

⁴⁰ Porter, *Quacks*, pp. 43-44.

⁴¹ With regard to hierarchies, see Joy Harvey, 'Faithful to its Old Traditions'? Paris Clinical Medicine from the Second Empire to the Third Republic', in *Constructing Paris Medicine*, ed. by Hannaway and La Berge, pp. 313-335 (p. 328).

innovations supposedly characteristic of clinical medicine in Paris in the late 1700s are not only discernible much earlier in the century but are also embedded in a spectrum of pre-existing discourses in Britain and elsewhere.

Ackerknecht singled out Paris as clinical medicine's place of origin in a highly influential account of 1967. But opinions have differed about the extent to which innovations in this centre, rather than earlier developments in Britain for example, were a driving force in its inception.⁴² In the course of their close engagement with contemporary medical discourses, the featured novels reflect the encroaching onset of clinical medicine at mid-century in some key respects. Shifting modes of practice, theoretical approach and doctor-patient relations are all represented within the fictional narratives in ways which lend support to the re-interpretations of the standard account.

However, what is meant by clinical or hospital medicine first requires some unpacking. In his landmark study, Ackerknecht contended that the Paris Medical School was in an unrivalled position from 1794 to 1848 in terms of medical education and practice. In his view, the period represented a new epoch in the history of medicine. 'Hospital medicine' took over from the ancient 'bedside (or library) medicine', based on books and theory, before it was later itself supplanted by nineteenth-century 'laboratory medicine'.⁴³ In other words, he placed the Paris School in a pivotal place in a 'chronology of medicine's evolution'.⁴⁴ Both Ackerknecht and Foucault contributed to the establishment of a new orthodoxy

⁴² Paris Medicine is also known as the Paris Clinic and the Paris Medical School, and they are used interchangeably in this thesis to refer to clinical medicine in Paris in the late 1700s.

⁴³ Laboratory medicine characterised by the work of Louis Pasteur (1822-1895) and Claude Bernard (1813-1878): Erwin H. Ackerknecht, *Medicine at the Paris Hospital 1794-1848* (Baltimore: Johns Hopkins Press, 1967), pp. 15 and 122.

⁴⁴ La Berge and Hannaway, 'Introduction', in *Constructing Paris Medicine*, ed. by Hannaway and La Berge, p. 4.

attributing dramatic developments in medicine to the late-eighteenth-century Paris Clinic. These developments were then thought to have reverberated across Europe and North America. The most notable innovations were the instigation of procedures of pathological anatomy, and the linking of symptoms observed at the bedside to histological or organic changes revealed by post-mortem dissections. The distinct correlation between the latter two modalities led to a belief that medical knowledge was potentially based on a foundation of empirical certainty, rather than on the doctor's informed speculation or judgement. It also endowed the institution of the hospital with a new prestige as a centre of learning and research.⁴⁵

As well as these developments, Ackerknecht also credited the Paris School with a range of other initiatives. The uniting of medicine and surgery, the institution of clinical training, i.e. practical instruction at the bedside of a real patient, and the setting up of medical specialties were also deemed characteristic. New ways of physically examining patients through touch and sound were embraced, and statistics were used to analyse patient case histories and evaluate therapies. In the mid-century novel a number of these changes in theory and practice are identifiable as emergent trends or discursive undercurrents, as I demonstrate in the chapters below.⁴⁶ Common to these innovations is an emphasis on yielding knowledge of disease through the direct sensory experience (note the echoes of Lockean philosophy) of the medical investigator, whether it be in relation to the living, as via the stethoscope, or after death, as with the autopsy. In addition,

⁴⁵ Ibid., pp. 9-13.

⁴⁶ Ackerknecht, *Medicine at the Paris Hospital*, pp. 33, 163, 84, 90, 15 and 104; Laennec's stethoscope is a famous example of one of the new forms of physical examination.

such knowledge was now potentially given an extra layer of certainty through a process of quantification, i.e. measurement and/or statistics. As a result of such innovations, the hospital became positioned as a site of medical research and education, echoing some of the earlier developments associated with the voluntary hospital movement in Britain.

Whilst Foucault was heavily influenced by Ackerknecht's views, he used the rise of the Paris School as a historiographical model to explore shifts in systems of thought and modes of discourse.⁴⁷ He focused on how clinical medicine delivered a form of knowledge of the individual which was made up of an integrated set of observable aspects of a patient's condition, open to being 'diagnosed, calibrated, compared and generalised'. There was an attendant shift in perception that tended towards dismissing any spiritual significance attached to sickness.⁴⁸ Henceforth, the scope of possible applications for the use of medical knowledge opened up, including a role in the formation of wider social structures or initiatives, as is foreshadowed in Smollett's first novel when Roderick is frustrated that his (then) limited medical remit does not extend to health maintenance and disease prevention onboard ship (see Chapter Two). Furthermore, Foucault discussed the disruptive effect of the new medicine on the power relations between the doctor and the patient. To him, the latter shift was manifested through the use of expert language amongst doctors and through 'the medical gaze' or a medical way of seeing and interpreting the world.⁴⁹ The result was an objectification of the patient, or an

⁴⁷ See La Berge and Hannaway, 'Introduction', in *Constructing Paris Medicine*, ed. by Hannaway and La Berge, pp. 1-69 (p. 36).

⁴⁸ Rose, 'Medicine, History', p. 68; see also La Berge and Hannaway, 'Introduction', in *Constructing Paris Medicine*, ed. by Hannaway and La Berge, p. 34.

⁴⁹ Foucault builds his argument around the medical gaze, see *The Birth of the Clinic*, trans. by A. M. Sheridan (London: Routledge, 1989), pp. ix and 108.

enforced 'docility' and a consolidation of medical authority. In *TS*, the fictional Dr Slop's attempt to assert himself as an expert 'scientific operator' has a strong resonance with this perception of changing doctor-patient relations.⁵⁰

Jewson has also drawn especial attention to the significance of the increasing social distance between the patient and the doctor as their positions changed according to who had control over 'the means of production of medical knowledge'. If diagnosis and treatment no longer depended on the self-reported experience of the patient, but on the 'monolithic' consensus of opinion on diagnosis and treatment imposed from within the medical community, then the result was a wholesale shift in power relations and a clear delineation of roles. In the naval scenes in the novel *RR*, the role of the surgeon is clearly differentiated from the patient with little opportunity for negotiation about treatment between them in the midst of battle onboard ship (see Chapter Two).⁵¹ Jewson has drawn on Ackerknecht's account, arguing that in the shift from bedside medicine to hospital medicine, the patient lost his role of patron and the power to negotiate his own treatment. Once again, there are parallels with Wilson's observations on the disruption in power relations between the patient and the doctor which characterised the London voluntary hospitals earlier in the century. Instead of the patient, as patron, being treated with deference, he becomes a source of 'raw

⁵⁰ This objectification also implies an assessment against what is 'normal' as judged by the doctor, as opposed to a state of health as agreed between doctor and patient, see Lupton, 'Medicalisation', p. 100; with regard to Foucault's concept of Power, Bryan S. Turner has observed that he did not mean the mere subjugation of one social group over another, but a diffuse interconnection of power relations in different locations and contexts which drew on existing medical *epistemes*: 'From Governmentality to Risk, Some Reflections on Foucault's Contribution to Medical Sociology', in *Foucault: Health & Medicine*, ed. by Peterson and Bunton, pp. ix-xix (pp. xi-xii).

⁵¹ Jewson, 'Disappearance of the Sick-Man', p. 225; Ackerknecht did not see Paris Medicine as monolithic: see La Berge and Hannaway, 'Introduction', in *Constructing Paris Medicine*, ed. by Hannaway and La Berge, pp. 11 and 52.

material' for gaining and disseminating knowledge.⁵² Whilst Ackerknecht presented Paris Medicine as an inspirational model – a superior form of medicine built on direct experience rather than on abstractions, Foucault and Jewson took a different approach.⁵³ They concentrated on the changes relating to epistemology, power and, in Jewson's case, the social dynamics within medicine of the period. Many of these themes feed directly or indirectly into the medical debates within the three novels featured in this thesis.

The array of distinguishing features of the Paris school identified by Ackerknecht, although specific in his account to the later French experience, therefore offers a valuable gauge or checklist for assessing the existence of similar trends before this time and elsewhere. Othmar Keel has posited that many of these significant innovations were starting to happen from 1750 onward, a period which coincides with the mid-century focus of this thesis, and they were also in evidence beyond France and across Europe.⁵⁴ Laurence Brockliss has challenged Ackerknecht and Foucault's views about the extent and suddenness with which Paris Medicine broke with the past.⁵⁵ But beyond the limits of the geographical debate and with a

⁵² Wilson, 'Politics of Improvement', in *Medical Enlightenment*, ed. by Cunningham and French, p. 15.

⁵³ La Berge and Hannaway, 'Introduction', in *Constructing Paris Medicine*, ed. by Hannaway and La Berge, p. 36; Ackerknecht, *Medicine at the Paris Hospital*, p. 201.

⁵⁴ To Keel, these innovations were facilitated by a cross-fertilization of Western and Central European medical developments in which the Paris Hospital was just one of several key players. He has emphasised the contribution of British surgeons and physicians to anatomical and tissue pathology, the value of which was so widely recognised at the time in France and Europe that it was regarded as a model to emulate. He singled out William and John Hunter and Matthew Baillie (1761-1823) in this regard: Othmar Keel, 'Was Anatomical and Tissue Pathology a Product of the Paris Clinical School or Not?', in *Constructing Paris Medicine*, ed. by Hannaway and La Berge, pp. 117-183 (p. 120).

⁵⁵ L. W. B. Brockliss, 'Before the Clinic: French Medical Teaching in the Eighteenth Century', in *Constructing Paris Medicine*, ed. by Hannaway and La Berge, pp. 71-115. Brockliss has argued that a reliance on sources espousing revolutionary and reforming rhetoric has delivered a distorted view of eighteenth-century medicine in France. He has refuted Ackerknecht's assertion that earlier French medicine was mired in old traditions; see also Toby Gelfand, *Professionalizing Modern Medicine: Paris Surgeons and Medical Institutions in the 18th Century* (Westport CT: Greenwood Press, 1980), pp. 85-97. Highlighting the role of surgery in the historiography, Gelfand has emphasised the practicality and dynamism of Parisian surgery of the period.

similar emphasis on practical knowledge, Philip Rieder has maintained a focus on widespread cultural factors in different centres across Europe, including Britain. He has argued that well before the end of the century, the Enlightenment (or ‘philosophical’) doctor of the period privileged ‘empirical and practical medicine’ as part of his strategy to establish his professional identity. In Rieder’s assessment, a phase of ‘practical medicine’ with an emphasis on critical observation and case histories bridged the gap between the established classical model and the so-called ‘birth’ of the clinic.⁵⁶

Shifting attitudes to the value of practical skills applied in the context of ‘scientific’ or anatomical knowledge, are reflected in the fictional Dr Slop’s pride in his forceps in Sterne’s novel (see Chapter One). Their importance is also heralded in the naval scenes in *RR* (see Chapter Two). In Smollett’s *FCF*, the professional credibility of the fake doctor, Ferdinand, rests at one point on his grasp of fashionable concepts rooted in the latest theories in nervous physiology such as sympathy and sensibility (see Chapter Three). These physiological theories were derived from empirical methods, namely the close observation of phenomena under the microscope, and not on the rational precepts of classical medicine.⁵⁷

The significance of army and navy medicine feeds into the emphasis on empiricism and practicality in bringing about change, and forms part of the discussion of Smollett’s first novel in Chapter Two. Fast and tangible results were what

⁵⁶ See Philip Rieder and Micheline Louis-Courvoisier, ‘Enlightened Physicians: Setting Out on an Elite Academic Career in the Second Half of the Eighteenth Century’, *Bull. Hist. Med.*, 84 (2010), 578-606 (p. 581); see also Rieder, ‘Writing to Fellow Physicians: Literary Genres and Medical Questions in Louis Odier’s (1748-1817) Correspondence’, in *Medicine and Narration in the Eighteenth-Century* ed. by Sophie Vasset (Oxford: Voltaire Foundation, 2013), pp. 47-64; To Roy Porter, pathological anatomy was an integral part of anatomy from the seventeenth-century and not an eighteenth-century phenomenon: Adrian Wilson, ‘Porter versus Foucault on the “Birth of the Clinic”’, in *Medicine, Madness and Social History: Essays in Honour of Roy Porter*, ed. by Roberta Bivins and John V. Pickstone (Basingstoke: Palgrave Macmillan, 2007), pp. 25-35.

⁵⁷ See pages 78-79 below.

mattered in this context, with heavy losses of life through disease (as in the War of Jenkins' Ear (1739-1748) featured in the fictional text) prompting remedial action. In terms of pointers towards clinical medicine, clinical training i.e. learning through experience with real patients, was a necessity within the surgical team on board ship during the period (see Chapter Two, page 190 below) and the novel reflects this. In addition, as Erica Charters has argued, medical research in the form of clinical trials for medicines on large numbers of men, was conducted in the navy at least as early as the 1740s, and the establishment of large naval hospitals was part of an enterprise to provide more centralised and regulated medical care. Attention to environmental factors (such as cleanliness) as a means to prevent disease was also a priority in the context of army and navy medicine.⁵⁸ On this last point the fictional character of Roderick, a surgeon's mate, is especially alert to the threat to seaman's health posed by the filthy environment onboard ship and is unable to act upon this knowledge (see pages 173 and 177 below). In an exploration of the growing status of the naval surgeon in Britain during the late eighteenth-century, Christopher Lawrence has shown that by the end of the century, disease prevention, medical superintendence, and inspections underpinned naval discipline. He has linked this to a new focus on the health (or ill-health) of populations, such as those on board ship, in prisons, in towns, in the army or in hospitals.⁵⁹ These changes echo Foucault's views about how increasing

⁵⁸ See Erica M. Charters, "The Intention is Certain Noble": The Western Squadron, Medical Trials, and the Sick and Hurt Board during the Seven Years War (1756-63)', in *Health and Medicine*, ed. by Haycock and Archer pp. 19-37 (pp. 32-36); L. Brockliss and C. Jones, *The Medical World of Early Modern France* (Oxford: Oxford University Press, 1997), p. 692. Brockliss has noted (in the case of France) that the armed forces offered a 'testing ground for the content of medical and surgical training' in mid-century. Many of the elements of clinical medicine, such as bedside instruction, routine post-mortems, and the collection and analysis of statistics, were a feature of pre-revolutionary military and naval hospitals in France, with the navy often ahead of the army in terms of innovation.

⁵⁹ C. Lawrence, 'Disciplining Disease: Scurvy, the Navy and Imperial Expansion 1750- 1825', in *Visions of Empire: Voyages, Botany and Representations of Nature*, ed. by David Philip Miller and Peter Hanns Reill

medical dominance, in the context of clinical medicine, led to the widening of the role of the professional doctor, and in the novel Roderick's hopes would seem to be directed towards that end.

The proliferation of medical and surgical specialities and the uniting of physic and surgery were also characteristic of Paris Medicine according to Ackerknecht.⁶⁰ Man-midwifery, as featured in the novel *TS*, represents an early example of one such early form of specialism, which not only placed an emphasis on acquiring expert knowledge of particular anatomical organs, but also united physic and surgery in its theory and practice (see Chapter One). In addition, clinical training emerges in the novels not only in the naval scenes in Smollett's *RR* but also in Smollett's later novel, *FCF* (see Chapter Three). In one scene, the character Ferdinand boasts (erroneously) about having received his medical education in Padua, a European centre famous for its clinical teaching which attracted students from all over the world before Paris.⁶¹

The standard account of the rise of clinical medicine has been subject to re-evaluation on a number of other issues. For example, Ackerknecht has also been criticised for playing down the significance of conflicts within the Paris school, such as the long and acrimonious dispute between René-Théophile-Hyacinthe Laennec (1781-1826), the inventor of the stethoscope, and Broussais. Contrary to

(Cambridge: Cambridge University Press, 1996), pp. 80-106 (pp. 80, 98 and 94). Lawrence also highlights the use of statistics as a pivotal development, in this case driven by a medical remit dedicated to combating disorder and disease.

⁶⁰ It was a trend attributed to the new link between diseases and particular organs, rather than to a generalised humoral imbalance, inspired by the work of Giovanni Battista Morgagni (1682-1771): Ackerknecht, *Medicine at the Paris Hospital*, pp. 163-180.

⁶¹ See Cynthia Klestinec, 'Medical Education in Padua: Students, Faculty and Facilities', in *Centres of Medical Excellence? Medical Travel and Education in Europe 1500-1789*, ed. by Ole Peter Grell, Andrew Cunningham and Jon Arrizabalaga (Farnham: Ashgate, 2010), pp. 193-220 (pp. 195-198); see also La Berge and Hannaway, 'Introduction', in *Constructing Paris Medicine*, ed. by Hannaway and La Berge, p. 8.

Ackerknecht and Foucault, who regarded the Paris Clinic as a coherent unit which was characterised by a shared approach to disease, Jacalyn Duffin has highlighted how tensions were a definitive element of the febrile atmosphere in which Paris clinicians worked, and competing discourses conspired to drive innovation. But she also points out that (contrary to Foucault's vision), the disputants did not necessarily share a common language based on a shared set of rules for medical discourse. In fact, contrasting viewpoints about the underlying cause, and the best means to diagnose and treat diseases, could be framed in very different discursive terms.⁶² Within the auspices of Paris Medicine, proponents of vitalism parried with mechanists, and materialists continued to clash with spiritualists on an ongoing basis in a way that echoes the juxtaposition of different medical theories in Sterne's novel written decades earlier.⁶³ Conflicting theories on conception and childbirth management are readily assimilated by the character of Walter in *TS*, meaning that he partly personifies this intellectual climate.

In summary, there is a consensus that the emergence of clinical medicine was characterised by innovative changes in the approach to medical theory and practice during the eighteenth century. The hospital loomed large in this transformation and the impact of procedures of pathological anatomy were dramatic. There were major initiatives in clinical teaching, experimentation, specialisation and statistical analysis, which had an effect on doctor-patient relations. There is also an agreement amongst recent commentators that what has been 'constructed' as Paris Medicine was by no means restricted to Paris. Many of

⁶² Jacalyn Duffin, 'Laennec and Broussais: The "Sympathetic" Duel', in *Constructing Paris Medicine*, ed. by Hannaway and La Berge, pp. 251-274 (pp. 266-267).

⁶³ La Berge and Hannaway, 'Introduction', in *Constructing Paris Medicine*, ed. by Hannaway and La Berge, p. 12.

these changes were rooted in discourses from mid-century or earlier and within the Paris School, which was far from being monolithic, competing discourses ran alongside each other, as elsewhere.

In terms of the aims of this thesis, which sets out to show how the early novel engaged with contemporary medical discourses, the presaging of changes in theory and practice typical of later clinical medicine is in evidence. The emergence of medical specialisations like man-midwifery, the growing status of surgery and empirical methods in a war setting and the varying strategies employed by doctors to gain a professional identity come to the fore. With regard to professionalisation and increasing 'medical dominance', the social position and future prospects of Smollett's hero in *RR* are transformed by his elevation from impressed sailor to surgeon's mate, echoing the growing status of surgery in the navy during wartime.⁶⁴ The issue of shifting power relations and increasing social distance between players in the medical encounter emerges in the tensions between the man-midwife and his female counterpart in *TS* as they represent the opposing choices of competing power-bases within the Shandy household (see Chapter One). Lastly, Smollett's satirical depiction of how the doctor strove for social status and professional identity with wealthy patients and their families in *FCF* is also pertinent. It highlights the financial basis of the relationship, and is illustrative of Jewson's concept of 'bedside medicine' (see Chapter Three). Ferdinand sustains the pretence of being a doctor by exploiting his command of the discourse of sensibility to comfort, impress and gain credence with his fashionable, moneyed patients, fully alert to where the economic power lies. Thus the case studies in

⁶⁴ La Berge and Hannaway, 'Introduction', in *Constructing Paris Medicine*, ed. by Hannaway and La Berge, p. 52.

this thesis not only point towards changing modes of theory and practice indicative of clinical medicine, but also throw light on the epistemological debates and social and cultural contexts from which it gradually, rather than suddenly, gained ascendancy at the end of the century.

Eighteenth-Century Medical Narration and The Social Construction of Medical Concepts

Medical narratives during the eighteenth century took a number of forms, such as the medical case history, medical correspondence or letter writing, and the medical treatise (a didactic or pedagogic text composed of multiple case histories and opinions based on experience).⁶⁵ My findings about how the early novel engaged with medical debates of the period need to be considered in the context of existing medical narratives of the time.

Sophie Vasset has noted how narrative methodologies in eighteenth-century medical case histories were experimental and ill-defined, in a similar way to the early novel.⁶⁶ Likewise, medical correspondence (which applies to letter-writing either between doctors or between the doctor and the patient) were similarly mutable. They underwent processes of adaptation and accommodation in ways which echo the early novel's responsiveness to the changing attitudes and appetites of the producers and consumers of fiction.⁶⁷

In addition, medical narratives not only reflect medical paradigms but also play a

⁶⁵ One famous example of the latter is William Smellie's *A Treatise on the Theory and Practice of Midwifery* of 1752; according to Jewson, medical journals did not become established until the 1820s and 30s: see 'Medical Knowledge and Patronage', p. 382.

⁶⁶ Sophie Vasset, 'Introduction: Questions of Narration in Eighteenth-Century Medicine and Literature', in *Medicine and Narration*, ed. by Vasset, pp. 1-14 (pp. 6-7).

⁶⁷ See Wild, *Medicine-by-Post* in which Wild discusses the changing rhetoric over time as a reflection of medical paradigm shifts.

constitutive role in the processes of ‘knowledge-building’. They are accordingly subject to influences or power structures exerted from above and below, such as the senior colleague, the medical student and, in consultative correspondence, the patient. The reason that narrative strategies are an inextricable part of medical communication is because, as David Harley has said, medical interactions are ‘constructed as a narrative in time, incorporating change, order and meaning’ (from both the doctor and the patient perspective), and also because the doctor uses narrative knowledge as a resource from which to form opinions and draw conclusions within the dictates of overarching principles.⁶⁸

Examining the two main medical narrative forms in more detail, the first, the medical case history, offers a particularly apposite illustration of the fluidity of genre in the context of this thesis, because whilst it draws on empirical (e.g. observational) evidence relating to a particular patient, the medical case history also takes the form of a story with a main protagonist, a beginning, a plot, and a happy (successful) or unhappy (unsuccessful) end. It has clear parallels with the autobiography, the biography, the confessional and the novel, all of which aim to or adopt the stance of giving an objective account while nevertheless inevitably bringing the author’s own attitudes and mindset to the narrative. For example, the author may have an investment in presenting himself in a certain way before society (as in Smollett, see Chapter Three) or in the case of the confessional, before his community in relation to God (as in John Bunyan).⁶⁹

A tension between the physician and the medical case history – a methodology

⁶⁸ David Harley, ‘Rhetoric and the Social Construction of Sickness and Healing’, *Social History of Medicine*, 12 (1999), 407-435 (p. 422).

⁶⁹ See for example John Bunyan’s *The Pilgrims Progress* (1678) or *Grace Abounding* (1666).

which dates back to the late Renaissance and before – arose in the eighteenth century for the first time, and coincides with the struggle of doctors for professional status when open debate in print gave a new impetus to the significance and import of narrative strategies.⁷⁰ According to Vasset, no guidelines or edicts have been uncovered in eighteenth-century medical treatises as to how case histories should be written, beyond an earlier plea from the Royal Society that they should be ‘carefully narrated’. This is despite the fact that case histories played an important part in medical education, were studied by students and gave students a valuable means to access clinical experience. So, she has argued, the method for writing case histories was up for debate among the profession, and the heated exchanges which occurred around narrative methodologies reflect an acknowledgement that they were critical in the formation of meaning: indeed, they represented a public testament to the doctor’s objectivity, medical skills, and even his literary skills as a gentleman.⁷¹

Turning to medical epistolary exchanges or correspondence, there were two main modes: firstly, the letters between fellow doctors or ‘intra-professional’ correspondence and secondly those between doctors and their patients. Both modes were instrumental in the constitution of medical roles and medical knowledge in differing ways. Philip Rieder reveals how intra-professional correspondence, in which doctors exchanged interpretations of case histories, fortified professional relationships and furthered their education.⁷² At a time when, as Harley points out, ‘the good name of any practitioner could be created or

⁷⁰ Gianna Pomata, ‘The Medical Case Narrative: Distant Reading of an Epistemic Genre’, *Literature and Medicine*, 32 (2014), 1-23 (p. 6); Rousseau, ‘State of the Field’, p. 418.

⁷¹ Vasset, ‘Introduction: Questions of Narration’, in *Medicine and Narration*, ed. by Vasset, pp. 6-7.

⁷² Rieder, ‘Writing to Fellow Physicians’, p. 63.

destroyed by colleagues’, peer to peer relations were of great importance.⁷³ The case history emerges in this context as an important currency or ‘vehicle of knowledge,’ that is, not a unit of knowledge itself but one from which knowledge could be gleaned, with the quality of that potential knowledge defined by close observation and effective description.⁷⁴ Where these case histories are included in the format of a letter, the writer reveals any insights into his or her own attitudes and perspectives even more transparently, and perhaps unsurprisingly, consistently casts the doctor securely as the hero of the piece.⁷⁵

The second mode, which takes the form of letters between doctors and their patients, has been the subject of Wayne Wild’s *Medicine-by-Post* (2006) in which he has focused on the correspondence of the eighteenth-century physicians James Jurin (1684-1750), George Cheyne (1671/2-1743) and William Cullen with their private patients. He has tracked the changing rhetoric, meaning ‘language skills which produce belief’, which accompanied and consolidated medical paradigm shifts, including how they impacted on ‘medical culture’. With echoes of Jewson, he has drawn special attention, like Harley, to the extent to which the doctor and patient negotiated their way to a diagnosis and course of treatment during a consultation, because the educated patient was attuned to the latest rhetoric and was an equal shareholder in ‘a common language’.⁷⁶ In contrast to the use of rhetoric to legitimise a new mode of scientific enquiry in the wider public domain, this shared rhetoric fostered a more problematic power balance between the two

⁷³ Harley, ‘Rhetoric and Social Construction’, p. 414.

⁷⁴ Rieder, ‘Writing to Fellow Physicians’, p. 48.

⁷⁵ At the time a doctor’s ability to heal was less important to his professional status than his ability to prognosticate, possibly because many other healers, such as quacks, based their claims on empirical evidence: *ibid.*, p. 48.

⁷⁶ Wild, *Medicine-by-Post*, p. 9: Wild quotes C. McIntosh, *The Evolution of English Prose, 1700-1800: Style, Politeness and Print Culture* (New York: Cambridge University Press, 1998), p. 144; *ibid.*, p. 243.

parties, because the patient was equipped to mount a challenge or disengage from the consultation at any time.⁷⁷

Both forms of medical correspondence are inseparable from the wider context of letter-writing conventions of the period. Susan E. Whyman has argued that by the late seventeenth century, letter-writing practices were changing significantly as mail services developed and letter writing took on new functions: instead of taking the form of ‘solitary meditations’, they aimed now to facilitate a ‘personal exchange’. In this way individuals across a broad section of society could further, say, their social, business or marriage prospects through the use of eloquent or persuasive language in a letter. Eighteenth-century medical correspondence was firmly embedded in this milieu. During this period ‘epistolary literacy’ had thrived so as to form the basis for discursive networks in which individuals interacted with each other and with a range of (shared) contemporary texts including the latest works of fiction and, as we know, up-to-date medical texts.⁷⁸ Medical correspondence was similarly loaded with meaning relating to social status, professional status and how medical concepts and knowledge were understood. The importance of rhetoric, and its alignment with current medical paradigms, reflects its prominent role in the social construction of medical concepts, such as illness, healing, and what was meant by ‘health’, as well as medical roles such as doctor or patient. In the eighteenth century, it was grounded in the wide acceptance on the part of the doctor and patient that bodily mechanisms were inextricably entangled with mental processes, which followed the post-Locke

⁷⁷ As in separating the disciplinary domain of chemistry from alchemy: see Harley, ‘Rhetoric and Social Construction’, p. 411.

⁷⁸ Susan E. Whyman, ‘Letter Writing and the Rise of the Novel: The Epistolary Literacy of Jane Johnson and Samuel Richardson’, *Huntingdon Library Quarterly*, 70 (2007), 577-606 (pp. 580 and 578).

rejection of mind-body dualism.⁷⁹ But just how this degree of rapport in the doctor-patient exchange was realised is crystallised in the eighteenth-century understanding of the power of rhetoric, which Paul Goring has explicated and has clearly situated in contemporary medical discourses pertaining to nervous physiology, especially that of sensibility.⁸⁰ As G. S. Rousseau has explained, the ‘nerve’ took on a widely-accepted meaning and significance in relation to all psychological states, and the physiological doctrine of sensibility became the basis for ‘human sympathy, empathy, benevolence, virtue – all the cults of sensibility in the moral realm’.⁸¹ Goring has described how a social and cultural imperative emerged to ‘mould bodily eloquence’ based on the deployment of bodily gestures and expressions, in which rhetoric formed one aspect of a developing ‘language of politeness’ which functioned on different levels, including the physical. The rhetoric of sensibility gave members of the middling classes a means to display distinguishing attributes of civility and gentility which acted as a mechanism for social mobility.⁸² In addition, this sympathetic interaction between one body and another could be ‘encoded and decoded by means of verbal representation’ i.e. the written word. In a landscape populated by new social and cultural arenas ranging from the playhouse to the printed text, the medical consultation by letter can be considered as one of the many ‘new discursive situations’ which drove the need for new codes of interaction and behaviour.⁸³ To the doctor, the rhetoric of sensibility was an essential instrument not only in facilitating patient relationships

⁷⁹ See below, pages 53, 54, and 78 of this thesis.

⁸⁰ See Goring, *Rhetoric of Sensibility*, pp. 159-160.

⁸¹ G. S. Rousseau, ‘Discourses of the Nerve’, in *Nervous Acts: Essays on Literature, Culture and Sensibility* (Basingstoke: Palgrave Macmillan, 2004), pp. 215-242 (p. 224); *ibid.*, p. 230.

⁸² Goring, *Rhetoric of Sensibility*, p. 22.

⁸³ *Ibid.*, pp. 141 and 21.

through shared values, but also in affirming his social rank alongside his moneyed patient. Both were pivotal to securing professional status and to earning a living.

The role of rhetoric in the healing process itself has been emphasised by Harley in his broad-scope article. In particular he has highlighted how the eighteenth-century doctor was acutely aware of its value in this regard, and Wild has confirmed that, in the case of William Cullen, for instance, ‘rhetoric becomes the substance of the therapeutic process, creating an environment in which healing can occur’.⁸⁴ Harley’s use of the term is less in the classical context of antagonism or to exert leadership, but more in the sense of a bespoke means to reassure, persuade and gain the trust of a patient, and medical consultations by letter indicate the extent to which patient trust and confidence in the doctor were prerequisites for any chance of a successful outcome for the patient, however that was achieved and defined. It could for example take the form of compliance with an agreed treatment regimen or the effective management of patient expectations, both of which required the doctor to be abreast of the latest ideas and belief systems at work on both sides of the exchange.⁸⁵ The celebrated eighteenth-century doctor, George Cheyne, exemplifies the point. Wild has attributed his spectacular success to his trusted ambassadorial function between ‘the world of medical theory and society’ which characterised his rhetorical style or ‘penmanship’ in his correspondence.⁸⁶

The significance of rhetoric becomes less surprising in the context of a number of other factors. At a time when the efficacy of medicines and treatment plans were

⁸⁴ Wild, *Medicine-by-Post*, p. 187.

⁸⁵ *Ibid.*, p. 9: Wild makes the same argument.

⁸⁶ *Ibid.*, pp. 132-133.

(lamentably) limited, the doctor was judged by his ability to accurately prognosticate rather than to effect a cure, a fact that in itself reflects the climate of contained patients' expectations, and the importance of allaying fears in promoting recovery (see note 75 above). Also, long before the enshrinement of codified medical ethics, patient trust and confidence served as an acknowledged requirement in achieving and maintaining professional status.⁸⁷ Indeed, a physician's claims to high moral standards and gentlemanly credentials, in line with codes of politeness, henceforward took on what seems from a modern perspective to be a disproportionate importance.⁸⁸ But in the eighteenth century the consolidation of professional identity was acted out against the formidable threat of alternative practice or quackery and Smollett's novel *FCF* overtly engages with this debate. Ferdinand Count Fathom enjoys a meteoric rise as a doctor in fashionable society because he exhibits all the supposed trappings of a gentleman, and is versed in the rhetoric of sensibility, even though he has no claim at all to medical knowledge beyond the superficial (see Chapter Three).

If, as Harley has argued, health or (ill-health) and healing are social constructions reinforced by textual discourse and shared rhetoric, then as Robert Woods has identified, 'death is another matter entirely', and 'until recently has been a constant'.⁸⁹ Demographic studies revealing mortality rates provide one measure against which 'progress' in medicine can potentially be quantitatively assessed. This explains why the work of Thomas McKeown, best known for 'The McKeown

⁸⁷ *Ibid.*, p. 9: only later in the eighteenth century were attempts made to develop a professional code of ethics.

⁸⁸ G. S. Rousseau has commented on how the medical profession of the time appeared to indulge the cult of sensibility and the preoccupation with the 'nerve' for financial gain: see 'Towards a Semiotics of the Nerve', in *Nervous Acts*, pp. 243-290 (p. 257).

⁸⁹ Harley, 'Rhetoric and Social Construction'; Robert Woods, 'Medical and Demographic History: Inseparable?', *Social History of Medicine*, 20 (2007), 483-503 (p. 486). Death is only subject to question in the sense of modern methods designed to counter death such as resuscitation and the use of life support machines.

Thesis', controversially shed new light on contemporary perceptions of the process of eighteenth-century professionalisation of medicine.⁹⁰ His original argument was that the estimation of the role of medical advances in declining mortality rates during the eighteenth century was overstated. Instead it was the social and economic environment, especially improvements in nutrition, which were responsible for the decline of deaths due to infectious disease in the second half of the century.⁹¹ He conceded the role of vaccination as a revolutionary force for good after 1798, but considered that smallpox vaccination in the middle and latter half of the century was actually not that significant a factor in declining mortality rates compared to later vaccination programmes.⁹² The discussions which have followed attest to the importance of the issues he raised.⁹³ McKeown's views beg the question as to what exactly did the medical profession owe its increasing credibility and professional status in that period if it was not enhanced efficacy and improved patient outcomes as measured by fewer deaths?⁹⁴ An interdisciplinary approach to the changing perceptions and expectations of medicine, as well as the prevailing social and cultural contexts, has sought to fill this and similar voids. It has adopted a wider perspective which encroaches on the

⁹⁰ McKeown formulated his thesis in an article with R.G. Brown: see 'Medical Evidence Related to English Population Changes in the Eighteenth Century', *Population Studies*, 9 (1955), 119-141.

⁹¹ *Ibid.*, pp. 139-141.

⁹² Bill Bynum, 'The McKeown Thesis', *The Lancet*, 371 (2008), 644-645 (p. 644). McKeown developed his ideas drawing on available data from the eighteenth to the twentieth century in *The Modern Rise of Population* (London: Edward Arnold, 1976); recent evidence confirms a decline in the incidence of smallpox in adult urban populations which may have been owing to endemicisation (the acquisition of immunity through exposure during childhood), or the increasing popularity of inoculation alongside vaccination: Romola Davenport, Leonard Schwarz and Jeremy Boulton, 'The Decline of Adult Smallpox in Eighteenth-Century London', *Economic History Review*, 64 (November 2011), 1289-1314 (p. 1289).

⁹³ Participants in the debate include David Wootton who, whilst agreeing with McKeown's claim about the limited role of medicine in modern rises in population, has some criticisms. For example, he has posited that increasing birth rates were a significant and neglected factor in rising population levels during the period as people became more sexually active: David Wootton, *Bad Medicine: Doctors Doing Harm Since Hippocrates* (Oxford: Oxford University Press, 2007), pp. 276-282.

⁹⁴ John Harley Warner, 'The History of Science and the Sciences of Medicine', *Osiris*, 10 (1995), 164-193 (pp. 167-168).

humanities, social sciences and the arts and is now academically designated as the medical humanities. Within its remit important aspects such as the cult of sensibility, leading to new perceptions of disease and treatment, and the struggle for enhanced social status on behalf of the medical profession, are among the explanations which are played out and documented in the medical narratives and contemporary novels under investigation in this thesis.

Different modes of medical narration, as Nicolas Pethes and others have established, are subject to modification by the medical and patient community according to changing ideas and values, how they are received, and the shifting expectations that result.⁹⁵ They can be said to reflect changing structures of theory and practice. But Foucault, Jewson and Mary Fissell, each from their different perspectives, are among those who have highlighted the significant change in the way such narratives were written in the late eighteenth century at the time of the advent of hospital medicine. The negotiations which defined the mutable power balance between the wealthy, informed patient/consumer and the gentleman physician as evidenced in medical consultations by post, are replaced by a new narrative. Foucault remarked on the objectification of the patient such that the emphasis shifted from the patient to the disease, with the patient a construct of a new medicalised world view.⁹⁶ Jewson noted that the 'sick-man' is at this time 'designated a passive and uncritical role in the consultative relationship, his main function being to endure and wait' and Mary Fissell in her study of the poor in eighteenth-century Bristol, documented the silencing of the

⁹⁵ Nicolas Pethes, 'Telling Cases: Writing against Genre in Medicine and Literature', *Literature and Medicine*, 32 (2014), 24-45 (p. 25).

⁹⁶ Foucault, *Birth of Clinic*, pp. 71 and 183-213.

patient voice in case studies which increasingly relied on medical jargon to communicate with other doctors, and excluded the patient from any interpretative role in his or her own suffering.⁹⁷ Flurin Condrau has pointed out, like Roy Porter, that further back in history the patient's voice is distinctly audible as in the diaries of Samuel Pepys and, I would add, the essays of Michel Montaigne.⁹⁸ As Mary Wilson Carpenter has also shown, based on her study of a patient who documented her own medical history in the form of her experiences in a nineteenth-century hospital, the ordinary patients' views were only silenced to the extent that their accounts were denied any exposure or platform. In the context of the power relations of literary production, the doctors during this latter period were increasingly in control of the professional narrative, and they shaped and reflected the different ways in which the medical concepts of the physician, patient, and medical history were understood.⁹⁹

There are clear parallels between the different forms of medical narration and the eighteenth-century novel. They each use narration to explore and discuss prevailing medical paradigms and cultural trends in medicine, in a way which underlines the assimilation of medical discourses across literary genres of the time. This is exemplified in the letters and novels of Tobias Smollett (see Chapters Two and Three). Smollett's established and regular correspondence with his medical colleagues such as Dr John Moore (1729-1802) finds some echoes in

⁹⁷ Jewson, 'Disappearance of the Sick-Man', pp. 234-35; Mary E. Fissell, 'The Disappearance of the Patient's Narrative and the Invention of Hospital Medicine', in *British Medicine in an Age of Reform*, ed. by Roger French and Andrew Wear (London: Routledge, 1991), pp. 92-109.

⁹⁸ Flurin Condrau, 'The Patient's View Meets the Clinical Gaze', *Social History of Medicine*, 20 (2007), 525-40 (p. 536).

⁹⁹ Mary Wilson Carpenter, 'The Patient's Pain in Her Own Words: Margaret Mathewson's "Sketch of Eight Months a Patient in the Royal Infirmary of Edinburgh, A.D. 1877"', *Interdisciplinary Studies in the Long Nineteenth Century*, 19 (2012), 1-21 (p. 18). Margaret abandons her silent and stoic stance to hospital treatment and opts to express herself in narrative form.

Matthew Bramble's letters to Dr Lewis in *The Expedition of Humphry Clinker* (1771).¹⁰⁰ Smollett uses medical correspondence to unveil Bramble's character and perspective as part of his epistolary narrative technique. It is particularly striking in the case of his fellow novelist, Samuel Richardson (1689-1761), who, in his correspondence with Dr George Cheyne, reveals how much he revels in being at the mercy of his 'unbraced nerves'. This physiological view of the body as a signifier of virtue and feeling is assimilated into his fiction so assiduously that Richardson's bestselling novel, *Pamela* (1740), can be read as a set of instructions on how to adopt the new form of language.¹⁰¹ The blushing, the palpitating heart, and 'the fainting away' affirm John Mullan's argument that sensibility is 'not so much spoken as displayed'.¹⁰²

The Early Novel, 'A New Species of Writing'¹⁰³

The case studies which comprise the body of this thesis demonstrate how the early novel successfully engaged with and explicated medical debates in the mid-eighteenth century. They also show how medical discourses were an effective means of engaging with wider debates outside of the specific contexts of medical theory and practice. But just how the novel's apparatus – in the sense of the whole range of formal attributes at its disposal as a literary form – was orientated to lend itself to this purpose requires contextualisation. I have already

¹⁰⁰ *The Letters of Tobias Smollett*, ed. by Lewis M. Knapp (Oxford: Clarendon Press, 1970), p. 106: 'I [...] cough all night'. *Humphry Clinker* opens with a letter in which Bramble complains to his doctor that he is still constipated: Tobias Smollett, *The Expedition of Humphry Clinker*, ed. by Shaun Regan (London: Penguin, 2008), p. 9.

¹⁰¹ Goring, *Rhetoric of Sensibility*, pp. 16 and 150.

¹⁰² Samuel Richardson, *Pamela; or, Virtue Rewarded*, ed. by Thomas Keymer and Alice Wakely (Oxford: Oxford University Press, 2001), p. 63; John Mullan, *Sentiment and Sociability: The Language of Feeling in the Eighteenth Century* (Oxford: Clarendon Press, 1988), p. 61.

¹⁰³ (Francis Coventry), *An Essay on the New Species of Writing Founded by Mr Fielding with a Word or Two upon the Modern State of Criticism* (London: Printed for W. Owen, 1751).

underscored the fact that the novel was firmly embedded within ‘the Enlightenment model of critical communication’ which required participants to be impartial and disinterested in order to uncover knowledge or ‘truth’.¹⁰⁴ In this new world view, the notion that informed discussion (or conversation) led to understanding (or knowledge) and then to effective action by society more generally, was played out in a wide range of different forums such as coffee-houses, clubs and in circulated correspondence.¹⁰⁵ But print, with its capacity to reach broad sections of society quickly and effectively, took on a vital role. The novel fitted this model and as ‘a new species of writing’; it was at the forefront of literary innovation as authors strove for its legitimacy as a literary form and for commercial success. As McKeon and Bender have pointed out, the novel went through a period of intense experimentation at mid-century exploiting different approaches to narrative technique, characterisation, the adoption of earlier literary forms and so on. For example, the mock-epic prose of Henry Fielding sharply contrasted with the epistolary narrative of Samuel Richardson. This burst of experimentation coincides with the period on which this investigation focuses.¹⁰⁶

Theories as to how the novel form emerged and what made it distinct have emanated from many different disciplinary directions; some are socio-historical; some are formalist; some offer an interpretation based on competing ideologies; some are cultural-historicist or epistemological and some invoke consumerism and the print market. They each offer a means of analysis or model which can be

¹⁰⁴ Bender, ‘Enlightenment Fiction and the Scientific Hypothesis’, in *Ends of Enlightenment*, pp. 38-56 (p. 40).

¹⁰⁵ Bender, ‘*Tom Jones* and the Public’, in *Ends of Enlightenment*, pp. 109-132 (p. 119).

¹⁰⁶ McKeon, *Origins of the Novel*, p. 22.

applied to my three case studies to differing degrees. However in this section, I discuss how the views of Watt, McKeon, J. Paul Hunter, Bakhtin and also John Bender on the development of the early novel feed into my overall argument. They have each theorised about the novel with an emphasis on the genre's development remote from and without reference to traditional authorities such as the church or the state. I bring into the discussion the theories of other analysts of the history of ideas, such as Raymond Williams and Pierre Bourdieu to shed further light on the significance and position of the novel within a changing cultural system.¹⁰⁷

In his enduringly influential work of 1957, Ian Watt isolated, and celebrated, the early novel as a new and divergent literary form, linking its exceptionality to formal realism. By this he meant an innovative set of narrative procedures which 'embodied individual conceptions of reality' and mirrored, not engendered, the interests and values of a burgeoning secular, empiricist and middle-class society in the eighteenth century.¹⁰⁸ It is the form, he argued, rather than the content, which unlocks the potential for reflecting human subjectivity, and it can be summed up as the presentation of 'particular individuals having particular experiences at particular times and at particular places', which the novel developed to such great effect.¹⁰⁹

¹⁰⁷ Raymond Williams, *Marxism and Literature* (Oxford & New York: Oxford University Press, 1977); P. Bourdieu, *Sociology in Question*, trans. by R. Nice (London: Sage, 1993); *The Logic of Practice*, trans. by R. Nice (Cambridge: Polity, 1990); *Distinction: A Social Critique of the Judgement of Taste*, trans. by R. Nice (London: Routledge Kegan and Paul, 1984).

¹⁰⁸ Julie Park, 'Introduction: The Drift of Fiction', *The Eighteenth Century: Theory and Interpretation*, 52 (2011) 243-248 (p. 243); Seager, *The Rise of Novel: A Reader's Guide to Essential Criticism* (Basingstoke: Palgrave Macmillan, 2012), p. 68; Brean Hammond and Shaun Regan, *Making the Novel: Fiction and Society, 1660-1789* (Basingstoke: Palgrave Macmillan, 2006), p. 5: the term 'middling sort' is more appropriate in a 'broadly tripartite society' of the period. McKeon also challenges Watt's use of 'middle class' saying that it is difficult to define: *Origins of the Novel*, pp. 3-4. The term 'rise' is problematic, suggesting an uninterrupted positive course upwards, see J. Paul Hunter, *Before Novels: The Cultural Contexts of Eighteenth-Century English Fiction* (New York: Norton 1990), p. 8.

¹⁰⁹ See note 10 to this chapter; Seager, *Rise of Novel*, pp. 31-33.

His innovative socio-historical approach has served as a reference point against which revisionists have defined their position on the issues it raises or neglects, such as how to define ‘realism’, or the ‘middle class’ and how the novel relates to preceding fictional forms.¹¹⁰ For example, McKeon has conceived of the novel as a means of exploring the apparent contradictions between the stances of romance and history, and their differing ways of representing ‘truth’ and ‘virtue’ (or social value) at a time of uncertainty.¹¹¹ He has noted how Samuel Johnson voiced this perceived tension in his assessment of the emerging novel genre when he praised its verisimilitude, but advocated the deliberate use of virtuous characters to serve as role models to the reader in need of moral guidance.¹¹² Rather than the more sudden emergence posed by Watt, McKeon envisaged an unstable and indistinct process in which ‘the genre emerges in debates between different prose fictions, and the assumptions about the world to which they correlate’.¹¹³

J. Paul Hunter has taken a cultural historicist approach in his compelling analysis of reading practices at the time, and frames his argument in terms of contemporary reader practices and expectations, which tended towards empiricism – through documentary, or ‘true life’ accounts – as an aid to understanding the world.¹¹⁴ He therefore implicates a very broad range of existing literary forms in the development of the early novel, from newspapers, pamphlets and travel books to religious treatises and conduct manuals, emphasising the extent to which readers were not only receptive to being given advice, but

¹¹⁰ Ibid., p. 7; Terry Eagleton confronts difficulties with defining ‘realism’ in *The English Novel: An Introduction* (Oxford: Blackwell Publishing, 2005), pp. 5-6.

¹¹¹ McKeon, *Origins of the Novel*, p. 20; Also, Park, ‘Drift’, p. 243.

¹¹² McKeon, *Origins of the Novel*, p. 416; Johnson, *Rambler*, 31 March 1750, pp. 4-5.

¹¹³ Hammond and Regan, *Making the Novel*, p. 10.

¹¹⁴ Hunter, *Before Novels*, pp. 44-45.

expected and desired it.¹¹⁵ From the outset, Hunter argues, the novel was a more accessible and low-brow form of entertainment compared with established forms of imaginative literature and was consumed by the ‘ambitious, aspiring, mobile, and increasingly urban young people’ of both sexes.¹¹⁶ Resonating with some perceptions of today’s electronic entertainment and social media, the novel was therefore viewed with circumspection as a powerful and potentially subversive influence on the moral standards of the young, which speaks volumes about its perceived potential to transmit ideas and create debate without deference to traditional authorities.

Mikhail Bakhtin, the Russian philosopher and literary critic, traced the origins of the novel form to Renaissance Europe, highlighting its debt to the fictional writings of the ancients, and citing Rabelais and Cervantes as central figures.¹¹⁷ Notably, Smollett specifically aligns himself with Cervantes in his preface to *RR* (see Chapter Two), before clarifying the ways in which his work departs from his. Smollett draws heavily on the *picaresque* in most of his novels, e.g. *Roderick Random*, *Peregrine Pickle* (1751) and *Ferdinand Count Fathom*, while Sterne was dubbed the ‘English Rabelais’ by William Warburton (1698-1779).¹¹⁸ Bakhtin contrasted the two forms of epic poetry and the novel, placing them as diametrically opposed on a spectrum of mimesis. The classical form, he argued, is locked in a distant unchangeable past, with fixed characters, and is reverent in tone, humourless, and monologic i.e. dominated by one commanding perspective.

¹¹⁵ Ibid., p. 227.

¹¹⁶ Ibid., pp. xix and 81; See also Hammond and Regan, *Making the Novel*, p. 13.

¹¹⁷ Bakhtin’s contribution to the debate on the emergence of the novel in the West was posthumous, after his works were translated into English: see Hammond and Regan, *Making the Novel*, pp. 18-19.

¹¹⁸ Shaun Regan, ‘Translating Rabelais: Sterne, Motteux and the Culture of Politeness’, *Translation and Literature*, 10 (2001), 174-199, (p. 174).

A monologic text has the effect of cementing the world it seeks to represent by claiming a monopoly on meaning. The novel, on the other hand, is dialogic, and therefore represents an abundance of interacting perspectives where no one reigns supreme. This means that characters may play different social roles or learn and develop over time and, within its structure, the novelist is at liberty to represent ‘reality’ in an irreverent, egalitarian way in the here and now.¹¹⁹ Bakhtin’s ideas opened up a new analytical approach to literature. Dialogism, as an analytical tool, is especially appropriate to the investigation of medical discourses around man-midwifery in Sterne’s *Tristram Shandy* (see Chapter One) and in the construction of medical ‘knowledge’ in this particular case study. It also clearly feeds into Bender’s conceptualisation of the early novel as a mode of critical communication within Enlightenment precepts.

Another important insight delivered by Bakhtin with regard to the novel’s development concerns the process of what he called ‘novelization’. This denoted a cultural tendency during the period towards the ‘mingling and mixing of different literary modes’ within and without major literary genres such as satire, romance and poetry. In this theory, the novel is an amalgamation of different literary forms, directed at new kinds of readers, which is ‘organically receptive’ to their preferences and expectations.¹²⁰ The experimentation with different styles and techniques, which is so characteristic of the mid-century novel, attests to the significance and urgency of this endeavour against the backdrop of a competitive print market, and it is manifestly apparent in each of the three case studies on

¹¹⁹ Mikhail Bakhtin, ‘Epic and Novel’, in *Dialogic* pp. 3-40; Hammond and Regan, *Making the Novel*, pp. 18-19. Hammond and Regan comment that some early novels are less dialogic and have a dominant voice which can only be subverted by reader interpretation: *ibid.*, p. 21.

¹²⁰ *Ibid.*, p. 21; Bakhtin, ‘Epic and Novel’, in *Dialogic*, p. 3; Seager, *Rise of Novel*, p. 78.

which this thesis rests. Mark Blackwell has celebrated Smollett's innovation in writing 'entire works which juxtapose the styles and conventions of fictional genres usually considered discrete' whilst Sterne's *Tristram Shandy* extends beyond the playful in his ground-breaking disruption of linear plot lines and even the boundaries of different art forms.¹²¹

Bender has presented the novel form as an epistemological site, 'a force in thinking' which developed its theory and practice alongside modern scientific theory. One important way in which the novel and science converged, he has posited, is in their mutual use of 'fictionality' which in science surfaces as 'the hypothesis'.¹²² He has postulated that the ongoing debate about the legitimacy of the hypothetical in science in the period was a function of the changing relationships between concepts such as truth and probability (triggered by the Scientific Revolution). In his view, this led to the novel relinquishing any claims to deliver 'literal historical fact', as per the novels of Daniel Defoe. Instead it embraced fictionality as a means to represent 'higher truths' and evoke responses from the reader in new ways in an early form of disciplinary division. For Bender, this explains the experimentalism and assertive playfulness which so characterised the novel at mid-century, as described above with regard to the innovatory features of *TS* and *RR*.¹²³

Most importantly, the novel form chimed with the new approach to knowledge that Enlightenment attitudes engendered. Experience of the world was the foundation of empiricism, but experience was abundant, fragmented and dispersed. So the

¹²¹ Mark Blackwell, 'Disjecta Membra: Smollett and the Novel in Pieces', *The Eighteenth Century*, 52 (2011), 423-42 (p. 424); Sterne uses blank pages and patterns at strategic places in *TS*.

¹²² Bender, 'Introduction: Ends of Enlightenment', in *Ends of Enlightenment*, pp. 5-6.

¹²³ Bender, 'Enlightenment Fiction and the Scientific Hypothesis', in *Ends of Enlightenment*, pp. 38-56 (p. 49).

acquisition of knowledge increasingly depended on the confirmation of general principles via a disciplined, objective investigation into (or reflection on) the particular, or in other words, via the experiment.¹²⁴ The novel offered a way to mimic experimental conditions and to present experience in a controlled and objective way. Bender has discussed this parallel using Henry Fielding's novel *Tom Jones* (1749), published a year after Smollett's *RR*, as an example. Fielding's masterly narrative technique equips the reader with evidence and insights which allow him/her to form judgements about particular situations, events or characters, which are themselves informed, objective, balanced, rational and even flexible in the light of new evidence or circumstances. In this scenario, the reader occupies the role of a surrogate witness using inductive reasoning to relate the particular to the general.¹²⁵ Hence, the concepts of realism, verisimilitude or 'probability', which since Watt have been widely acknowledged as defining features of the early novel, emerge as every bit as representative of values linked to the Enlightenment as consensus-building in scientific endeavour and free open debate in coffee-houses and clubs during the period.¹²⁶

Theories Linking the Early Novel and its Origins to Contemporary Medical Paradigms/Epistemes

Whilst my thesis focuses on the ways in which the eighteenth-century novel engaged with medical discourses, and also used them as a tool to illustrate wider debates, there are a number of analyses which link the novel directly to prevailing

¹²⁴ Bender, 'Introduction', in *Ends of Enlightenment*, p. 25.

¹²⁵ *Ibid.*, p. 6.

¹²⁶ 'Probability is likeliness to be true, [...], The entertainment the Mind gives this sort of Proposition is Belief, Assent or Opinion, [...] And herein lies the difference between probability and Certainty, Faith and Knowledge, that in all parts of Knowledge, there is intuition': Locke, *An Essay*, p. 655; See also Bender, 'Novel Knowledge', p. 8.

medical paradigms. These analyses variously consider the novel's origins, the way it assimilates other literary forms, and its disregard for established authorities. Together they point to an affinity, from the very beginning, between the two 'knowledge systems' of the early novel and medicine, and highlight the shared interests and aspirations on which they were grounded within the contemporary Enlightenment culture of critical exchange.

For example, in *The Cure of the Passions* (2001), Geoffrey Sill focused on the novel as a product of eighteenth-century unease about how to regulate human behaviour, citing its genealogical links to the popular genre of conduct books. He argued that novelists such as Defoe, Fielding, Smollett and Burney shared an interest with physicians, philosophers, churchmen and others in seeking to neutralise the threat of ungovernable 'passions' and regulate behaviour by means of narrative.¹²⁷ This feeds into Goring's discussion of the rhetoric of sensibility (see above) which conceptualised the human body as a finely tuned means to express and assert the values of politeness and sensibility and where writers and performers, such as Samuel Richardson or David Garrick (1717-1779), participated in setting a standard. The necessary corollary is a requirement to withhold or control undesirable passions in public, such as anger or envy, which fall outside the margins of acceptability.¹²⁸ Sill has maintained that the potential conflict between individual passion and established forms of authority such as religion was rooted in

¹²⁷ Geoffrey Sill, *The Cure of the Passions and the Origins of the English Novel* (Cambridge: Cambridge University Press, 2001), p. 1. Sill references Reverend Isaac Watts's *Doctrine of the Passions, Explain'd and Improv'd: or, A brief and comprehensive Scheme of the Natural Affectations of Mankind [...] to which are subjoin'd, Moral and Divine Rules for the Regulation and Government of them* of 1739.

¹²⁸ Paschalina Minou argues that negative passions feature sparingly, but with deliberation, in the eighteenth-century sentimental novel to reinforce the cultural authority of notions of sensibility: see 'The Role and Relevance of Negative Passions in the Conception of Eighteenth-Century Sensibility' (unpublished doctoral thesis, University of Loughborough, 2013), p. 22.

a crisis precipitated by the erosion of the Galenic theory of the humours, and the gradual entrenchment of William Harvey's theory of the circulation of the blood. The latter undermined the role and symbolic significance of the heart and was, as a consequence, potentially heretical.¹²⁹ Sill has positioned the question of the 'passions' as a form of 'categorical instability' which was of such importance that it should sit alongside 'truth' and 'virtue' in McKeon's theoretical model of the novel's origins.¹³⁰ Rousseau has also made a formidable case for the links between the novel and the cultural fascination with nervous physiology and nervous disease, even implying that imaginative literature might never have effectively represented the human condition had it not been for the breakthrough work in physiology of men such as Thomas Willis (1621-1675) during the previous century.¹³¹

Aileen Douglas in 1997 and Juliet McMaster in 2004 explored the ways in which contemporary anxieties about the mind and body fed into and helped define the eighteenth-century novel. Douglas has focused on the works of Smollett and his acute awareness of, and sensitivity to, the body's contemporary significance in medical, philosophical and legal discourses whilst urging the reader to confront its materiality. McMaster's study is concerned with the contemporary imperative to read the mind via the body, through for example the interpretation of facial expression and gesture, and with reference to contemporary models of disease. With regard to the latter, she has contextualised her position with the reminder that the lived experience of bodily suffering lends a certain importance and urgency to the interpretation of its functions which may be absent in times of good

¹²⁹ Sill, *The Cure*, p. 9: the heart's triangular shape was thought to authenticate the principle of the Trinity.

¹³⁰ *Ibid.*, p. 7.

¹³¹ Rousseau, "'Originated Neurology": Nerves, Spirits and Fibers, 1969-2004', in *Nervous Acts*, pp. 3-80 (pp. 19, 33, and 34).

health. Both elements infiltrate the novel form: the former as a means of guiding the reader in the interpretation of the body, as in precise descriptions of how astonishment or fear manifests itself on the face of Strap in *RR*, and the second, for example, as a form of character development over time (see Chapter Three).¹³²

Katherine Kickel, like Rousseau, has emphasised the debt that the novel form owes to medical debates around the imagination. In her view, the ‘mapping of the imagination’ meant that novelists conceptualised the process of creation or authorship in terms of contemporary medical paradigms.¹³³ The works of Sill, Douglas, McMaster and Kickel have not only been an inspiration but have also offered a key resource for this thesis. However, their approaches differ from mine in that they each approach the portrayal and assimilation of medical discourse by using a more vertical methodology than my own. This analysis uses the methodology of the case study to make a broader claim about the nature of the interaction between medical discourses and the novel during mid-century, and the diversity of the featured medical debates substantiates my argument.

A prominent example of a wider debate with which medical theory and practice, and the new literary form of the novel, were both greatly concerned was that of shifting notions of identity. The precise nature of the relationship between the mind and the body was an issue of profound philosophical, cultural and social significance. This eighteenth-century *angst*, which Douglas and McMaster have explored so perceptively, surfaces in relation to ‘selfhood,’ ‘personal identity’ and

¹³² Juliet McMaster, *Reading the Body in the Eighteenth Century Novel* (Basingstoke: Palgrave Macmillan, 2004), pp. 134 and 3.

¹³³ Katherine Kickel, *Novel Notions: Medical Discourses and the Mapping of the Imagination in Eighteenth-Century English Fiction* (New York: Routledge, 2007).

individualism during the period.¹³⁴ It was precipitated by Locke's alignment of consciousness – i.e. continuity of consciousness over time – with personal identity, rather than the ability to think, as per Descartes, and gave rise to questions about how breaks in consciousness such as forgetfulness or sleep fitted into this model.¹³⁵ The result was an uneasiness relating to the possible 'insubstantiality (and) mutability' of identity and the prospect of split and double identities.¹³⁶

An enduring legacy of Watt's theory of 'the rise of the novel' is that the novel engaged with this debate and through formal realism powerfully conveyed individual experience and 'mirrored inner subjectivity' in a way which resonated with individualist trends in society.¹³⁷ According to Watt, this developmental process continued over the century and culminated in the novels of, for example, Jane Austen, distinguished by the psychological depth of her characters.¹³⁸ Deidre Lynch has proposed a rethink about the meaning of 'character' during this period which, she has stressed, differed fundamentally from its meaning in the present day. For much of the eighteenth century, characterisation in literature and the arts such as the theatre, was expressed in terms of 'types' or collective categories as opposed to individuals in the modern sense.¹³⁹ The medical theory of the

¹³⁴ John Vladimir Price has argued that Lady Wortley Montagu 'spoke for her age' in a letter of 1754: 'the acquisition of knowledge, the first step in philosophy, begins with one's self': 'The Reading of Philosophical Literature', in *Books and their Readers*, ed. by Rivers, p. 166.

¹³⁵ 'I think therefore I am': Descartes, *A Discourse of a Method*, Part III, p. 53.

¹³⁶ Dror Wahrman, *The Making of the Modern Self: Identity and Culture in Eighteenth-Century England* (New Haven: Yale University Press, 2006), p. 191.

¹³⁷ For example, Protestantism, capitalism and the middle class: Hammond and Regan, *Making the Novel*, p. 3

¹³⁸ Watt, *Rise of Novel*, p. 297.

¹³⁹ Lynch remarks on how critics disapproved of representations of character which were 'excessively particularized' lest they lose authenticity: *The Economy of Character: Novels, Market Culture, and the Business of Inner Meaning* (Chicago: University of Chicago, 1998), p. 10.

humours fed neatly into this model.¹⁴⁰ Dror Wahrman has expanded the discussion by asserting that identity was not about uniqueness but actually about one's 'identicality', or how readily one could be identified as a member of a group, and he explains it as 'looking outwards toward what one shared with others, rather than inward, at one's quintessence'.¹⁴¹ These considerations impact on the use of narrative as a means of asserting identity on both sides of the medical encounter. In Chapter Three they emerge in relation to the professionalisation of medicine in *FCF* in that Ferdinand Count Fathom recognises the necessity of wearing a peri-wig and having the appropriate 'equipage' to play the role of physician. They surface from a patient perspective in *RR* (see Chapter Two) when Roderick finds himself a victim of yellow fever. His intolerance of the 'sick-birth' (sic) conditions and his pragmatic rejection of what he sees as outmoded medicines reflect the 'fiery' rebelliousness or, drawing on contemporary physiology, the 'irritability' of his character.¹⁴² Gavin Budge, with reference to the works of M. A. Goldberg and Susan Bourgeois, has argued that the novel tracks Roderick's character development as reflected in his increasing ability to regulate his irritable tendencies towards positive ends.¹⁴³ In *FCF*, Miss Bidy is a patient apparently suffering from an acute nervous attack. This episode allows her to assert her identity as a woman of sensibility, highly susceptible to changes in her

¹⁴⁰ For example, in Ben Jonson's play *The Alchemist* (1610) characters clearly represent different vices or humoral types.

¹⁴¹ Wahrman, *Making of the Modern Self*, p. 185.

¹⁴² M. A. Goldberg, *Smollett and The Scottish School* (Albuquerque: University of New Mexico Press, 1959), p. 30.

¹⁴³ Gavin Budge, 'Smollett and the Novel of Irritability', in *Medicine and Narration*, ed. by Vasset, pp. 139-158 (p. 143). Budge emphasises that the paradigm of 'irritability' inhabits the same 'cultural terrain' as sensibility: *ibid.*, p. 139; Susan Bourgeois has noted Smollett's familiarity with Albrecht von Haller's new concept of 'irritability', but has focused on Smollett's engagement with the discourse of sensibility in his novels: *Nervous Juyces and the Feeling Heart: the Growth of Sensibility in the Novels of Tobias Smollett* (New York: P. Lang, 1986), p. 19.

environment, and to play a powerful role in endorsing (or not) the professional skills of different doctors through her response to treatment.¹⁴⁴

These issues around the assertion of identity also resonate with Bourdieu's theory of habitus and the importance of taste as an aspect of cultural capital, which I discuss in outline below. Smollett taps into these anxieties when he refers to the metropolis as 'a vast masquerade' and much of his satire is at the expense of doctors with pretensions to the knowledge or status necessary to identify oneself as belonging to that group (see Chapters Two and Three).¹⁴⁵ Sterne also engaged with the question of identity and selfhood in a range of different ways, not least in his portrayal of consciousness as non-linear and digressive. One example especially relevant to this thesis is Dr Slop's desperation to portray himself as a successful man-midwife by various means, such as his oversized wig, his published treatise and his innovative version of the forceps (see Chapter One).

In conclusion to this section, I draw on Nicholas Seager's reflections that in the present critical environment, the study of the novel and its emergence assumes that form and content are inextricably entwined.¹⁴⁶ I adopt a similar 'in the round' stance in my analysis. In this exploration of the early novel's explication of, and participation in contemporary medical discourses, this thesis both substantiates and is grounded in Seager's premise. As discussed, the formal or literary criteria conspired to deliver verisimilitude and aimed to portray the experience of particular individuals in recognisable situations, in plots that, unlike earlier genres such as romance, mimicked the unpredictability of real life. Readers could imagine

¹⁴⁴ *FCF*, pp. 248-252.

¹⁴⁵ *FCF*, p. 145.

¹⁴⁶ Seager, *Rise of the Novel*, p. 189.

themselves in roles and circumstances that were not utterly remote from their own. They could experience different emotions and inhabit different perspectives by proxy, and make judgements that were subject to review if new information came to light. Since concerns about medical theory and practice were a prominent feature of everyday experience during the period, it follows that as content or subject matter, medical themes were a comfortable fit in this model.

At the start to this introduction I drew on Bender's terminology referring to the early novel, along with eighteenth-century medicine, as a highway of thought or an 'Enlightenment knowledge system'. My research explores the fertile relationship between the two systems. It demonstrates how the novel engaged with contemporary medical discourses, and used medical discourses as illustrative of other debates. It does this by extrapolating from the particular to the general using the methodology of the case study. The fact that the case studies are not constrained to only one mid-century author, nor one strand of medical discourse, but instead accommodate three markedly different novels and three divergent medical debates, allows for a broader-based argument which I apply to the novel form at this juncture in its development.

Zooming In: A Brief Exposition of the Disciplinary Position of this Thesis

In recent decades, the links between literature and medicine have solidified within the realm of the medical humanities and have given rise to a wealth of new areas of academic study and research.¹⁴⁷ This thesis explores the intersection between

¹⁴⁷ In 1982, the academic journal *Literature and Medicine* was established, giving a commitment to researching and understanding the interfaces between literary and medical knowledge and 'exploring representational and

human discourse and literary texts in relation to the formation of medical concepts and knowledge. But it is focused on a specific literary genre and its engagement with a limited range of medical discourses – although, as discussed, these medical discourses adopt a wider significance when they are employed as illustrative of debates beyond these limits – at a very particular juncture in history.

Dynamic models for the analysis of (variously) epistemological, cultural and social change have been formulated by Thomas Kuhn, Michel Foucault, G.S. Rousseau, Raymond Williams and Pierre Bourdieu. They each have a greater or lesser bearing on this thesis. Kuhn and Foucault have each theorised about how science and/or medicine have developed over time by focusing on how major shifts in ways of thinking have come about. Neglecting social or economic factors, they have instead concentrated on the role of discourse in the formation of interpretive frameworks which underpin modes of thought but which are subject to displacement in response to changes in the intellectual climate. Whilst Kuhn's concept of the paradigm foregrounds the role of consensus through discourse within the scientific community, as expressed most noticeably in scientific textbooks, Foucault's *episteme* refers to the framework which supports abstract thought across disciplines and reveals itself through discourse and across different forms of text. Rousseau, inspired by Kuhn and Foucault, has traced a 'genealogy' of knowledge in relation to the concept (or paradigm) of sensibility. He has uncovered how the discourse of 'sensibility' came into being from its

cultural practices concerning healthcare and the body'. See Johns Hopkins University Press website <https://www.press.jhu.edu/journals/literature_and_medicine/guidelines.html> [accessed 2 February 2018]. There are also now a number of higher education courses in 'literature and medicine' from the University of Aberdeen to Georgetown University in Washington, some aimed at trainee doctors. See <<https://www.abdn.ac.uk/medical/humanities/course/view.php?id=25>> [accessed 5 February 2018] <<https://www.georgetownliteratureandmedicine.com/syllabi>> [accessed 6 February 2018].

embeddedness in contemporary understandings of nervous physiology and became so assimilated that it permeated eighteenth-century literature and philosophy across Europe.¹⁴⁸

This thesis is informed by the concept of the paradigm/*episteme* as a means to illuminate the rationale behind shifting modes of medical theory and practice which emerge in different contexts in the fictional texts.¹⁴⁹ In the context of this study, the term ‘paradigm’ is generally reserved for discrete ‘structures of thought and practice’ in medicine and science, whilst the *episteme* or epistemological shift denotes a broader array of meanings, attitudes and ideas, which includes medicine, and is most relevant to Chapter One. So for example, the theme of man-midwifery in *TS* reflects a paradigmatic shift in medical practice away from traditional methods in the wake of the Scientific Revolution.¹⁵⁰ However, the changing way in which Sterne portrays the character of individual family members over the course of the novel reflects a wider epistemological shift. An idea of character based on the medical model of the humours is replaced with an organicist interpretation, informed by contemporary physiology, which focuses on man as an integrated living system subject to change and development. These currents feed into the novel’s engagement with debates around man-midwifery and conception. In *RR*, humoral medicine, with its emphasis on the release of fluids to restore humoral balance, sits at odds with a paradigm that advocates the conserving of bodily fluids; an approach that gained traction following the

¹⁴⁸ G. S. Rousseau, ‘Nerves, Spirits and Fibres: Toward the Origins of Sensibility’, in *Nervous Acts*, pp. 157-184 (p. 157).

¹⁴⁹ As analytical tools, the paradigm and the *episteme* are similar, with the differences between them allied to questions of emphasis and scope. Their precise meanings are fluid.

¹⁵⁰ The relatively high density of shifts identifiable in medical theory and practice, as opposed to Science, may reflect Kuhn’s conjecture that doctors, like engineers and theologians are continually faced with problems not of their own choosing: Kuhn, *Scientific Revolutions*, p. 163.

acceptance of Harvey's theory of the circulation of the blood.¹⁵¹ Finally, in *FCF*, Ferdinand enjoys success because he is more attuned to the current medical paradigm of sensibility than his learned competitors.

To a lesser extent, the thesis draws on the ideas of Williams and Bourdieu. In *Marxism and Literature* (1977), Williams argued that any literary text should be interpreted in the light of the social and cultural environment of the time, and that social and cultural activity is 'a dynamic and internally contradictory process' which arises as people navigate the relationships, organisational structures and value systems that allow them to live their lives.¹⁵² He conceives of socio-cultural landscapes where so-called 'residual forms' or declining means of expression and interaction exist alongside 'emergent forms' (which tend towards the prospective or future), with both acting as agents of change on 'dominant forms' or the current social norm. According to Williams, literature plays a vital role in voicing 'pre-emergent' modes of expression, and establishing new discourses which anticipate and promote social change. Different eighteenth-century paradigms of medical theory and practice can be said to fit this model of residual, emergent, dominant and pre-emergent forms.¹⁵³

The ideas of Pierre Bourdieu focus on the dynamics of power and influence in society, but across different categories of social relations, for example, education, politics, arts, economics and science. His concept of 'habitus' refers to the set of

¹⁵¹ See Albrecht Koschorke, 'Physiological Self-Regulation: The Eighteenth-Century Modernization of the Body', *MLN*, 123 (2008), 469-484 (pp. 470-476).

¹⁵² Williams, *Marxism and Literature*, p. 167: to Williams, it is imperative to 'grasp the full social significance that is always active and inherent in any apparently "natural" or "straightforward account"'; *ibid.*, p. 82.

¹⁵³ I use the term paradigm here analogously. Kuhn's concept of the paradigm bears some resemblances to William's 'dominant forms' and also highlights the continuity among discourses, but refers to the history of science rather than culture.

socially-acquired modes of behaviour, skills and tendencies, of which a subject or 'agent' is not conscious, but which gives rise to 'perceptions, appreciations and practices' which govern his or her everyday life.¹⁵⁴ Unlike the paradigm or the *episteme*, its scope extends beyond science or the 'human sciences' to all aspects of social relations, including, significantly, taste and lifestyle.¹⁵⁵ Bourdieu extended the idea of capital beyond the financial to contend that in any sphere of social activity, an individual's position is delineated not just by class but by a variant form of 'symbolic capital' or 'immaterial' capital that can be selectively expressed within that sphere.¹⁵⁶ It takes different forms such as cultural capital, social capital, linguistic capital and so on, and they each represent different assets which either have a socially exchangeable value, or have the potential to be turned into financial capital within a social context. So, in the context of this investigation, an eighteenth-century quack doctor with a knowledge of nervous diseases can be said to exercise cultural capital in his relationship with his patient, and a Scottish surgeon such as Roderick Random who is marginalised in England, is unable to find employment because of his lack of social capital, i.e. lack of social connections to promote his interests.

How does this focus on discourse and text relate to recent and ongoing research in the relatively new discipline of literature and medicine? In exploring what can be learnt from a more integrated approach to the two fields and with an accent on practical applications, medical education has been an area which has attracted

¹⁵⁴ Karl Maton, 'Habitus' in *Pierre Bourdieu: Key Concepts*, ed. by Michael Grenfell (Stocksfield: Acumen, 2008), pp. 49-65 (p. 51): Bourdieu calls these dispositions which bring together structure and tendency; Bourdieu, *Sociology in Question*, p. 76; Bourdieu, *The Logic of Practice*, p. 53.

¹⁵⁵ To Foucault, the human sciences are those that concern man as a living being, e.g. biology, economics and the study of language.

¹⁵⁶ Robert Moore, 'Capital' in *Pierre Bourdieu*, ed. by Grenfell, pp. 101-117 (p. 101).

particular interest. Echoing David Harley's emphasis on the role of narrative knowledge in medical practice, the term 'narrative competency' has entered the language since the work of Rita Charon in 2001. She has used it to denote 'the ability to acknowledge, absorb, interpret, and act on the stories and plights of others' with an aim to promote 'empathy, reflection, professionalism and trustworthiness' within the medical profession.¹⁵⁷ Her argument is that medical practitioners can learn or improve these skills through literary studies. Narrative competency has therefore assumed the mantle of a medical paradigm in that it meets a previously unmet (or at least neglected) need to listen to and interpret patient stories.¹⁵⁸ Listening to patient stories, in a relationship in which the doctor strives to gain the patient's trust, forms a key aspect of Jewson's account of the workings of the patronage system within eighteenth-century 'bedside medicine'. In a reminder that opinions about how to execute the role of doctor are always subject to review, these echoes of eighteenth-century discourses reverberate in debates about how medicine might optimally be performed today.¹⁵⁹

Another sister area of research explores the parallels between present day discourses and those of an earlier era. *The Oxford Research Centre in the Humanities (TORCH)* is currently conducting a study into contemporary perceptions of what the Victorians called 'the diseases of modern life', in which the issues are couched in remarkably familiar terms. Stress from overwork, exam pressures,

¹⁵⁷ Rita Charon, 'Narrative Medicine: "A Model for Empathy, Reflection, Profession and Trust"', *JAMA*, 286 (2001), 1897-1902 (p. 1897); see also *The Principles and Practice of Narrative Medicine* (Oxford: Oxford University Press, 2017) and *Narrative Medicine: Honoring the Stories of Illness* (Oxford: Oxford University Press, 2006).

¹⁵⁸ It also complies with Kuhn's definition of being sufficiently new to attract sustained support away from existing ways of thinking, but is also 'sufficiently open-ended' to shape future research and practice: see Kuhn, *Scientific Revolutions*, p. 10.

¹⁵⁹ See ref. to the work of Charon above.

‘lifestyle’ diseases such as alcohol addiction and respiratory diseases from pollution emerge as pressing issues expressed in the literature, medicine and science of the day.¹⁶⁰ By adopting an interdisciplinary perspective, *TORCH*’s aim is to draw on the (obvious) parallels and provide new means of contextualising the problems of modern living in the twenty-first century.¹⁶¹ My thesis offers a cultural reference point in a similar way, allowing an insight into the close relationship between medicine and literature in the eighteenth century, when no formal disciplinary boundaries existed between them to inhibit their interaction.

Existing literary studies which occupy a similar terrain have been an invaluable resource for this thesis and many have featured earlier in the discussion on the origins of the novel form. The work of G. S. Rousseau, John Mullan, Aileen Douglas, Juliet McMaster, Paul Goring, Gavin Budge, Geoffrey Sill and Katherine Kickel are particularly pertinent and have delivered formidable insights into the interaction between medicine and literature in the early novel. They have each explored how particular novels or novelists of the period depended upon or exploited certain medical paradigms to create a text, participate in debates or ‘explore their own selfhood’ to make an impact on the reader.¹⁶² Examples include the cult of sensibility, irritability, the ‘passions’ or the role of the ‘imagination’, all of which feed into this thesis. In Budge’s analysis, the theory of irritability (see Chapter Three) assumes a greater significance in medical thought in eighteenth-century Europe than previously imagined. According to his findings, it was overshadowed

¹⁶⁰ ‘The literature shows that doctors frequently diagnosed stress and recommended their patients take six months off to recover’: interview with Sally Shuttleworth on 17 July 2017 by Kira Allmann <<https://diseasesofmodernlife.org/2017/07/19/stressed-out-so-were-the-victorians/>> [accessed 3 March 2018]

¹⁶¹ <<https://diseasesofmodernlife.org/>> [accessed 3 March 2018]

¹⁶² Rousseau, ‘State of the Field’, p. 408.

by the theory of sensibility, with which it shared a common basis in eighteenth-century physiology, but from which it differed because it referred to ‘the bodily capacity to respond immediately to environmental stimuli without the intervention of conscious experience’.¹⁶³ Unlike sensibility, it lay outside the bounds of reflection or rationality. In terms of Smollett’s novels, the flawed, addictive character of Ferdinand Count Fathom exhibits irritability at its most extreme and animates one aspect of an influential theory which was the subject of sustained controversy during the period.

The intent of this research project is not to seek to educate doctors on empathy or self-reflection through an exploration of eighteenth-century fiction, nor is it to offer the text as a repository for new chronologies or new discoveries and treatments in medical history. In the latter sense, it can only do so to the extent that, as a cultural artefact, it offers evidence that certain ideas and theories existed in the public domain at a particular time. Instead, it seeks to contribute to the ‘theoretical coherence of the field’ of literature and medicine, to borrow Rousseau’s phrase.¹⁶⁴ By analysing how the mid-eighteenth-century novel assimilated, reflected and participated in medical discourses, via its attributes as a literary form, this thesis aims to shed light on how the novel operated as an Enlightenment knowledge system.

The idea that a shift in the epistemological landscape gave rise to a fissure in the close relationship between the two fields of literature and medicine has been developed by Jewson, Foucault and Rousseau. They have referred to the

¹⁶³ Budge, ‘Smollett and Irritability’, p. 151.

¹⁶⁴ Rousseau, ‘Literature and Medicine: Towards a Simultaneity of Theory and Practice’, *Literature and Medicine*, 5 (1986), 152-181 (p. 154).

diminished role of the patient voice and medical narrative in clinical or hospital medicine in the late eighteenth century, and suggested that this development helped shape the subsequent evolution of literature and medicine along different paths. This thesis therefore forms a modest part of an ongoing rapprochement between the two disciplines within the medical humanities, enabled by the latter's mission to adopt an integrated approach to a range of related disciplines.¹⁶⁵ It investigates prominent aspects of their relationship at a specific time in the eighteenth century and highlights an interdependence that actually still persists, and is now being explored and harnessed, despite an epistemological estrangement which lasted for over 200 years.¹⁶⁶

The Anatomy of the Thesis: Originality, Methodology and Chapter Organisation

Having briefly established the position of this thesis within the (relatively new) area of medical humanities, alongside sympathetic areas of research, I now turn to precisely what it does differently and address this question in a number of ways. Firstly, it unpacks how the project makes an original contribution to the field, and then it explains how the chapters present the research findings, before discussing the ways in which the methodological approach of the case study meets the research aims.

The overall aim is to demonstrate how the early novel, as a literary form,

¹⁶⁵ The *TORCH* website describes it as 'a richly diverse field of scholarship which draws on disciplines in the humanities, social sciences and the arts'. These include the social history of medicine, the history and sociology of literature, and the history of ideas among many others < <http://torch.ox.ac.uk> > [accessed 25 March 2017].

¹⁶⁶ See refs. to Rita Charon and narrative competency above; also Oxfordshire GP Anne McPherson launched the charity DIPex (Database of Individual Patient Experiences) in 2001. Designed to assemble a qualitative evidence base, it uses personal narrative accounts for use by researchers to facilitate better understanding of the patient experience. It is now an international collaboration.

participated in and explicated medical discourses of the mid-eighteenth century *across* a (limited) range of novels and *across* a (limited) range of medical debates. The fact that issues around medical theory and practice and the functioning of the body resonated with the concerns of the literate public meant that medical discourses also served to illustrate philosophical, cultural and social issues. These include debates around commercialisation, moral standards, identity, selfhood, and the relationship between the mind and the body. This thesis thus situates the novel within the Enlightenment cultural milieu of critical exchange and supports Bender's conceptualisation of the novel as an 'Enlightenment knowledge system', but utilising a specific medical context.

The novels are each very different representatives of the genre and the medical discourses are also disparate in a corresponding way. To my knowledge no study has been carried out which explores the novel's literary qualities in this particular way and against this criterion. A review of the theories of the emergence of the novel since Ian Watt's seminal work was published, indicates that existing literary studies in this area focus on the novel's other remarkable qualities as a genre. The early novel's affinity for explicating and taking part in contemporary medical debates, and using them to tap into wider debates, is so far not among them.

In addition, the project's focus on mid-century novels and mid-century medical controversies means that it taps into a unique period in history when novelistic discourses and medical discourses were well-matched in their intensity and vociferousness. The new literary genre's instability of form, or propensity for experimentation at this point, mirrors an instability and jostling for position that characterises the medical discourses around the rise of man-midwifery, the state

of naval medicine and the doctor's struggle for professional status. The pursuit of a literary legitimacy for the novel by mid-century novelists echoes the quest for the ownership of medical skills and knowledge by the mid-century doctor. Both struggles were subject to change as new theories and practices in medicine, embedded in particular paradigms or *epistemes*, emerged and shifted the ground on which such claims for status could be staked.

In order to achieve the research aims, one of the priorities has been to identify, map and frame each of the medical discourses within its social, cultural and epistemological context. This has involved aligning each medical debate with prevailing medical paradigms or *epistemes*, such as the preformation theory of conception or the impact of environmental conditions on the body, or the theory of sensibility. This is because an understanding of both the rationale which underpins each discourse and an understanding of their social and cultural manifestations is necessary in order to fully calibrate the qualities of the novel as a genre against these gauges. I then sought to explore and demonstrate the extent to which each of the three novels engages with a single large theme drawn from contemporary medical debates, by using the formal attributes of the novel form. Specifically these equate to their exploitation and adaptation of formal realism by various means such as characterisation, narrative technique, the delivery of multiple perspectives on each debate, and the novel's propensity for referring back to preceding forms, such as the *picaresque* or romance. Finally, drawing on Rousseau's observation that the influence of medicine on literature is clear and well-founded, but not enough attention has been paid to the influence of literature on medicine, this thesis briefly engages with Rousseau's concern in

Chapter Two.¹⁶⁷ It notes that nineteenth-century commentators have suggested that Smollett's *RR* may have played a part in precipitating reforms in the navy later in the century. It notes that, to this day, the fictional Roderick Random's experiences onboard ship have entered the historiography, and even been used light-heartedly to acquaint doctors with how far medicine and surgery have progressed (see page 198 below). But this is not a core objective of this thesis: to explore this further in terms of assessing the impact of any influence of literature on eighteenth-century medicine and establishing a correlative link would require an alternative methodology and a larger-scale investigation.

Chapter One comprises an investigation into how Sterne's novel, *TS* exploits the novel's emerging literary qualities or conventions to engage with, and to explicate the different perspectives on man-midwifery and competing conception theories. The debates are framed within, and are illustrative of, discourses of a much broader scope relating to shifting views on the nature of life, the self and 'reality' or knowledge. Chapter Two examines Smollett's novel *RR*, focusing on a pivotal episode in which the main character experiences life as an aspiring naval surgeon during wartime at mid-century. Unlike Sterne, Smollett conveys verisimilitude by adopting a form of the *picaresque* which emphasises the physicality of life. He draws on this narrative technique to participate in contemporary medical debates relating to naval medical theory and practice, including issues around the professional marginalisation of Scottish surgeons in London, and the threat to life posed by inadequate sanitary conditions on board a warship. Again, the discourses around naval medicine are also illustrative of wider debates such as those

¹⁶⁷ G. S. Rousseau, 'State of the Field', p. 409.

pertaining to identity, corruption and social mobility.¹⁶⁸ In Chapter Three, the aim is to explore how Smollett uses the novel form – this time taking a less somatic form of the *picaresque* – to engage in medical discourses relating to the eighteenth-century doctor’s struggle for professional status against the threat of ‘quackery’. In Smollett’s novel *FCF*, this topical issue forms part of the author’s wider engagement with debates about the moral health of contemporary society as a whole and what he sees as its tendencies towards affectation, credulity, avarice and deceit. In this last case study, Smollett also noticeably uses medical discourses to make a claim for his own professional status both as a writer and as a doctor by exhibiting his own medical and literary knowledge via the novel genre, and hence personifies Helen Deutsch’s view that doctors and authors shared a dependence on print (see page 11 above).

Turning to my methodology, the three main chapters of this thesis are framed as case studies, a methodology/*modus operandi* which is applicable across both literary and medical contexts. This means that any findings serve as evidence in support of the wider claim about the novel’s capacity, as a literary form, for participating in and explicating medical discourses. It exploits the credibility that the detailed nature of the particular can deliver to support a broader, more universal proposition, as discussed by Bender in relation to Fielding’s *Tom Jones*. By throwing light on the particular, as in a case study, the novel aspires to illuminate the universal. It mimics the conditions of an observed ‘experiment’ through the interaction of characters and events in a fictional scenario, and seeks to enlist the reader’s judgement as an interpretive witness.¹⁶⁹

¹⁶⁸ See G.S. Rousseau and John Barrell on the *picaresque* literary form: pages 238, 193, and 201 of this thesis.

¹⁶⁹ For a discussion of Fielding’s work by Bender, see page 50 of this thesis.

The starting point is a close reading of the three texts against the relevant medical paradigms to reveal the juxtaposition and interaction of different discourses around medicine during the designated period. The Appendix (see page 304 below) offers a selective chronology as a simple aid to locating some relevant literary and medical events in a broader historical framework. This process is carried out mainly in the light of two forms of secondary literature, namely existing literary analyses of the novels against medical themes relevant to the discussions, and also appropriate aspects of the history of medicine including its social dimensions. My aim is then to analyse how each novel, as a literary form, presented, engaged with and animated medical discourses via different variations of formal realism, and via its capacity to deliver different perspectives on ideas and events.

I have imposed a number of restrictions on the study to preserve an appropriate depth of analysis within the limited scope of this thesis. I focus largely on the period between 1740 and 1770. The main reason for this is that there exists a consensus that the new literary form, whilst going through a phase of experimentation at this time, started to take on a distinct identity at mid-century that had been consolidated by the century's end. The term 'early novel' can be understood as synonymous with the 'mid-century novel' because the term means 'early' in the novel's development.¹⁷⁰

Whilst medical discourses clearly offered a rich resource for the novel to use in terms of content, this study is not oriented with the purpose of illuminating aspects of the history of medicine via the novel, beyond contextualising the debates. Instead the thesis puts the early novel at the centre of discussion and

¹⁷⁰ Even though Daniel Defoe's novels precede this period.

asks why, as a literary form, it was able to engage with medical discourses, often as illustrative of wider debates, in the way that it did during this period.

I have chosen not to consider the area of mental illness in this analysis because of its enormous reach, witness the literature on for example melancholia and hypochondria. Instead I focus mainly on physical disorders where the subjects of injury and disease arise within the medical themes, irrespective of the fact that examples of mental illness feature in many novels of the period.¹⁷¹ The nervous ailments that beset some of Ferdinand Count Fathom's female patients are of indeterminate origin and could come under this category (see Chapter Three).

In conclusion to this introductory chapter, the following three case studies draw on the role of human discourse in the assembly of knowledge. They maintain a disciplined focus on how the novel of the period engaged with and explicated specific medical discourses as a literary form, whilst remaining alert to the ways in which medical discourses were employed to exemplify wider philosophical, cultural and social issues. Using medical discourses as an example, this thesis will further confirm the special status of the early novel as a knowledge system within the Enlightenment model of critical exchange.

¹⁷¹ Examples of mental illness in eighteenth-century literature include Samuel Richardson, *The History of Sir Charles Grandison* (1753); Henry Fielding's *Amelia* (1751); Smollett's *The Life and Adventures of Lancelot Greaves* (1760); Bernard Mandeville's *Treatise of the Hypochondriak and Hysterick Passions* (1730) and George Cheyne's *The English Malady* (1733).

Chapter One

Man-Midwifery, Childbirth, and Conception in Laurence Sterne's *The Life and Opinions of Tristram Shandy, Gentleman* (1759-67)

Introduction

“My mother, I say, was absolutely determined to trust her life and mine with it, into no soul's hand but this old woman's only.”¹

Early on in *The Life and Opinions of Tristram Shandy, Gentleman* (TS), it transpires that in negotiating arrangements for the birth of the eponymous character, Tristram, his mother and father have conflicting views. The above quote articulates the intransigence of Mrs Elizabeth Shandy with regard to this matter, who has decided upon employing the services of the local female midwife. But it gives a tiny glimpse only of the novel's insightful participation in the debates about childbirth practices which were propelled by the increasing acceptance of the practice of man-midwifery at this time.²

This mid-century novel by Laurence Sterne was serialised in nine volumes over the

¹ Laurence Sterne, *The Life and Opinions of Tristram Shandy, Gentleman*, ed. by Melvyn New and Joan New (London: Penguin, 2003), p. 41. This edition is based on the acclaimed Florida Edition of *The Works of Laurence Sterne: Tristram Shandy: The Text* (1978). All subsequent references appear in the text and relate to this edition unless they are footnoted to offer further context or to avoid ambiguity.

² Adrian Wilson, *The Making of Man-Midwifery* (Cambridge, MA: Harvard University Press, 1995), p. 164: from the late 1740s it was suddenly commonplace for man-midwives to be pre-booked in preference to a midwife, in London and elsewhere.

period 1759-67.³ My aim in this first case study is to demonstrate how, by virtue of its literary qualities, it engaged with and explicated medical discourses around man-midwifery, childbirth practices and conception theories.⁴ I also show how it drew on these debates to take part in and illuminate wider philosophical, social and cultural issues which impacted in different ways on the eighteenth-century reader.

In *TS*, Sterne employs an innovative associational narrative technique in order to capture more authentically how a man's life is subjectively experienced. The novel begins with an account of the narrator's conception and (much later after many digressions) the circumstances of his birth.⁵ The novel thus serves as a repository of insight into contemporary experiences of childbirth, man-midwifery and ideas about conception, i.e. the core themes here under examination. In the case of the last, the associational narrative form serves to convey the protagonist's life and identity as an organic synthesis over time. This constitutes an indispensable part of the novel's engagement with contemporary discourses on conception (or generation), both in the literal procreational sense and also figuratively as in the creation of an idea or a work of art.⁶

³ Vols. 1 and 2 published in 1759, vols. 3 and 4, 1761; vols. 5 and 6, 1762; vols. 7 and 8, 1765; vol. 9, 1767: Melvyn New, 'Sterne, Laurence, (1713-1768)', *Oxford Dictionary of National Biography*, Oxford University Press, September 2004; online edn, September 2004 < <https://doi-org.oxfordbrookes.idm.oclc.org/10.1093/ref:odnb/26412> > [accessed 6 Jan 2018]. The first two volumes sold so well that 'new editions went into production even before all the volumes had been published for the first time': see Rebecca Watts, 'The Authentic Life', *Special Collections Spotlight*, January 2014 < <https://www.joh.cam.ac.uk/authentic-life> > [accessed 20 May 2019].

⁴ For a discussion of conception theories in the context of contemporary debates about the relationship between the material and the immaterial, see *Vital Matters: Eighteenth-Century Views of Conception, Life and Death*, ed. by Helen Deutsch and Mary Terrall (Toronto: University of Toronto Press, 2012).

⁵ Robert D. Spector, 'Structure as a Starting Point', in *Approaches to Teaching Sterne's 'Tristram Shandy'*, ed. by Melvyn New (New York: Modern Language Association, 1989), pp. 49-54.

⁶ Raymond Stephanson, 'Tristram Shandy and the Art of Conception', in *Vital Matters*, ed. by Deutsch and Terrall, pp. 93-108 (p. 93): examples of the latter figurative sense include Tristram's sustained creative

Whilst *TS* makes conspicuous the difficulties inherent in accurately narrating one's own life, or exploring an individual's character, the novel also gives voice to the different attitudes to, and perceptions of, contemporary theory and practice around childbirth, including the latest developments. The analysis is conducted with reference to the man-midwifery debates published in the periodicals of the time and a number of the treatises written by leading obstetricians such as Henrick van Deventer (1651-1724) and William Smellie (1697-1763). It also taps into opposing theories on generation, represented by the preformationists and the epigenesists, which led, from 1759 onwards, to a lengthy debate in print which overlapped with and continued over and beyond the years during which *TS* was published. My investigation is underpinned by the recent work on the history of obstetrics and man-midwifery by Adrian Wilson, Lisa Forman Cody, Pam Lieske, Eve Keller, Donna Landry, Gerald MacLean, Jeanette Herrle-Fanning, and others.⁷

I have earlier characterised the early novel genre as a knowledge system within the Enlightenment model of free critical exchange, away from the confines of established authorities, such as Church or State. I have emphasised its propensity for experimentation, which reached a peak at mid-century, and its alignment with the preoccupations and interests of eighteenth-century society. With regard to the

endeavour to express his life and experience in print and his father, Walter's, predilection for generating theories. Like offspring, the products of both go on to have a life of their own.

⁷ Wilson, *Making of Man-Midwifery*; 'Midwifery in the "Medical Marketplace"', in *Medicine and the Market in England and its Colonies c. 1450-c. 1850*, ed. by Mark S. R. Jenner and Patrick Wallis (Basingstoke: Palgrave Macmillan, 2007) pp. 153-174; 'Varieties of Man-Midwifery', in *Hunter and the Medical World*, ed. by Bynum and Porter, pp. 343-369 (pp. 347-353); Lisa Forman Cody, *Birthing the Nation; Eighteenth-Century British Midwifery*, ed. by Pam Lieske, 12 vols (London: Pickering and Chatto, 2008), hereafter cited as *ECBM*; Eve Keller, *Generating Bodies and Gendered Selves: The Rhetoric of Reproduction in Early Modern England* (Seattle: University of Washington Press, 2006); Donna Landry and Gerald MacLean, 'Of Forceps, Patents, and Paternity: *Tristram Shandy*', *ASECS*, 23 (1990), 522-543; Jeanette Herrle-Fanning, 'Of Forceps and Folios: Eighteenth-Century British Midwifery Publications and the Construction of Professional Identity' (unpublished doctoral thesis, City University of New York, 2004).

first, Sterne highlights the discrepancies between individuals' perceptions, the fallibility of words and the fluidity of experience which complicate discourses and impedes any ambition to uncover 'truth' or 'reality'. In terms of experimentation, his best-selling work flouts the narrative practices of preceding novels like Samuel Richardson's *Pamela* (1740), Henry Fielding's *The History of Tom Jones, a Foundling* (1749) or Tobias Smollett's *The Adventures of Roderick Random* (see Chapter Two). His innovative approach to characterisation, narrative technique, plot trajectory (including an open, unresolved ending), subplots, and his use of language – even extending to the characters' body language – has been the subject of extensive scholarship. This includes the polyphonic quality of the narrative giving the impression of a diversity of voices interacting in one discursive space. In addition, as with other early novels, the author appropriates preceding literary forms, such as Rabelaisian satire.⁸ I draw on these features to support my contention that it is these qualities that are pivotal to the novel's capacity for engaging in medical debates. In addition, *TS* is overtly responsive to currents in mid-eighteenth century thought, such as the man-midwifery debates and the works of David Hume (1711-1776), aided by the fact that Sterne wrote the novel in a series of volumes over time (see note 3 above). But its engagement with the latest breakthroughs in physiology means that, as Roy Porter has said, it is the first novel 'to bear the weight of a major philosophical shift' which had far-reaching effects on Western thought.⁹ This cognitive transition has been described as marking the point at which the concept of 'life' – as applied to all living things in all of their

⁸ Thomas Keymer has argued that *TS* 'is better seen as wittily developing the rigorous self-consciousness of earlier novelists' by drawing on the learned-wit tradition of Rabelais, Cervantes and Swift's *A Tale of a Tub* (1704): *Sterne, the Moderns, and the Novel* (Oxford: Oxford University Press, 2002), pp. 26-27.

⁹ Roy Porter, *Flesh in the Age of Reason* (London: Allen Lane, 2003), p. 304.

disparate forms – first came into existence.¹⁰ Instead of the natural world being divided into discrete sectors and understood according to different explanatory models, a new approach to knowledge allowed for a uniform pattern of explanation that was potentially applicable to everything such as philosophy, economics and language. It involved a new emphasis on organisation, change and process.¹¹ Furthermore, this knowledge was accessible through direct experience and experiment (after Locke) rather than via an ancient authority. The fact that *TS* also manages to reflect an epistemological shift of such proportions is of especial importance. It means that this novel is so closely attuned to contemporary perspectives on what constitutes knowledge and how to acquire it, that it echoes or even anticipates any changes in the very ways of thinking from which they originate.¹²

I begin with a discussion of how this expansive ‘cognitive revolution’ and its philosophical entanglements emerge in Sterne’s novel, especially with reference to the ideas of Locke and the fictional Walter’s ‘overpreparation’ for the birth of his baby. I also consider how new approaches to what constitutes medical knowledge, some of which foreshadow the later establishment of clinical medicine, coexist alongside established traditions in the text. Dr Slop ostentatiously claims professional status as an innovative ‘scientific’ man-midwife but also uses strategies, such as publishing a midwifery book, that characterise man-midwifery

¹⁰ Foucault, *The Order of Things*, pp. 160-162: ‘Up until the end of the eighteenth century, in fact, life does not exist: only living beings’.

¹¹ Porter, *Flesh*, pp. 303-304.

¹² James S. Rodgers, ‘“Life” in the Novel: *Tristram Shandy* and Some Aspects of Eighteenth-Century Physiology’, *Eighteenth Century Life*, 1 (1980), 1-20 (p. 14): the form of *TS* anticipates the ‘demise of belief that vital power lay outside the organism’.

as an academic discipline aligned with learned physic.¹³ I follow this up with an analysis of the close alignment of this novel to the ongoing concerns of the reading public and a brief overview of the means it employed so effectively to engage with different perspectives on medical discourses. A further section reviews the reception of *TS* during the period, and also explores its lasting cultural impact drawing on the recent work of Thomas Keymer, R.D. Spector, James S. Rodgers, Roy Porter, Jonathan Lamb and others.¹⁴ To position my examination of the novel's engagement with debates relating to man-midwifery, childbirth practices and conception theories, I briefly discuss analytical approaches to other discourses related to medicine and the body, with which the novel participates. A later section entitled 'Off to a Bad Start' consists of a reading of the text against the aforementioned medical discourses, with a specific focus on Tristram's description of his own conception and birth. A discussion of how space is used by the novel in this context is succeeded by an overview of how the novel interplays with contemporary rival theories about conception/generation, which had repercussions relating to identity and the maintaining of existing power structures. With a final focus on the controversial subject of man-midwifery, the chapter examines the dynamics between the man-midwife and his female counterpart as revealed in the text, and the topicality of the subject of man-midwifery as a means to display the fashionable currency of the novel. It ends by examining the role of the unappealing and memorable Dr Slop as a representative of the emerging medical specialism of

¹³ David Armstrong, 'Bodies of Knowledge: Knowledge of Bodies', in *Reassessing Foucault*, ed. by Jones and Porter pp. 17-27 (p. 20); Landry and MacLean, 'Of Forceps, Patents', p. 522; Herrle-Fanning, 'Of Forceps and Folios', p. 165.

¹⁴ *Laurence Sterne's Tristram Shandy: A Casebook*, ed. by T. Keymer (Oxford: Oxford University Press, 2006); Spector, 'Structure', in *Approaches*, ed. by New, pp. 49-54; Rodgers, "Life", pp. 1-20; Porter, *Flesh*; Jonathan Lamb, 'Sterne and Irregular Oratory', in *Casebook*, ed. by Keymer, pp. 213-239.

man-midwifery or so-called ‘scientific midwifery’.¹⁵

***Tristram Shandy* and The Wide-Reaching Scope of Epistemological Change in the Eighteenth Century**

In the late seventeenth century contemporary physiology had delivered a new perspective on the structure and functioning of living things at a cellular level, using the microscope. By the mid-eighteenth century, when *TS* was published, newly-observed organic processes such as the reaction of living tissue to environmental stimuli and the regenerative powers of the freshwater polyp had led to a redefining of matter as ‘active’. It was a theory which significantly modified, but did not actually dislodge, the prevailing mechanical philosophy.¹⁶ ‘Life’, including human life, apparently required no outside vital force after all, nor did it adhere to predictable mechanical laws of cause and effect.¹⁷ This prospect had profound and expansive philosophical ramifications. Descartes’s strict mind-body dualism, in which the mind was thought to be free from bodily constraints, lost traction.¹⁸ Instead, man emerged as an integrated living system with a capacity for growth and development from within, and the potential to gain knowledge of man ‘in natural terms’ and according to revised mechanist principles came into view.¹⁹

¹⁵ Herrle-Fanning, ‘Of Forceps and Folios’, p. iv.

¹⁶ Mary Terrall, ‘Material Impressions: Conception, Sensibility, and Inheritance’ in *Vital Matters*, ed. by Deutsch and Terrall, pp. 109-129 (p. 109); the action of the immaterial (e.g. the imagination) on the material (the body) posed important questions, and Newtonian fluids offered possible answers. ‘By the eighteenth century [...] Newtonian action-at-a-distance forces were everywhere, often mediated by subtle fluids’: *ibid.*, p. 110.

¹⁷ Waddington, *An Introduction*, p. 107 and p. 191: the physician, Hermann Boerhaave (1668-1738) drew on Descartes’s machine-like model of the body to represent the body as a hydraulic system, with God giving it life externally. Alternatively, vitalists like Georg Ernst Stahl (1659-1734) believed that an internal vital life force, integrated into the soul, was required for life’s processes to function; the idea that life was an inherent part of the organism as a function of its high level of organisation gained legitimacy during the eighteenth century: Porter, *Flesh*, p. 54.

¹⁸ Descartes formulated the theory of mind-body dualism in 1641: see ‘Sixth Meditation’, in *Discourse on Method and Other Writings*, trans. by F. E. Sutcliffe (Harmondsworth: Penguin, 1970), pp. 150-169.

¹⁹ Porter, *Flesh*, pp. 54 and 398; Rodgers, “Life”, pp. 1-2.

In his novel, Sterne set out to capture and explore how life is experienced using an approach which has parallels with the eighteenth-century physiologist as he carries out experiments to uncover life's functions.²⁰

The acknowledgement of a mutual dependence between the mind and the body was substantiated by the intimate and apparently indivisible connection between them, not just in anatomical terms. Locke's *Essay* comprehensively addressed this issue, and *TS* engages extensively with Locke's theories; the plot structure itself is driven by the Lockean association of ideas in Tristram's mind and Locke is explicitly mentioned no less than seven times in the text. The uncertainties and variations that the individual consciousness can bring to acts of perception are a recurring theme.²¹ In this novel, individual associations between concepts – past experience, habit, emotional involvement, and intellectual status for example, can all be seen to affect the way in which knowledge of the world is received.

Locke's philosophy dominated eighteenth-century ways of thinking in England and established empiricism – or the gaining of knowledge via direct sensory experience such as sight, touch, hearing etc – as the new orthodoxy. Traditional conceptions of knowledge, time, selfhood, language, the role of God, and the separation of the soul from the body were destabilised. To Locke, selfhood was equivalent to continuity of consciousness and memory, and did not reside in the body, a view which opened up the theoretical possibility of transient, multiple identities, and had controversial legal and religious implications with regard to accountability.²²

²⁰ *Ibid.*, p. 3.

²¹ Locke's ideas about the association of ideas, identity and consciousness, the imperfection of words, the difference between wit and judgement and the subjective experience of time feature prominently in *TS*: Locke, *An Essay*, pp. 394-401, 328-348, 475-490, 156, and 181-196.

²² Porter, *Flesh*, p. 76.

In the emerging complex model of what it was to be human, there surfaced the idea of a reflective self that had the capacity to shape its own intellectual and emotional development. It was also refractory to any ordering principles, a difficulty which is apparent in Tristram's project to capture or delineate his own self (from his very beginnings) or the characters of his closest relatives in narrative form.

Hume drew on Locke's theories but, in his sceptical view, experience of the physical world provided data but fell short of yielding 'knowledge and certainty'. He argued that the repeated conjunction of particular events was not evidence that one is the cause of the other, since causation itself cannot be perceived. So whilst past experience may inform our everyday lives, it cannot be used to predict with certainty how future events might unfold. In fact, 'causation proceeds [...] from an illusion of our imagination; and the question is, how far we ought to yield to these illusions'.²³ In *TS*, Sterne showcases Locke's theories but deliberately draws attention to those aspects of life that seem to elude his precepts.²⁴ Echoing Hume's critique, Walter's misplaced faith in causation, most notably with regard to optimising every aspect of the birth of his child shows how far he has submitted to his illusions, with lamentable consequences. In fact, one of the core ambitions of Sterne's novel is to uncover those aspects of contemporary interpretations of the world which fall short in capturing what life in all its multifariousness entails:

²³ David Hume, *A Treatise of Human Nature: Book One*, ed. by D.G.C. Macnabb (London: Collins, 1962), pp. 115-116 and 316.

²⁴ To Locke, the assimilation of knowledge arose via the assembly of simple ideas into complex ideas. This implied the potential for development of the human faculties. He also proposed that 'Reflection' played a part in forming complex ideas, which implied an element of intellectual freedom at work on behalf of the self. Sterne places 'the human self' at the centre of the association of ideas and foregrounds the importance of motivation in that association: see Wolfgang Iser, *Sterne: Tristram Shandy*, trans. by David Henry Wilson (Cambridge: Cambridge University Press, 1988), pp. 12-15.

scientific systems, as my analysis below demonstrates, are a particular target for diminution. Walter's concomitant reliance on ancient texts juxtaposes the new world view against the old. He evokes ancient precedent to justify extracting the child from the womb at as early a stage as possible, but this too proves to not to be an option in reality. In this way, Sterne puts an emphasis on gaining insights into life, and he neglects or belittles those fields that only have pretensions to that end.

The repercussions of Locke's ideas with regard to the role of language were also disorienting. According to his philosophy, words are nothing more than a means to describe ideas that are acquired through experience, as part of a co-ordinated communication system. They have no 'non-human reality' apart from their function nor are they reflective of the real world. Locke's concern was that an understanding of their 'artificiality' should be used to manage their emotional and associative charge.²⁵ *TS* enters this debate in different ways using the opportunities that the events and rituals around childbirth and its practices offer as a framework. For example, Walter is obsessed with giving a particular name to his new born son, an aim which becomes urgent when the sickly-looking baby has to be christened quickly. To Walter, who soaks up theories from his reading of ancient texts, the name of Trismegistus is loaded with meaning and promise which extends beyond its mere representative function. But his plans are thwarted and his son begins life with the name of Tristram because the curate associates it with his own name (p. 258). If language is dependent for its meaning on subjective experience of the world, then multiple expressions of ideas and events are the

²⁵ Christina Lupton, 'Naming the Baby: Sterne, Goethe and the Power of the Word', *MLN*, 118 (2003), 1213-1236 (p. 1215).

result and this is reflected in the text.

In the introduction to this thesis, I discussed the emergence of clinical medicine as a significant eighteenth-century context. Situated within a major reorganisation of medical discourse, it approached medical knowledge with the aspiration of delivering empirical certainty. There is now a consensus that the characteristic innovations and features of clinical medicine of the late 1700s in Paris display noticeable continuities with a range of preceding discourses taking place at mid-century and elsewhere.²⁶ Instead of medical specialism being linked with the ignorance of quackery, in the 1730s man-midwifery texts presented specialism in a positive way, as depth of knowledge.²⁷ Similarly, long-established divisions between surgery and physic were, in this area of practice, blurred; surgeons and physicians both chose to practice in an emerging specialism that drew on theoretical and practical knowledge. The open use of the forceps and discussions about their design are indicative of a trend towards an increasing acceptance of medical intervention. The rhetoric surrounding their use was vested in pointing out the failings or unreliability of nature. Other trends such as changing doctor-patient relations and the adoption of expert language surrounding new childbirth practices are all in evidence in *TS*, with the character of Dr Slop often acting as a form of lightning conductor. One of his priorities is to assert his professional identity on the Shandy family and the wider world as a ‘scientifick operator’ whose knowledge is up to date (p. 41). Significantly he seeks to acquire status not only by satisfying the fee-payer, but also, in a presage of clinical medicine, by his links to an implied professional community – he talks of ‘we’ to denote a shared discourse – to which

²⁶ See references to the work of Keel, Brockliss and Rieder in the Introduction above.

²⁷ Herrle-Fanning, ‘Of Forceps and Folios’, pp. 150-151.

he has contributed by publishing a learned book (p. 128).

Close and Even Closer? The Early Novel and Society, and *Tristram Shandy* and Society

The close alignment between the early novel and currents of thought during the eighteenth century is a central theme of McKeon's analysis of the 'origins' of the novel. Revisiting Ian Watt's emphasis on the role of formal realism in establishing verisimilitude, McKeon explained the novel's emergence as the manifestation of a dialectic between what was 'real' or 'true' and what was virtuous, played out against a background of social change. According to his analysis, the novel arose in response to a need to mediate, if not solve, problems that straddled very different areas of human experience. Owing to its literary qualities, it was also highly adaptable and expressive of opposing points of view.²⁸

In this section, I underscore how *TS* not only fits McKeon's model, but it is also an exemplar of his argument to the point of exorbitance. Linking the origins of the novel genre to the rise of a new moneyed sector, McKeon argued that the existing social order, founded on the ownership of land, was undermined. In *TS*, Walter and his family are representative of this burgeoning class.²⁹ McKeon ascribed the arrival of the new class to an economy no longer based mainly on agriculture, but transformed partly by the availability of credit, and a loosening of restrictions on

²⁸ McKeon, *Origins of the Novel*, pp. 418-419 and 19-21. By mid-century, the term 'novel' becomes increasingly accepted, signalling 'the stability of the conceptual category and of the class of literary products that it encloses'.

²⁹ As per Introduction, note 108 above, the term 'middling sort' is hard to define, partly because its 'members' did not behave as a collective and represented a range of social identities. However, definitions include 'those who worked but did not dirty their hands — commercial or industrial investors who had a stock of money or goods [...] and whose goals were accumulation and self-improvement': Hammond and Regan, *Making the Novel*, p. 5.

the circulation of wealth. Whilst the aristocracy was still firmly in place, it nevertheless now had to accommodate a new power base which, rather than posing a direct threat, actually conspired to swell its ranks.³⁰ This tension between the value systems, attitudes and beliefs of the old and the new social order are at the core of McKeon's 'twin dialectic'. It pitches questions around how to express the truth in narrative form, against those that consider the effect of the changing social order on the moral standards of individuals. This antagonism fuelled the preoccupations of the novel and McKeon's analysis gives great weight to the view that there was a close affiliation between the novel and society during this period.³¹

This close relationship is pivotal to my argument about the novel form's hospitality to contemporary medical debates. Medical discourses, when deployed within the discursive environment facilitated by the literary attributes of the early novel, offered an adaptable means or tool to represent, and therefore to mediate, issues of public concern within and beyond medicine, in just the way McKeon describes. In this context, *TS* is therefore an especially 'responsive' novel, demonstrably in touch with the life and culture of a precise mid-century period. It was a time when physiologists were breaking away from the rationalist interpretations of life posited by mechanism or vitalism and were captivated by the observed 'irritability' and 'sensibility' of living tissue, when man-midwifery, the core discourse under investigation in this chapter, was becoming established and even regarded as preferable to traditional midwifery, and when the theories of Locke were

³⁰ McKeon, *Origins of the Novel*, p. 166.

³¹ *Ibid.*, pp. 20-21.

undergoing development by philosophers such as David Hume.³² But not only does Sterne respond to and engage with a range of mid-century fixations, concerns and musings, he can also be said to adopt a similar epistemological approach in his quest to elucidate life to the physiologists of his time. James Rodgers has argued that Sterne shared with them an ‘organicist’ interpretation of life and believed, like the anatomist John Hunter, that an earlier over-emphasis on mechanism and rationalism had meant that physiology had ‘entirely lost sight of life’.³³

Within the new *episteme* or epistemological outlook, existing ways of interpreting and delineating character became inadequate to the task. Traditional concepts of ‘ruling passions’ and ‘hobby horses’ were vestiges of humoral medicine. The emphasis on human subjectivity and interiority which arose from the ideas of Locke and Hume fed into this revised model of man, the potential complexity of selfhood was now open to new modes of exploration, and *TS* is immersed in the crisis around concepts of selfhood that came to the fore as a result.³⁴ It was a crisis that had ramifications for life in all its varying aspects, from the struggle to forge a professional identity – as in the burgeoning profession of man-midwifery – to the challenge of expressing one’s opinions or thoughts, and hence one’s identity, in a narrative form.

With subjectivity comes competing perspectives which are conspicuously incorporated within *TS* and form one of the novel’s many innovative features. It resonates with Bakhtin’s exploration of the concepts of polyphony and dialogism in relation to the much later works of Fyodor Dostoevsky. Instead of the traditional

³² Wilson, *Making of Man-Midwifery*, p. 164.

³³ Rodgers, “Life”, p. 3. Organicist meaning like an organism; an integrated living thing with interdependent parts, responsive to the environment, subject to change and maintained by life processes.

³⁴ Porter, *Flesh*, p. 304.

subjugation of the characters' voices into the overarching ideology or perspective of the author, each character's voice represents a different perspective, with its own legitimacy and authority. The author's role is therefore fundamentally changed as s/he appears to relinquish control and to surrender his or her monopoly on the determination of meaning. Instead of an attempt at an objective reality, reflective of a classical world view and typical of earlier literary forms like romance, there is now a plurality of realities experienced by different protagonists and a negation of any integrated and ultimate endpoint, since all realities have validity. Bakhtin envisages a 'universe of permanent dialogue' in which 'communication never pretends to be a perfect fit' and which no one authority can close down. In this portrayal of the world, ambiguity and discourse are fostered, in a way that mirrors the distractions and conflicts of human consciousness and the fallibility of the interactive function of language.³⁵

Whilst the parallels with *TS* are clear and give the impression that Sterne was extraordinarily ahead of his time, his narrative structure and technique reflect the influence of contemporary philosophy and physiology which were at this time closely intertwined. 'Self-anatomy', or trying to reveal the nature of oneself, was in vogue.³⁶ Tristram is consistently thwarted in his attempts to present himself and the characters around him in ways which conform to rational precepts (like looking for causes) by the unpredictability of life and nature and the limits of language.³⁷

³⁵ Mikhail Bakhtin, *Problems of Dostoevsky's Poetics*, ed. by Caryl Emerson (Manchester: Manchester University Press, 1984), pp. 5-43 and xxxii-xxxiii; Andrew Robinson, 'Bakhtin: Dialogism, Polyphony and Heteroglossia', *Ceasefire* (Posted July 29, 2011) < <http://ceasefiremagazine.co.uk/in-theory-bakhtin-1/>> [accessed 18 April 2018].

³⁶ Ross King, 'Tristram Shandy and the Wound of Language' in *Casebook*, ed. by T. Keymer (Oxford: Oxford University Press, 2006), pp. 123-146 (p. 123); Porter, *Flesh*, p. 133. Robert Burton's *The Anatomy of Melancholy* (1621) provides an early example of the genre.

³⁷ Rodgers, "Life", p. 11.

The fraught circumstances of Tristram's birth and the narrator's propensity for distraction offer pertinent examples. So Tristram resorts to exploring his characters according to other criteria, notably how interior feelings are manifested in exterior physical signs as per the paradigm of sensibility. In fact, learned satire yields to an emphasis on 'sympathy and pathos' in the later volumes which tap into the Earl of Shaftesbury's views about the innate goodness of human nature – witness kind Uncle Toby – at risk amidst a flawed wider society.³⁸

Sterne's (and Tristram's) character portrayals mirror the empirical leanings of the contemporary medical case history in their close observation and recording of discrete life scenarios. But they lack clinical detachment and instead betray sensibility and sympathy which serve to heighten the verisimilitude and intimacy of the portraits.³⁹ Echoing Bakhtin, Sterne relinquishes authorial control and at times appears to direct his characters as though they were real people through this attention to body language and physical traits (see p. 106). But in addition to allowing a plurality of realities, the use of multiple voices facilitates the satirical aspects of *TS*, so that Sterne can hold up to ridicule a diverse range of human concerns, amongst which man-midwifery, childbirth practices and reproduction theories loom especially large. Walter Shandy's studied hypotheses on childbirth, education and death – informed, as ever in his case, by the authority of the ancients – lay alongside the petty vanities of characters like Dr Slop. Unlike the

³⁸ Anthony Ashley-Cooper (1671-1713), 3rd Earl of Shaftesbury 'provided the basic conceptual materials for the new culture of politeness', forming part of a new ethical framework promoting the value of 'sensibility of the heart' above that of reason. His motives were to reinforce the status and power of the gentleman in society and were essentially political. See Koen Vermeir and Michael Funk Deckard, 'Philosophical Enquiries into the Science of Sensibility: An Introductory Essay', in *The Science of Sensibility: Reading Burke's Philosophical Enquiry*, ed. by Koen Vermeir and Michael Funk Deckard (Dordrecht: Springer, 2012), pp. 3-56 (pp. 30-31); Sterne's shift in mode may have been in response to advice from the *Monthly Review* to cater to new tastes in the reading public: Keymer, 'Introduction', in *Casebook*, ed. by Keymer, pp. 3-19 (p. 13).

³⁹ Rodgers, "Life", p. 9.

unsympathetic, grotesque types of Jonathan Swift's satire earlier in the century, they are all portrayed within the sympathetic if chaotic context of a family made up of eccentric and fallible individuals.⁴⁰ Furthermore the satire in *TS*, with its inevitable focus on the particular (or minute) rather than the general, does not diminish the profundity of the meaning even though that meaning has to be synthesised by the reader.⁴¹ The multiple voices, the unrelenting discourse and the depiction of human sympathy in *TS* actually serve to convey a sense of the unknowable intricacies and hidden depths of human existence, whilst highlighting the inadequacy of the written word to fulfil the task.

Sterne's polyphonic narrative technique also allows for the novel's engagement in discourses pertaining to shifting power dynamics in and around medicine. Echoes of Jewson's and Foucault's views on the eighteenth-century transition to clinical medicine abound in the complicated network of social and power relations between Mr Shandy (Dr Slop's patron), Mrs Shandy (the patient and also the midwife's patron), Dr Slop (a representative of an emerging professional specialism) and his rival, the local, licenced midwife (who has no claim to professional status).⁴² Dr Slop wields his anatomical and physiological knowledge to impress and subordinate the patient and/or patient's family and consolidate both his own and the profession's identity. Slop's reliance on the use of obscure language is not an exercise in making himself understood by his fellow man. In this

⁴⁰ Astrid Krake, Hermann J. Real, and Marie-Luise Spieckermann, 'The Dean's Voyages into Germany', in *The Reception of Jonathan Swift in Europe*, ed. by Hermann J. Real (London: Bloomsbury, 2005), pp. 93-141 (p. 106): *Gulliver's Travels* (1726-27) was seen by the Earl of Orrery as 'a degradation of mankind'.

⁴¹ Christopher Fanning, 'The Scriblerian Sublime', *Studies in English literature 1500-1900*, 45 (2005), 647-667 (p. 653). Neo-classical aesthetics favoured the general idea over minute detail in terms of meaningfulness.

⁴² Herrle-Fanning, 'Of Forceps and Folios', p. 7: 'In effect, the practice of midwifery required no special qualifications other than being female and approved of by one's community'. They had no links to corporations or guilds.

exchange Uncle Toby resigns himself to remaining in ignorance: “Pray sir [...] in what condition is the boy?” – Twill end in a phimosis, replied Dr Slop. I am no wiser than I was, quoth my Uncle Toby’ (p. 361).

The immersion of *TS* in the issues of its period extends to its engagement with other texts. As Christopher Fanning has stressed, Sterne lived through a sudden explosion of print culture where literary texts, like the novel, were both accessible and physically navigable to the reader in a private setting and on his or her own terms.⁴³ The profusion of midwifery/obstetric texts published just before mid-century offers a particularly relevant context to which I return below. Sterne chose to engage with the philosophical ramifications of this new materiality of the printed word, as had the Scriblerian satirists such as Swift and Pope before him, by expressing himself in the form upon which he also simultaneously reflects.⁴⁴ The way that his work takes on the feel of a performance is also a function of his self-conscious recognition of the novel as a medium that has particular features and constraints. Sterne’s evocation of the instability of identity which Fanning, like Porter, believes is especially profound, has particular resonance with the challenge of communicating the nuances associated with the differentiation of divergent roles exemplified in *TS*, for example the tension between female and male midwives, or the supposed significance of different ideas around conception and gestation to an individual’s future life.⁴⁵

One of the most well-defined perspectives in this multi-perspective book is that of

⁴³ Christopher Fanning, ‘Small Particles of Eloquence’, *Modern Philology*, 100 (2003), 360-392 (p.361).

⁴⁴ Michael Seidel, “‘Gulliver’s Travels’ and the Contracts of Fiction”, in *The Cambridge Companion to the Eighteenth-Century Novel*, ed. by John Richetti (Cambridge: Cambridge University Press, 1996), pp. 72-89 (p. 76): the Scriblerians were an early eighteenth-century literary club who created the persona of the pedantic ‘Martin Scriblerus’.

⁴⁵ Fanning, ‘Small Particles’, p. 392.

Tristram's father, Walter. In many respects, he acts as a mouthpiece for an almost slavish adherence to scholarly rationalist systems; systems which draw on scientific measurement, mechanistic forces, cause and effect, and the value of hypotheses and ancient precedent. His veneration of the ancients extends to his love of rhetoric but, in parallel with the problematic results of his scholarly rationalist systems, his own rhetoric may impress, but actually fails to draw the desired result in real-life human relationships. Walter's mind-set unambiguously pre-dates the cognitive transition linked to contemporary physiology. Indeed, he acts as a satirical device against an over-reliance on contemporary Enlightenment precepts. For example, his enthusiasm for creating elaborate hypotheses, and sticking with them, finds echoes in the Abbé de La Chapelle's 1765 article on "Hypothesis" in that 'most representative monument of the Enlightenment', Diderot's and D'Alembert's *Encyclopaedie* (1751-1776).⁴⁶ La Chapelle unequivocally defends the fundamental role of the hypothesis in scientific progress arguing that, as part of a process, hypotheses can not only 'attain a certain perfection' but can also 'give us new points of view'.⁴⁷

On the subject of the 'rise of the modern self', Porter has described the effect of Enlightenment philosophy on man's confidence in his ability to progress, even to perfection, by means of rational discourse.⁴⁸ Walter personifies this attitude but in an extreme, satirical manner, evidenced in his stock of hypotheses on matters ranging from childbirth to the educational value of auxiliary verbs. His pursuit of

⁴⁶ Drabble, *Oxford Companion to English Literature*, p. 327.

⁴⁷ Bender, 'Enlightenment Fiction and the Scientific Hypothesis', p. 47; see also *The Encyclopedia of Diderot & d'Alembert Collaborative Translation Project*, translated by Stephen J. Gendzier, <<https://quod.lib.umich.edu/cgi/t/text/text-idx?c=did;cc=did;rgn=main;view=text;idno=did2222.0001.309>> [accessed 20 January 2018].

⁴⁸ Porter, *Flesh*, p. 8.

perfection, so apparent in his plans for the birth of Tristram, sets him up for disappointment, as real life continually gets in the way. Paradoxically this has the effect of making him an increasingly sympathetic character, despite his unrelenting prescriptiveness. The reader is invited to remark on his absurdity, but through the tolerant and affectionate eyes of his son, whose perception of his father's character is arguably closer to reality than Sterne's fellow novelist Smollett achieves with his satirical and more objective character portrayals in *RR* (see Chapter Two). One of the recurring themes of Sterne's novel – that science and rationalism fail to account for life and all its intricacies in the self and in others – often involves Walter bearing the brunt of the gap that exists between theory and practice.

Whilst Sterne is attuned to contemporary ideas and texts, and new currents in natural philosophy and medicine, he is also acutely sensitive to their social repercussions. Hence the high visibility of the theme of man-midwifery in the narrative reflects the increasing acceptance of its practice and the ongoing formulation of its professional identity, which Wilson has identified was taking place at exactly this time.⁴⁹

From the 1730s onwards, there had been a sharp increase in the number of texts published on midwifery, reflecting a growing professional discourse among male midwives and a determination to establish a new kind of midwifery literature which broke with the standards of the past. The fictional Dr Slop is actively engaged with asserting his professional identity via this route. In her study of eighteenth-century obstetrical literature, Jeanette Herrle-Fanning has shown how

⁴⁹ See note 32 to this chapter.

men-midwives tapped into new ways of using print which allowed them to shape a collective professional identity, evocative of modern knowledge-based professions. The instability of identity in a changing social landscape can be seen to open up opportunities for reinvention in this way which the man-midwife exploited to the full. From an ill-defined position and with no existing system within which to assert any legitimacy, he succeeded in laying claim to a special expertise which blended the theoretical and the practical (relating to elements of physic and surgery). In this way, Herrle-Fanning argues, 'scientific midwifery was the child of print culture'.⁵⁰

Mirroring the ideas of Jewson and Foucault and foreshadowing the advent of clinical medicine, the male midwife practitioners went beyond using print merely as a means to promote their services directly to the fee-paying customer. Instead they can be seen to adopt emerging conventions of scientific publication, to self-consciously select an authorial persona, and to exploit the developing status of printed text as founts of 'reliable knowledge'. Not only were men-midwives the masters of a body of knowledge, they were also the open and candid disseminators of new knowledge (or new observations and experiences) to be used in the interests of 'public benefit'.⁵¹ In conversation too, Dr Slop noticeably claims his professional access to 'recent improvements in obstetrical knowledge' in this way (p. 128). In contrast, female midwives were subordinated as lay people and characterised as obstructing scientific advancement. The main dividing line lay between (female) midwives and male midwives. But within the latter group, there

⁵⁰ Herrle-Fanning, 'Of Forceps and Folios', p. v. She lends support to the views of Helen Deutsch about the importance of print in asserting professional identity during the period (see page 11 to this thesis).

⁵¹ Ibid., p. v; the founding of a "professional" (in contrast to "popular" literature) was a crucial factor in constructing 'an objective standard of legitimation for their field of expertise' and reflected 'the Baconian conception of scientific endeavour as a collective enterprise': *ibid.*, pp. 147 and 84.

were divisions between those in favour of the forceps and those against and also between forceps-users and traditional surgical emergency practitioners. As Herrle-Fanning has said, these tensions helped fuel the debates: ‘it is not only a question of who gets to define midwifery, but who gets to define male practice in midwifery’.⁵²

My analysis feeds into Wilson’s observation that the life event of childbirth is a socially and culturally determined one.⁵³ The resonance, drama, and comical aspects of the event feature in the novel as a mechanism by which new roles are defined and shifting power relations are played out. Sterne’s use of polyphony throughout is fundamental to this process of role-defining and the concomitant vying for power and status in a changing social order. But the different voices emanate not just from Tristram, the narrator, and the main characters over time; they are also present in the cited opinions of the ancients, the philosophical views of Locke, contemporary doctors like Richard Mead, and even in Sterne’s terms of address to imagined readers such as ‘Madam’ or ‘you Messrs. the monthly Reviewers’.⁵⁴ The capacity of *TS* to engage with an array of perspectives on a wide range of societal concerns, even extends to the (implied) perspectives of Sterne’s critics. This is reflected in the wealth of scholarship that has arisen in its wake. In the next section I give a brief overview of the novel’s critical reception, and survey the breadth and depth of the different analytical approaches it has engendered, with a view to positioning my own analysis among them.

⁵² Ibid., p. 145.

⁵³ Wilson, *Making of Man-Midwifery*, p. 6.

⁵⁴ *TS*, pp. 10 and 145.

***Tristram Shandy* and its Impact: From Bestseller to Proliferant Cultural Resource**

The body of existing scholarship on *TS* is extensive and varied. It ranges from an analysis of how the text engages with the contemporary cultural fascination with synaesthesia, to a discussion of how the novel transgressed prevailing scholarly norms of reading.⁵⁵ Other studies explore its treatment of themes as diverse as patriotism at a time of ‘war fever’ and its portrayal of the new ‘man of feeling’ as exemplified by the character of Uncle Toby.⁵⁶ In addition, scholars have explored how Sterne’s innovative narrative form and its non-linear treatment of time resonate with the Modernist texts of the twentieth century, with a view to explaining how a novel so apparently ahead of its time emerged in the middle of the eighteenth century.⁵⁷

Thomas Keymer has depicted the book as a sort of multi-faceted, multi-dimensional microcosm of the various concerns at large in the precise period in which it was written. Whilst this engagement with contemporary life experience was characteristic of the early novel – Smollett also draws on his own experience as a Scotsman negotiating a living as a surgeon on land and at sea in *RR* and

⁵⁵ Kickel, *Novel Notions*, pp. 90 and 93: Synaesthesia means the ability of the five senses to work as one or of one sense to act on behalf of another i.e. ‘cross-modally’. To Kickel, ‘*Tristram Shandy* is a book that relies on cross-modal perception to produce meaning’; Jessica Matuozzi, ‘Schoolhouse Follies: *Tristram Shandy* and the Male Reader’s Tutelage’, *ELH*, 80 (2013) 489-518 (p. 514).

⁵⁶ John Richardson, ‘Sterne’s Patriotic Shandeism’, *Essays in Criticism*, 58 (2008), 20-42 (p. 29); Alex Wetmore, ‘Sympathy Machines: Men of feeling and the Automaton’, *Eighteenth-Century Studies*, 43 (2009) 37-54 (p.48). Wetmore explores the significance of the parallels between the machine-like physiological processes underlying sensitivity and the workings of automatic machines to representations of masculinity in the sentimental novel. Henry Mackenzie’s *The Man of Feeling* (1771) was a highly influential novel of sentiment whose hero was a man ‘of acute, often tearful sensibility’: Drabble, *Oxford Companion to English Literature*, p. 639.

⁵⁷ Keymer, *Sterne, Moderns*, p. 4: Keymer cites Carol Watts, ‘The Modernity of Sterne’, in *Laurence Sterne in Modernism and Postmodernism*, ed. by David Pierce and Peter de Voogd (Amsterdam: Rodopi, 1996), pp. 19-38 (p. 19).

Fielding makes the lead up to the Jacobite rebellion of 1745 part of the background to the domestic plot of *Tom Jones* (1749) – Sterne taps into contemporary preoccupations to an exceptional degree. He draws the reader into the discourse using characterisations which resemble medical case histories – as opposed to static representatives of a classified type as depicted in other novels – and an innovative polyphonic narrative technique.⁵⁸ Sterne, through Tristram, has clear views on ‘properly managed’ writing and how it should be modelled on conversation (p. 96). Whilst ‘conversation’ parallels Enlightenment ideals of free critical exchange, in *TS* the reader is subjected to a sustained reminder about the multifaceted nature of subjective experience and perception and the complications inherent in any communicative endeavour.

With regard to existing analyses of *TS* which have a bearing on the topics of man-midwifery, childbirth practices and conception theories, Rodgers and Porter are among those who have focused on how the novel reflects and participates in discourses around the epistemological shift precipitated by contemporary physiology. Stephanson has extended this by examining how the text engages with conception/generation theories both analogically and literally. Robert A. Erickson has also highlighted the parallels between Tristram’s conception and birth and the conception and birth of his creative project in textual form, stressing the novel’s sensitivity to the role of the female in life and creation.⁵⁹ Lupton has foregrounded changing views about the role of language with respect to the ritual of naming a new life in *TS*. Fanning has discussed the novel’s use of space, Hawley has

⁵⁸ Rodgers, “Life”, p. 9.

⁵⁹ Stephanson, ‘*TS* and the Art of Conception’; Robert A. Erickson, *Mother Midnight: Birth, Sex and Fate in Eighteenth-Century Fiction (Defoe, Richardson, and Sterne)* (New York: AMS Press, 1986), p. 204: Erickson notes that Sterne uses a ‘host of female personifications’ such as maternal nature in the text.

commented on the interplay between *TS* and the sheer abundance of medical theories in the text.⁶⁰ Donna Landry and Gerald MacLean have delivered a materialist-feminist reading of the novel, seeking to undermine any assumption that the power struggle for supremacy in the birthing chamber was only about sexual politics. Instead of being a victim of eighteenth-century patriarchy the figure of the female midwife is at the hub of a discursive network involving ‘high political conflicts’ that shaped the prestige attached to obstetrical knowledge. Drawing on Marx she suggests that the female midwife is representative of, and embedded within, ‘histories of social regulation, of licencing and clerical authority’, which in competition with the expertise of the man-midwife from a higher social class, did not serve her well.⁶¹ J. Paul Hunter has shown how the text accommodates speculation about Tristram’s illegitimacy, by counting (wrongly) the calendar months after his conception.⁶² Lastly, resonating with the aims of this chapter, Bonnie Blackwell has noted how ‘everyone in the book passionately comments, in the languages available to them, upon the obstetric revolution’.⁶³ With a different focus, Keymer has asserted that Sterne deliberately pandered to ‘modern metropolitan taste’ in a book that was a bid for fame and fortune; even the textual format signalled its modernity.⁶⁴ The fact that Sterne was among the most reprinted novelists in the third quarter of the century and that *TS* was on the

⁶⁰ See notes 25, 88 and page 119 to this chapter.

⁶¹ Landry and MacLean, ‘of Forceps, Patents’, p. 542 and 524. Whilst Landry and MacLean suggest that Slop triumphed over his rival, he is notably ridiculed for his clumsiness in the text.

⁶² J. Paul Hunter, ‘Clocks, Calendars, and Names: The Troubles of Tristram and the Aesthetics of Uncertainty’, in *Rhetorics of Order: Ordering Rhetorics in English Neo-Classical Literature*, ed. by J. Douglas Canfield and J. Paul Hunter (Newark: University of Delaware Press, 1990), pp. 173-198 (pp. 183-184 and 193): To Hunter, Tristram’s possible illegitimacy forms part of ‘a deep cultural anxiety’ about the instability of identity in the patriarchal society of the time which finds expression in contemporary novels.

⁶³ Bonnie Blackwell, ‘*Tristram Shandy* and the Theater of the Mechanical Mother’, *ELH*, 68 (2001) 81-133 (p. 81). The term derives from J. H Aveling, *English Midwives: their History and Prospects* (London: Churchill, 1872), p. 86: ‘What a revolution did midwifery experience during this (eighteenth) century’.

⁶⁴ Keymer, *Sterne, Moderns*, p. 2: Sterne used ‘the same paper and type’ as Samuel Johnson’s *Rasselas* (1759).

receiving end of critical attention ‘from coffee-house to coffee-house’ confirms that he achieved his goal.⁶⁵ Indeed, John Mullan has described how it was recognised as a ‘publishing phenomenon as well as a fashionable object’.⁶⁶

Jonathan Lamb goes further to say that Sterne was ‘ambitious [that his books should] exert real power over their readers.’ And Peter M. Briggs has underscored Sterne’s skill at networking and handling celebrity.⁶⁷ In every way available to him Sterne evidently strove to elicit and maintain a response from his reader and his potential reader, be it laughter, outrage, pity, or titillation. Lamb’s claim that Sterne hoped to exert ‘power over the reader’ implies that Sterne hoped not only to engage and evoke a reaction from his readers, but also to change their attitudes and behaviour. If Sterne’s objective was to influence his readers, then I reiterate that he was highly successful in that aim, judging by the attention both he and the novel attracted and continue to attract. Opinion was divided. For example, *TS* was met with disdain by Horace Walpole (1717-1797) and Samuel Johnson, and was criticised for its ‘indecent allusions’ and its ‘irregular progression’.⁶⁸ But it received praise from Edmund Burke (1729-1797), James Boswell, Denis Diderot (1713-1784), and Voltaire (1694-1778). Furthermore, Johann Wolfgang von Goethe (1749-1832) became ‘a lifelong admirer’ of Sterne and he socialised with luminaries such as David Garrick and Joshua Reynolds (1723-1792).⁶⁹ Sterne

⁶⁵ James Raven, ‘The Material Contours of the English Novel 1750-1830’, in *Remapping the Rise of the European novel*, ed. by Jenny Mander (Oxford: Voltaire Foundation, 2007), pp. 101-126 (p. 107); see *The Critical Review*, 9, April 1760, p. 319. The article reviews *Explanatory Remarks upon the Life and Opinions of Tristram Shandy; wherein the Morals and the Politics of this Piece are clearly laid open*, by Jeremiah Kunastrokius, M.D. (pseudonym). Dr Kunastrokius is thought to refer to Richard Mead, see below, note 73.

⁶⁶ Mullan, *Sentiment and Sociability*, p. 148.

⁶⁷ ‘Sterne and Irregular Oratory’, in *Casebook*, ed. by Keymer, pp. 213-239, (p. 214); Peter M. Briggs, ‘Laurence Sterne and Literary Celebrity in 1760’, in *Casebook*, ed. by Keymer, pp. 79-107 (p. 84).

⁶⁸ *Sterne: The Critical Heritage*, ed. by Alan B. Howes (London: Routledge, 1995), pp. 55-56, 219, 91-94, 383 and 382.

⁶⁹ *Ibid.*, pp. 106-107, 80, 89, 385, 390-391, 431-435, 20, 45 and 89. Reynolds painted Sterne’s portrait in 1760.

remarked that ‘one half of the town abuse my book as bitterly, as the other half cry it up to the skies’.⁷⁰ Interestingly, from my perspective, there were no contemporary reviews from physicians responding to any medical issues raised in the novel. One bantering review however claims to admire Sterne’s obstetrical knowledge: ‘I suspect him to be the author of Mrs NIHELL’s *practice of midwifery*’.⁷¹ John Ferriar (1761-1815), a doctor who, one might think, would have been drawn to Sterne’s novel because of an interest in obstetrics, actually became most known and applauded for his exposure of Sterne’s so-called plagiarisms.⁷²

A number of learned, pedagogic texts on a range of disciplines, including the theory and practice of medicine, feature in the novel, either as direct quotations or as spoof versions.⁷³ But the topic of man-midwifery stands out amongst them. As Maximillian E. Novak has pointed out, the circumstances of childbirth were usually ‘passed over’ in novels of the period, with more written about expectant mothers than the realities of the imminent event itself.⁷⁴ Set against this backdrop, the theme of man-midwifery is integrated into the narrative over two volumes, and supplies many of the comic and dramatic highlights.

Edward J. Kozaczka has surmised that the influence that Sterne sought actually amounted to nothing more than to encourage the reader, in a collaborative, conversational way, rather than a didactic way, to habitually challenge authority

⁷⁰ Letter to S— C—, March 1761, see Laurence Sterne and Lydia Sterne de Medalle, *The Letters of the late Laurence Sterne to his Most Intimate Friends, with a Fragment in the Manner of Rabelais* (London: Printed for A. Millar, W. Law and R. Carter, 1794), p. 47.

⁷¹ *Sterne: Critical Heritage*, p. 65.

⁷² *Ibid.*, pp. 283-292: Ferriar signposted Sterne’s appropriation of parts of Robert Burton’s *The Anatomy of Melancholy* (1621).

⁷³ As well as Burton’s *The Anatomy of Melancholy*, Solomon, Hippocrates, Avicenna, Cicero, Pythagoras, Plato, Drake’s *Anatomy*, Erasmus, Paraeus and De Graaf also feature. The eminent Dr Richard Mead (1673-1754) appears as Dr Kunastrokius as does the fictional expert on noses, ‘Hafen Slawkenbergius’, see *TS*, pp. 13 and 208-212; See also Melvyn New’s ‘Notes’, in *TS*, pp. 597-735 (p. 602).

⁷⁴ Maximillian E. Novak, ‘Satirical Form and Realistic Fiction’, in *Approaches*, ed. by New, pp. 137-145 (p. 143).

and to ‘ask more questions’.⁷⁵ The breadth of scholarship around the novel, including this thesis, indicates that we are still engaged in asking those questions.

Off to a Bad Start: The Perils and Pitfalls of Conception and Childbirth

The theme of conception forms the diverting and intriguing opening of the novel where, as narrator, Tristram plaintively complains about his parents’ failure to concentrate on the sexual act on the occasion of his conception, and the possible ramifications of that failure for him and his future life. The blame for that lapse of concentration is laid upon his mother. Her disengaged role in the routinized sexual act leaves her mind open to a Lockean association of ideas which results in the distracting question, ‘have you not forgot to wind up the clock?’ – much to the annoyance of her husband (pp. 6-9).⁷⁶ Tristram explains, in physiological terms, that the ensuing ‘scatter[ing] and dispers[ing]’ of ‘the animal spirits’ may have had dire consequences for the ‘unescorted’ homunculus, and potentially exposed him to harm (p. 6). The concept of this fully-formed tiny human thrown into a needlessly stressful, and risk-laden environment on his way to bed down in the womb, when he is owed ‘all the claims and rights of humanity’, is vivid and sets the scene for Tristram’s future. Note that according to Tristram, ‘no skill of the physician’ can reverse the potential consequences on the now predetermined future mental and physical health of the child (p. 7). Physicians and philosophers, for all their knowledge and experience, are helpless in the face of this kind of

⁷⁵ Edward J. Kozaczka, ‘Another Ride on Tristram’s Hobby-Horse (Book Review)’, *Eighteenth-Century Studies*, 45 (2011), 150-152 (p. 152).

⁷⁶ Hunter suggests that Tristram hates and fears his mother, because she is ‘the figure of the novel’s subversive creative imagination that begets without regard to linear and patrilinear order’: see ‘Clocks, Calendars’, in *Rhetorics*, ed. by Canfield and Hunter, p. 196.

adverse circumstance.

Sterne's ground-breaking abstention from the use of classical linear narrative or epistolary devices means that the novel follows a time frame that does not progress chronologically and is apparently driven by the narrator's consciousness. But Tristram's irreverent and random treatment of time may also, the narrative suggests, be rooted in the events of his conception. During this period it was long established and generally believed that pregnant women were in an intensely vulnerable state, especially emotionally, and that strong emotions or imaginings could leave an indelible impression on the foetus, with possible undesirable consequences.⁷⁷ Elizabeth Shandy's concern about the clock at the crucial moment of impregnation is therefore seemingly played out by Tristram in his unorthodox approach to time throughout the book; his mother does not actually go into labour until the second volume.

The labour is apparently long and difficult, an impression the reader receives by the references to flurried activity upstairs whilst Walter and Toby engage in various lengthy digressions downstairs over what seems like a long time. Locke's theories on the subjective versus objective passage of time here form another

⁷⁷ Cody, *Birthing the Nation*, p. 33. Tobias Smollett also uses this theme in *The Adventures of Peregrine Pickle* which he was writing (in 1750) whilst editing William Smellie's *Treatise on the Theory and Practice of Midwifery*. This included the subject of the role of the imagination in abnormal pregnancy, an idea going back to Aristotle. It also features in the sex manual of the period *Aristotle's Master-piece, or, The Secrets of Generation* (London: J. How, 1684), chapters III and V. See G. S. Rousseau, 'Praxis 2: Pineapples, Pregnancy, Pica and Peregrine Pickle', in *Enlightenment Borders: Pre-and Post-modern Discourses: Medical, Scientific* (Manchester: Manchester University Press, 1991), pp. 176-199 (pp. 178-179). In addition, it was the subject of a protracted dispute between Drs D. Turner and James A. Blondel in the 1720s. When this particular dispute ended in 1730 it continued for decades in Europe: See *ECBM*, ed. by Lieske, I, pp. 223-7; D. Turner, 'Prodigious are the feats ascribed thereto by Aristotle, Aricen,[...],Pliny. Hippoc.[...]; among which are reckoned the Lineaments of the Embryo or Foetus[...] imprest upon its Body at the Time of Conception, as well as afterwards, by the sole virtue of the Mother's Fancy', in *De Morbis Cutaneis: A Treatise of Diseases Incident to the Skin* (London: Printed for R. and J. Bonwicke, J. Walthoe, R. Wilkin, and T. Ward, 1726), pp. 155-190 (pp. 161-162); in addition, Walter believes that Elizabeth's resentment at being prevented from giving birth in London was yet another debilitating force acting on Tristram in the womb: see *TS*, p. 267.

relevant undercurrent.⁷⁸ Tristram is however eventually delivered in Volume III by the deeply unappealing man-midwife, Dr Slop. Farcically, Slop manages to destroy Tristram's nose with one of the defining instruments of his profession, his forceps, condemned by the maid servant Susannah as 'vile instruments' in a vignette of differing contemporary attitudes to the use of instruments, which formed one aspect of this larger controversy (p. 193).

Uncle Toby seeks to, and succeeds in, consoling Walter with his apposite simplicity. "It might have been worse [...] Suppose the hip had presented [...] as Dr Slop foreboded" (p. 253). Dr Slop's ineptitude is therefore magnified by Walter's realisation that another possible scenario could have had more serious repercussions for the Shandy line. But this resignation to his son's misfortune comes after a lengthy lament on the damage to Tristram's nose, made more painful and poignant to him because of his singular obsession with the importance of long noses in the context of his family history. The undercurrent of impotence runs throughout the novel as a perennial source of male anxiety which Walter seeks to allay or rectify with reference to scholarly texts. Again, Walter's over-reliance on 'rigid systems' rather than on 'fluid experience' satirises the thinking typical of rationalist discourse.⁷⁹

At one point the baby appears not to be breathing, 'the child is [...] black in the face' (p. 258). Even allowing for Sterne's humorous touch, and the fact that contemporary religious beliefs demanded an expedient christening in such a case, there is a sad pragmatism, rather than any sense of shock to this episode. It has

⁷⁸ Locke, *An Essay*, p. 182: 'Whilst he [man] is taken up with earnest Contemplation, lets slip out of his Account a good Part of that Duration'.

⁷⁹ Note Toby's wound to the groin and the impotent Shandy bull, *TS*, pp. 68 and 588; Keymer, 'Introduction', in *Casebook*, p. 17.

the effect of imparting to the present-day reader the pervasiveness of infant death at the time. According to Cody, as many as thirty-five per cent of infants died in their first month in some regions during this period, a rate that would make infant death a very real threat to any pregnant woman, including Elizabeth. Sterne's approach underplays the potential gravity of the situation using Shandean humour – an implication that life is funny but deep down not that funny – which offsets the dread of tragic loss.⁸⁰

The christening of the baby is suddenly the priority and it is this which instils the ensuing household panic, rather than the pending mortality, and sets Walter off with the now urgent intent of giving his son's potentially short life meaning, or perhaps redemption, via a resonant name. He hopes to atone for the earlier misfortunes that have befallen his baby son by giving him the name of one of his heroes, the Egyptian sage Hermes "Trismegistus", associated perhaps with lost knowledge.⁸¹ According to Walter, the name Trismegistus carries with it the promise of "the greatest king – the greatest law-giver – the greatest philosopher" and he believes that the name itself has the potential power to help the infant prosper in life (p. 255). The disproportionate value he attaches to it is made clear when Walter wavers about wasting this name, which to him is loaded with such significance and expectation, on a baby that may not survive.

Walter may also have favoured the name because he believes Hermes Trismegistus was delivered by caesarean section "before ever the operation had a name" (p.

⁸⁰ Cody, *Birthing the Nation*, p. 40; Sterne used the word 'Shandean' as an adjective as in a 'Shandean hypothesis', meaning one peculiar to Walter Shandy's individual view of the world: *TS*, p. 132.

⁸¹ See Jan Assmann, 'Foreword', in F. Ebeling, *Secret History of Hermes Trismegistus: Hermeticism from Ancient to Modern Times*, trans. by D. Lorton (New York; Cornell University Press, 2007), pp. vii-p. xiii (p. ix): 'Hermetic knowledge came to be viewed as rescued primeval knowledge'; New suggests there is no evidence that Hermes Trismegistus was born by caesarean section, and that this is a plot device: 'Notes', in *TS*, p. 635.

135). Walter had been attracted to the prospect of this mode of delivery to protect the head of his child from the contractions of the uterus, in keeping with one of his hypotheses. Once his reading had satisfied him that the ‘incision of the abdomen and the uterus’ was survivable by the mother he suggests this option to his wife. Unsurprisingly her reaction – she turned ‘pale as ashes’ – ensures that the idea is then dropped (p. 135). So Tristram has been deprived of this supposedly safe mode of entry to the world to which his father had aspired, but perhaps in Walter’s mind he could at least mark his good intention by naming the boy after Trismegistus. The absurdity of Walter’s belief in the proven superiority of the caesarean section based on his reading only, taps into a mid-century debate about the questionable value of hypotheses versus empirical evidence. Walter’s definition of evidence seems to privilege the reported observation and experience of the ancients as opposed to the latest experimental findings.⁸² His plan is further exposed as fanciful by consulting Cody’s insights into eighteenth-century childbirth practices. In some rare instances female midwives did resort to the use of instruments, but delivery by caesarean section on a live mother was extremely rare before the turn of the nineteenth century whether by male or female midwives.⁸³ The only record of a caesarean section being carried out successfully – i.e. with no loss of life – in the eighteenth century in Britain, was that done by an Irish midwife called Mary Donally in 1739 who stitched the wound with silk and dressed it with egg whites. It is interesting that this courageous, resourceful and ultimately successful delivery was performed by an illiterate woman. It was

⁸² As Rodgers has said ‘Sterne casts [...] doubt [...] on the ability of men to distinguish the “grounds of Observation and Experience” from the mental territory inside one’s own “Noddle”’. He points to John Wesley’s attack on those who form medical theories based on hypotheses rather than experiment: “Life”, p. 5.

⁸³ Cody, *Birthing the Nation*, p. 40.

recorded in a pamphlet in 1742 by a man-midwife called Thomas Southwell, who cited it as an example of the unexplored potential of the caesarean section rather than as a triumph of the skills of Mary Donally.⁸⁴ From the religious perspective of the period, Christian values dictated that the life of the mother took precedence if the lives of both the mother and the child were in jeopardy.⁸⁵ Walter's enthusiasm for caesarean section as an option in Tristram's delivery gives an insight into the relative value he puts on the life of his wife (who, as Hunter points out, none of the men ask after) compared to that of his son and perhaps signals his disengagement from Christian beliefs.⁸⁶ Indeed on a different occasion and on the subject of long noses, he reveals his religious scepticism and his faith in science more openly: "'Tis a pious account [...] but not philosophical – there is more religion in it than sound science'" (p. 217).

The new baby is then subjected to the indignity of being mistakenly given not only the wrong name but also the one name, 'Tristram', which his father abhors, so much so that Walter had already embarked on writing a dissertation on 'the grounds of his great abhorrence' to it (p. 51). This mistake happens, argues Lupton, because the maid servant who is charged with remembering the name 'Trismegistus', has no associations with which to anchor the word in her mind, and she does not share with Walter the lofty (or otherwise) associations attached to the word. Sterne again vividly demonstrates Locke's tenet. To her 'Trismegistus' is simply a meaningless series of sounds. The error is made all the worse by the

⁸⁴ Duncan Stewart, 'The Caesarean Operation Done with Success by a Midwife', in *Medical Essays and Observations*, 5 (Edinburgh: A Society in Edinburgh, 1752), pp. 360-362; Jo Murphy-Lawless, *Reading Birth and Death: a History of Obstetric Thinking* (Cork: Cork University Press, 1998), p. 98

⁸⁵ Cody, *Birthing the Nation*, p. 40.

⁸⁶ Hunter, 'Clocks, Calendars', in *Rhetorics*, ed. by Canfield and Hunter, p. 178; Iser, *Sterne: Tristram Shandy*, p. 12: Locke's theories had 'relegated Christian supernaturalism to a sub-system'.

importance attributed to the significance of the appropriate naming of the new baby by Walter, who the narrative chides with ‘over-invest[ing] in words.’ Lupton describes how Walter has characteristically only partly digested the theories about which he has read so much. He is influenced by Locke’s *Essay* and by Socrates on the significance of names and manages to blend their views in a way that misrepresents both.⁸⁷

So, Walter laments the unfortunate events that have surrounded the arrival of his baby son. He laments the fact that he himself was past his reproductive prime at the time of conception so that his ‘animal spirits’, such as they were, were enfeebled; he laments the distraction of his wife’s untimely question ‘scattering’ these spirits at the crucial moment; he laments the unspoken resentment on behalf of his wife about not being able to lie-in in London and the effect of her discontented mood and its imaginative force on the unborn baby; he laments the likely damage to the baby’s head from the uterine contractions (he had hoped that the baby would be born either by caesarean section or via podalic version, i.e. feet first); and he laments the crushing of the nose and the mistaken name (pp. 266-267). Human creation, delivery and identity are therefore all at the mercy of the clumsy, unexpected and uncontrollable by-products of human frailty in this narrative of conception and childbirth. Such by-products include misunderstandings, confusion, panic and ambitions thwarted by circumstances and inevitably by the author’s intent.

⁸⁷ Lupton, ‘Naming the Baby’, pp. 1220-1222: as Lupton has explained, ‘He disregards Locke’s explicit command that words are not to be confused with things *and* (he) misuse(s) Socrates’ assertion that naming derives from the thing itself’.

Questions of Space: Childbirth and the Domestic Setting

In its playful exploration of Locke's ideas on man's subjective experience and understanding of his own life, *TS* conveys an exaggerated form of verisimilitude, and this extends in part to the novel's use of space. Fanning has referred to three kinds of 'space' in the novel: the space as defined by the fictional or 'mimetic' setting – in this case a domestic setting; the space represented by the fictional technique or formal aspects of the narrative; and lastly the space on the printed page.⁸⁸ The action is, as is typical of early novels, mostly in and around the home, and much of the drama forms an undercurrent to the highly visible individual eccentricities of the main characters. There is the loquacious Walter's obsession with Tristram's mode of delivery, his lengthy and reflective enunciations on noses, names and later even death, on hearing of the demise of his eldest son, and Toby's enduring obsession with battle fortifications.⁸⁹ These easily-accessible 'hobby-horses' are framed by Sterne as a window into the person and into aspects of the human condition: at worst benign, and at best life-enhancing. This positive view of the role of the imagination is at odds with Samuel Johnson's cautionary approach in 1753 to the over-ambitious application of this newly identified 'organ'.⁹⁰ Locke too implied a wariness of the imagination as being close to madness. It is an attitude that Kickel has identified as characteristic of the period.⁹¹ If Dr Slop's hobby-horse is his pair of forceps, then in his case the dangers of over-ambition for

⁸⁸ Christopher Fanning, 'On Sterne's Page: Spatial Layout, Spatial Form and Social Spaces in *Tristram Shandy*', *Eighteenth-Century Fiction*, 10 (1998), 429-445 (p. 430). Fanning refers to the double-spacing and other typographical techniques which Sterne uses, for example, to emphasize silences between verbal exchanges.

⁸⁹ *TS*, p. 318-19: 'Philosophy has a fine saying for everything. — For Death it has an entire set; [...] they all at once rushed into my father's head'.

⁹⁰ Kickel, *Novel Notions*, p. 8. Kickel cites Johnson's warning in the biweekly newspaper *Adventurer*, no. 99, 16 October 1753, that the unchecked use of the imagination can result in foolish ambitions.

⁹¹ Locke, *An Essay*, pp. 156 and 395 ; Kickel, *Novel Notions*, p. 8.

his creation are all too clear. This instance and others in the novel are permeated with a potential for mishaps and misunderstandings likely to arise from the individual enthusiasms and unorthodox priorities of the main characters.

Familiarity with the characters and their foibles is fostered by Sterne's fictional technique in which the reader forms part of a shared metaphorical 'discursive space'. The effect is heightened by Sterne's inclusion of the reader in apparently privileged conversations, with conspiratorial asides such as 'shut the door' (p. 8), or even mild rebukes as in 'How could you, Madam, be so inattentive [...]?' (p. 51).

The domestic setting can be interpreted metaphorically too, and to some extent marks out the different spheres of life occupied by the sexes, especially noticeable when framed by the events surrounding labour and childbirth. The men converse at length downstairs in the parlour whilst the women struggle on physically with the actual labour upstairs in the bedchamber. The setting can also be interpreted along public versus private lines. According to Benjamin Heller the parlour was seen during this period as 'the first port of call for many visitors to the house' including tradesmen, and was accessible as both a social (public) space and a living space, whilst the bedrooms were private and were generally not accessible to outsiders. The case of a woman lying-in after childbirth was an exception where only female visitors would be admitted.⁹² As a man-midwife, Dr Slop is an acquaintance and, not unlike a tradesman, is also a paid supplier of a service. He is offered hospitality in the parlour until his presence in a professional capacity is required in a more interior space, in this case the birthing chamber.⁹³ Domestic

⁹² Benjamin Heller, 'Leisure and the Use of Domestic Space in Georgian London', *Historical Journal*, 53 (2010), 623-645 (p. 627 and p. 637).

⁹³ *Ibid.*, p. 640.

space is therefore conceptualised not merely as private space. Rather it offers degrees of accessible space according to the social status, gender, life stage, and relation to the household etc. of the visitor.⁹⁴

According to a number of historians, there has been a tendency to overstate the extent to which the dichotomy of the public and the private was delineated along gendered lines during the eighteenth century.⁹⁵ Amanda Vickery has argued that whilst the public and private spheres were conceptualised and discussed in many contexts during the period, they were ‘rarely deployed to characterise an inside/out, female/male division of space’.⁹⁶ In fact, women had access to public spaces such as theatres and pleasure gardens, and men and women invested in their domestic space in complementary and overlapping ways.⁹⁷ However, in the cultural context of labour and childbirth, gender-delineated occupation of space in *TS* coheres with conceptualisations of the public and the private spheres and with divisions of shared experiential knowledge. The women of the household apparently experience a temporarily elevated status over the men whom they exclude from proceedings by ignoring their requests for updates. “‘The very moment’” complains Walter, “‘the mistress of the house is brought to bed, every female in it [...] becomes an inch taller for it; and give themselves [...] airs’”; Toby remarks that from his perspective, the men actually “‘sink an inch lower’” (pp.

⁹⁴ Ibid., p. 625.

⁹⁵ According to Habermas, the public sphere was occupied by men. In the private domestic sphere, men, women and children interacted: *The Structural Transformation*, pp. 43-51.

⁹⁶ Amanda Vickery, ‘An Englishman’s Home is his Castle? Thresholds, Boundaries and Privacies in the Eighteenth-Century London House’, *Past and Present*, 199 (2008), 147-173 (p. 149). See also Lawrence Klein, ‘Gender and the Public/Private Distinction in the Eighteenth Century: Some Questions about Evidence and Analytic Procedure’, *Eighteenth-Century Studies*, 29 (1999), 97-109 (p. 105); Amanda Flather, *Gender and Space in Early Modern England* (Woodbridge: Boydell Press, 2007), pp. 6-8: ‘Men and women might accept, negotiate, manipulate or even ignore normative boundaries’ much like today.

⁹⁷ Heller, ‘Leisure’, p. 638; Amanda Vickery, “‘Neat and Not Too Showey’”: Words and Wallpaper in Regency England’, in *Gender, Taste and Material Culture in Britain and North America (1700-1830)*, ed. by John Styles and Amanda Vickery (New Haven, CT: Yale University Press, 1998), pp. 201-222 (p. 205).

255-256). Both comments, to some extent, set the scene in terms of the established power relations that exist around childbirth – power relations which the man-midwife had to navigate or overcome to consolidate his role.

Cody has pointed out that, contrary to perceptions propagated by Smollett, John Burton and others that the midwife was typically ‘ignorant’, female midwives had a long-established rarefied status in Britain during the period.⁹⁸ Most midwives enjoyed the approval of other women, were mothers themselves, and brought with them the authority of personal experience which gave them an insight into what was afoot.⁹⁹ This meant that they were able to legitimately access both female and family spaces in the home, and they were sought after as ‘experts’ in the public sphere of the state in their legal and community duties, a sphere which male midwives took about twenty years to encroach upon. These duties included looking at evidence in cases of rape, abandoned babies and infanticide.¹⁰⁰

In addition, the Dutch obstetrician, Henrick van Deventer, who was such a powerful influence on how midwifery was practiced in London, displays a respect for midwives in *The Art of Midwifery improv'd* (1716), and lists the demanding credentials, such as stamina, prudence, diligence, and patience, that are required for this vital role.¹⁰¹ As Landry, MacLean and Elaine Hobby have noted, the evidence from issued licences indicates that prospective midwives acquired substantial experience by attending births in support of a licenced midwife, before

⁹⁸ Landry and MacLean, ‘Of Forceps, Patents’, p. 529; see also note 194 to this chapter.

⁹⁹ Cody, *Birthing the Nation*, p. 35.

¹⁰⁰ *Ibid.*, p. 44 and Katherine Watson, *Forensic Medicine in Western Society: a History* (London: Routledge, 2011), p. 41.

¹⁰¹ Cody, *Birthing the Nation*, p. 44; *ECBM*, ed. by Lieske, 3, p. 160; Henrick van Deventer, *The Art of Midwifery Improv'd* (London: E. Curll, J. Pemberton, and W. Taylor, 1716), pp. 1-13; it was reprinted repeatedly up until 1746: see *ECBM*, ed. by Lieske, 3, p. 159. Deventer was married to a midwife which might explain his respect for female midwives: *ibid.*, p. ix.

applying for a licence from a bishop. The oath required for the granting of the licence to practice midwifery attached particular importance to the applicant's honesty. The midwife's privileged access to spaces within the home meant that she was a witness to all of the circumstances of a birth, so the great importance attached to her incorruptibility of character was actually related to the 'protection of paternal privilege and property-rights'. Unlike the man-midwife displaying his expert knowledge to delineate his membership of an emerging elite, the imposed requirement for good character in female midwifery was not about advancing the collective status of midwives.¹⁰²

During Elizabeth's labour, neither male nor female practitioner emerges with any notable merit and both are at the mercy of events. The baby is successfully delivered alive, but Slop's ineptitude with the forceps is held up for ridicule. For much of the time, the husband and brother continue to pontificate and theorise about the process whilst physically remote from the action, in contrast to the women who are in attendance and engaged in its actuality. As another example in the text of the dissonance between theory and real life, it is especially vivid, allowing Sterne to successfully satirise the limits of 'Enlightenment system building' in an unpredictable and flawed reality.¹⁰³

The Homunculus versus the Foetus: The Preformation Debate and Predetermination

The three stages of Tristram's journey into the world – his conception, the

¹⁰² Landry and MacLean, 'Of Forceps, Patents', p. 530; Elaine Hobby, *Virtue of Necessity: English Women's Writing 1649-88* (London: Virago, 1988), pp. 182-183.

¹⁰³ Keymer, 'Introduction', in *Casebook*, p. 16.

management of his birth, e.g. choice of a midwife, and finally his delivery – are integrated not least in the context of the angst and frustration surrounding them as experienced by Walter. Both Walter and Tristram himself voice their expectations and fears as to how all three aspects of his arrival might shape Tristram's future. Contemporary perspectives on reproduction were undergoing review during the period as a result of new scientific models of conception, and these new perspectives had wide-ranging effects which contextualise the characters' concerns.

In 'The Pleasures of Procreation', Angus McLaren has described how over the duration of a century or so, the image of the sexually responsive woman of the 1500s and 1600s somehow morphed into the 'passionless creature' of the 1800s in medical literature.¹⁰⁴ There had been an established understanding that not only did women derive enjoyment from sex but that their enjoyment was a prerequisite if conception was to result.¹⁰⁵ However in the period between the late 1600s and the early 1800s this was undermined by changing elite (and professional) understandings of reproduction facilitated by observed phenomena under the microscope.¹⁰⁶ In this revised model of conception, there was apparently no correlation between conception and female pleasure.¹⁰⁷ McLaren has identified a

¹⁰⁴ Angus McLaren, 'The Pleasures of Procreation: Traditional and Biomedical Theories of Conception', in *Hunter and the Medical World*, ed. by Bynum and Porter, pp. 323-341 (p. 339).

¹⁰⁵ Aristotle (pseudonym), *Aristotle's Master-piece* (London: J. How, 1684) pp. 95 and 28. It was one of the best-selling medical books between 1641-1740: see Mary E. Fissell, 'The Marketplace of Print', in *Medicine and the Market*, ed. by Jenner and Wallis, pp. 108-132 (p. 115).

¹⁰⁶ N. Torriano, MD, *Compendium Obstetricij, or, A Small Tract on the Formation of the Foetus, and the Practice of Midwifery* (London: E. Comyns and J. Robinson, 1753) p. 10: 'in this Male Sperm: I apprehend there is every distinct Part of the human Frame accurately delineated [...] as in the seed of a plant, which may be discerned by microscopic Observation'; A dedicated empiricist, Torriano saw 'pregnancy and birth as mechanical processes': *ECBM*, ed. by Lieske, 8, p. 16.

¹⁰⁷ McLaren, 'Pleasures', p. 324; Landry and MacLean, 'Of Forceps, Patents', p. 531; See also Tim Hitchcock, *English Sexualities: 1700-1800* (Basingstoke: Palgrave Macmillan, 1997), pp. 45-49: as the female orgasm lost significance in terms of conception, the male orgasm took on a greater significance, and the role and quality of seminal fluid assumed especial importance. Hitchcock outlines how these changes fed into a wider discourse

subsequent bifurcation of cultural attitudes, where high culture tended to subscribe to the model of scientific embryology and low culture to the older model which assumed the necessity of women's sexual pleasure, a view increasingly seen as base and vulgar.¹⁰⁸

Elizabeth's apparent disengagement from, but placid compliance with, the sexual act arguably places her in an ambiguous position on this spectrum. She is neither lusty nor resistant but there are hints that she is sexually dissatisfied (p. 558).¹⁰⁹

Walter, it transpires, takes herbal supplements to suppress his libido but like winding the clock he performs his duties methodically on a monthly basis (p. 538).

His approach is far from passionate, but as he says repeatedly to Uncle Toby, he was interrupted on this occasion at the crucial moment, to the detriment of the

"homunculus". Here and elsewhere, Sterne directly references the topical

preformation versus epigenesis debate. Theories about preformation multiplied in

the first half of the eighteenth century.¹¹⁰ Essentially, the contention was that a

tiny embryo or being existed either inside the egg (the 'ovists') or the spermatozoa

(the 'animalculists') and that at the point of conception, the embryo was

stimulated to simply enlarge that which had already been created. This had

profound implications for Christianity and also for medicine. Scientific research in

the form of microscopy here seemed to substantiate the Christian understanding of

about gender difference, which tended to redefine women as fundamentally different from men. This 'maternalisation of women's bodies' had repercussions socially and economically, for example in tending to restrict women to the domestic sphere. McKeon makes clear the uncertain chronology and 'unevenness' of this long-term transformation, citing print culture as pivotal in the continued dissemination of older works on sex such as *Aristotle's Master-piece* which endorsed more traditional attitudes to sex and gender: *The Secret History of Domesticity: Public, Private, and the Division of Knowledge* (Baltimore: Johns Hopkins University Press, 2005), pp. 276-278.

¹⁰⁸ McLaren, 'Pleasures', p. 332.

¹⁰⁹ Elizabeth intonates her possible disappointment in this regard with an ambiguous 'Amen'.

¹¹⁰ Keller, *Generating Bodies*, p. 139.

the Creation; the idea that all men and women were created by God in one momentous act, a notion of which Tristram takes full satiric advantage. He suggests that ‘baptising all the Homunculi at once, slap-dash, by injection’ would be more efficient than baptising an imperilled foetus with a syringe as deliberated by the Doctors of the Sorbonne (p. 56.)¹¹¹ It also gave credence to the Calvinist belief in pre-designated salvation by God, or ‘predestination’. The fact that, in addition, it apparently inadvertently eroded the positive associations around female pleasure in sex arguably has a bearing on the power relations around sex and childbirth. If the role of the woman is reduced to the mere carrier of an inert egg until it is ‘disengaged from its attachments [...] [and] endowed with a circulating force’ then the man-midwife acts as an extension of this “means of escape” function of the male sperm.¹¹² Indeed, in a religious context the term ‘deliver’ takes on the meaning of save or rescue which implies that there is something malign about the mother’s role in reproduction from which salvation is necessary. Preformation was clearly a powerful argument and one that Walter had again partly assimilated or rather ‘picked up like an apple,’ as is clear from his laments about the likely irreversible damage done to his offspring during conception (p. 200).¹¹³

But there were flaws in the preformation theory, which undermined its universal adoption. These included the difficulty of explaining the variance in inherited characteristics and the seemingly huge wastage of life by God’s hand, in respect of unused spermatozoa, every time intercourse took place.¹¹⁴ In addition, Abraham

¹¹¹ McLaren, ‘Pleasures’, p. 335.

¹¹² William Smellie, *A Treatise on the Theory and Practice of Midwifery* (London, Printed for D. Wilson, 1752), p. 70.

¹¹³ *TS*, p. 267: His ‘wit, fancy and quick parts’ were compromised.

¹¹⁴ McLaren, ‘Pleasures’, p. 336.

Trembley's discovery of the freshwater polyp's powers of regeneration in 1741 posed another conundrum: If life could regenerate spontaneously then this had profound implications for conception theory.¹¹⁵

The rival theory of epigenesis was proposed in differing forms in the 1740s, by Pierre Louis Moreau de Maupertuis (1698-1759), Georges Louis de Buffon (1707-1788), and John Turberville Needham (1713-1781).¹¹⁶ The epigenesis model – which is consistent with an organicist approach to life – conceptualised the development of a foetus from an embryo, which then developed into an infant during the gestation period. This is in marked contrast to the more static conceptualisation of the mere unfolding or enlargement of a 'pre-existent germ'. Whilst this theory dispelled some of the anomalies to some extent, it introduced the insidious implication of 'self-active matter', which hinted at materialism and atheism and, for many years, met with unyielding resistance for that reason.¹¹⁷

Walter's view of conception and pregnancy would seem to be preformationist, in keeping with his predeterminist stance on many things (like names). As a consequence, he effectively belittles his wife's role in the process of producing children, which is compatible with his urgency to extract the baby as soon as possible. The main undertaking in the reproductive process has already been performed by him and only harm might result from the child lingering in the womb. In this respect, Dr Slop would seem to be a kindred spirit: note his similar focus on 'expeditious extraction' (p. 128). Walter's hero, Hermes Trismegistus,

¹¹⁵ Cody, *Birthing the Nation*, p. 243.

¹¹⁶ Shirley A. Roe, 'John Turberville Needham and the Generation of Living Organisms', *Isis*, 74 (1983), 158-184 (p. 159). Buffon's work was remarkably popular in Britain during mid-century: G. S. Rousseau, 'Science Books and their Readers in the Eighteenth Century', in *Books and their Readers*, ed. by Rivers, pp. 197-255 (p. 220).

¹¹⁷ McLaren, 'Pleasures', p. 336; Roe, 'Needham and Generation', p. 160, and Cody, *Birthing the Nation*, p. 243.

escaped any potential damage to his intellectual capacities resulting from his mother's uterine contractions by being born by caesarean section. *Fortunio Licetus*, whom Walter also reveres, must have had an easy exit too as he was delivered when he was only '5 inches long and a half'.¹¹⁸ However, as with his views on many other issues, Walter is torn between respect for the old – the wisdom passed down indirectly through old and ancient texts – and his veneration for the new, in the shape of Newtonian science and the latest inventions. In the context of reproduction and the sex act this puts him in a predicament. Whilst scientific embryology indicated that sex did not have to be enjoyed to be productive, seventeenth-century texts, still thriving in popular culture, emphasised the importance of showing 'the natural qualities and temperatures which man and woman ought to possess', and advocated applying oneself diligently to the act so that the resulting offspring would be 'wise and judicious'.¹¹⁹ Landry and MacLean have drawn attention to how Walter is torn between adhering to the widely-disseminated folkloric advice and behaving in a way that is consistent with his 'class-identification'. The fact that he then employs a man-midwife, who is also a user of the forceps, a manual instrument reminiscent of lower-status surgical practice, further complicates his position. Once again the vociferous character of Walter serves to explicate and satirise competing discourses on this theme.

G. S. Rousseau has identified a form of near collusion between the medical

¹¹⁸ Fortunio Licetus (1577-1657) was said by Adrien Baillet to have written a treatise on the origin of the soul, and to have been born as small as the palm of a hand: *Des Enfants devenu Célèbres par les études ou par les écrits: Traité Historique* (Paris: Antoine Dezallier, 1688), pp. 271 and 273; see also *TS*, pp. 254 and 267.

¹¹⁹ Landry and MacLean, 'Of Forceps, Patents', pp. 532-533; see also, Nicholas Culpeper, *The Compleat Midwife's Practice Enlarged, In the most weighty and high Concernments of the Birth of Man . . . With a further Discovery f [sic] those Secrets kept close in the Brest of Mr. Nich Culpepper . . .* (London: Nathaniel Brook, 1663), p. 249.

profession and the upper classes, with whom doctors increasingly identified (as members of the new order, so pivotal to McKeon's thesis), in contemporary medical writing on 'the nerves'. In contrast to Foucault's emphasis on the role of language, Rousseau has foregrounded class and gender as the primary drivers in reinforcing hierarchy.¹²⁰ Cody has contended that different models of procreation were similarly channelled to delineate the sexes and to maintain various power bases relating to, for example, politics, religion, race and class.¹²¹ Landry and MacLean have also examined discourses around class and gender in this regard. McLaren goes further to discuss the tendency of medical science in the latter part of the eighteenth century to use procreation debates to pander to the social and political preoccupations of the liberal, Protestant ruling class.¹²² So the result was arguably a new female role model in the form of a respectable, sexually submissive lady. The character of Mrs Wadman is apparently cast between the older and newer model. She is a 'blushing' widow, but also keenly seeks assurance that Uncle Toby is sexually functional (p. 567). Significantly in a scenario in which traditional gender roles are to an extent reversed, her designs go unrealised in relation to this man of sensibility, Uncle Toby.¹²³

Midwifery Manoeuvres: The Female versus Male Midwife Dynamic in *Tristram Shandy*

Most of the views expressed on matters relating to conception and childbirth management in the novel emanate from the character of Walter and, like most of

¹²⁰ Rousseau, 'Discourses of the Nerves', p. 227.

¹²¹ Cody, *Birthing the Nation*, p. 263.

¹²² McLaren, 'Pleasures', p. 340.

¹²³ The trope of the 'lusty widow' has a long history: See Dorothea Kehler, *Shakespeare's Widows* (New York: Palgrave Macmillan, 2009), p. 138.

his utterances, they are framed in eloquent language, but to little or no avail. He either fails to engage the listener, such as Uncle Toby (p. 172), or he fails to be understood by the listener, such as Susannah (p. 258), or he fails to persuade the listener, such as his wife (p. 45). In this way, Sterne betrays a distrust of eloquence and, it follows, its use by authoritative figures such as contemporary politicians, philosophers, critics and physicians, including the character of Dr Slop with his pontifications. In medicine, the use of eloquent language, including medical terms, and references to medical procedures, equipment, qualifications, institutions and so on, excludes lay people and consolidates their differentiated status. Sterne, in a foreshadowing of Foucault's views on late eighteenth-century 'medicalization', exhibits a distrust of the professionalisation of medical language in the text, recognising its potential to shape patient-doctor relationship.

Jessica Matuozzi has argued that, within the novel, Sterne is actively exacting from the reader a new approach to the act of reading.¹²⁴ He subverts, she argues, the established non-recreational scholarly method of progressing in a chronologically linear fashion characterised by frequent repetition to ensure the content is delivered.¹²⁵ Notably Walter's faith in Dr Slop as a 'man of science' is compounded by the fact that he is the author of a scholarly obstetrical book – critical of the practices of female midwives – priced at the formidable cost of 5 shillings (pp. 136 and 41).¹²⁶ Once again, Walter's reliance on the authority of purveyors of learned systems is lampooned as he seeks out expert opinion on midwifery, as on

¹²⁴ Matuozzi, 'Schoolhouse Follies', p. 459.

¹²⁵ Daniel Waterland (1683-1740), Chancellor of the Diocese of York, had declared that the purpose of reading was to profit by knowledge, rather than be entertained: cited by Matuozzi in 'Schoolhouse Follies', p. 493.

¹²⁶ Based on retail price index, worth about £36 today: <

https://www.measuringworth.com/calculators/ukcompare/relativevalue.php?use%5B%5D=CPI&use%5B%5D=NOMINALEARN&year_early=1750£71=&shilling71=5&pence71=&amount=0.25&year_source=1750&year_result=2018 > [accessed 10 April 2018].

everything else. His brother, in contrast, blithely concurs that Walter is correct in thinking that Toby is ignorant about women. In fact he is so ignorant he struggles to “know [...] the right end of a woman from the wrong” (p. 90). However, there is a singular poignancy in his gentle challenge to his brother during Walter’s anxiety about the management of the birth: “[A]re these dangers greater now o’ days, brother than in times past?” and a rich irony in Walter’s reply: “if a child was but fairly begot, and born alive, and healthy, and the mother did well after it, – our forefathers never looked farther” (p. 147). Walter is striving for an imagined perfection that science may deliver and he too has ‘lost sight of life’ in the process.¹²⁷

The tension between Dr Slop, who presents himself as a progressive member of his profession, and Elizabeth’s midwife, who Tristram refers to, with a hint at ominous female power, as ‘one of the sisterhood’ (p. 136), is overtly acknowledged.¹²⁸ The female midwife’s early entrance into the narrative is, to quote Landry and MacLean, a reminder that ‘birth engages with socio-political institutions from the beginning’. She is sensible, trusts to ‘dame nature’ (i.e. like most female midwives, does not use instruments) and has nearly twenty years’ experience locally in delivering babies (pp. 12 and 42). She emerges as a mainly silent but bustling presence who is not represented by any line of speech in the text and has very limited contact with the men in the house, although she does confirm to Dr Slop, drawing on her experience, that the baby’s head is showing. At one point she is reported as asking him to join her upstairs “this moment” so that she can brief

¹²⁷ Echoing John Hunter as quoted in Rodgers, “Life”, see note 33 to this chapter above.

¹²⁸ See L. Gowing, *Common Bodies: Women, Touch and Power in Seventeenth-Century England* (New Haven: Yale University Press, 2003), p. 73. Gowing has highlighted how older married women and midwives wielded power over young and unmarried women: cited in Flather, ‘*Gender and Space*’, p. 4.

him on progress, to which the prickly, status-conscious Dr Slop reacts predictably: “‘twould be full as proper, if the midwife came down to me” (p. 166). The fact that she hurts her hip and has to withdraw seems to be a dramatic device to get Dr Slop into the birthing chamber and thence display his shortcomings, rather than any reflection on her competence in particular.

Slop meanwhile is relishing the prospect of producing his wondrous forceps – his particular hobby-horse – at the right juncture for maximum impact. According to Tristram, his reluctance to spoil that impact signifies his use of the ancient orator’s ‘stroke of eloquence’, i.e. he keeps the forceps concealed about his person and avoids directly naming them in the long lead up to that moment. The reader enjoys a growing sense that the unveiling is going to fall far short of Slop’s hopes in another instance of the unreliability of the human body. Indeed Slop later ‘fumble[s] so vilely’ in trying to get them out of his bag – an ominous metaphor in the circumstances – that he pulls out the squirt as well as the forceps, giving Uncle Toby the opportunity to wittily exclaim “‘Good God! [...] are children brought into the world with a squirt?’” Dr Slop is comprehensively debunked just as the reader is led to expect (p. 168).

Judith Hawley has highlighted the ambiguity of the views proffered on medical themes in the novel, which she attributes to the melange of medical concepts represented in the text.¹²⁹ They span classical humoral theory, iatromechanics, and vitalism.¹³⁰ This melting pot of ideas running through the novel has the effect

¹²⁹ Judith Hawley, ‘The Anatomy of *Tristram Shandy*’, in *Literature and Medicine During the Eighteenth Century*, ed. Marie Mulvey Roberts and Roy Porter (London: Routledge, 1993), pp. 84-100 (p. 85).

¹³⁰ The Greek model of the four humours, phlegm, yellow bile, blood and black bile conceptualised disease as a disruption of the balance between them. For an example in *TS*, see p. 357: ‘a course of glisters was requisite to carry off redundant humours’. The hobby-horse is also an idea based in humoral medicine: see McKeon, *Secret History*, pp. 674-676; iatromechanics was a seventeenth-century school of medicine which explained

of emphasising the uncontrolled and seemingly random way these ideas may be assimilated and then negotiated or manhandled by the non-specialist but nevertheless well-read individual. The polyphonic narrative allows for a range of opinions to be expressed by members of the Shandy family and others and are, in their very ambiguity, inconsistency, and individuality, conspicuously human. Sterne portrays Walter's propensity to casually select an opinion such as the desirability of a baby being born feet first, and then to have the urge to defend it as his, as a human foible. It was a tendency about which the empiricist, John Locke, was pejorative: 'the floating of other men's opinions in our brains makes us not one jot the more knowing'.¹³¹

According to Melvyn New, Renaissance writers such as Montaigne and Rabelais were among Sterne's influences.¹³² Montaigne and Rabelais were writing before an Enlightenment worldview engendered an escalating confidence in man's ability to understand nature, either as the work of God or not. Montaigne took the stance that man, for all his posturing, was an unknowing pawn in a world controlled by God. Man therefore did his best to succeed in life, despite his complaints, with due humility: 'Human reason goes astray everywhere, but especially when she concerns herself with matters divine.'¹³³ Montaigne's works convey that life was no less rich and meaningful as a consequence, and Sterne draws on this acceptance of the human condition in a similar way, notwithstanding the insights delivered by the

physiological functions by Newtonian mechanics as proposed by Giovanni Borelli: see *TS*, p. 133 which refers to the force of contractions as equivalent to 'the weight of 470 lbs' on the baby's head; for an explanation of vitalism, see note 17 to this chapter above.

¹³¹ 'My father stood up for all his opinions: he had spared no pains in picking them up': *TS*, p. 201; Locke, *An Essay*, p. 101.

¹³² New, 'Editor's Introduction', in *TS*, pp. xxxiii-xlix (p. xl): New names other key sources such as [Robert] Burton and Swift.

¹³³ Michel de Montaigne, *The Complete Essays* ed. by M. A. Screech (London: Penguin, 1987) p. 581.

Scientific Revolution. Walter's protracted efforts to influence the outcome of his son's birth by reading up on the location of the soul and hiring a learned man-midwife to deliver the infant, are in the end futile. The situation is simply not under his control, despite his concerted efforts to the contrary.

Man-Midwifery: A Theme Signalling 'Modernity'

If, as the evidence indicates, Sterne chose his themes in the novel according to the criteria of novelty and modernity, then the theme of man-midwifery meets those criteria.¹³⁴ As established, the practice of midwifery was undergoing a period of fast-paced change during the first half of the eighteenth century, as part of a so-called 'obstetric revolution'. Debates about which route to this world was best for the child continued in the mid-century and beyond, with for example the opinion-leading William Smellie, John Douglas (d. 1743), Edmund Chapman (d. 1738), and William Douglas (b. 1710/11) playing major parts.¹³⁵ Mary Wollstonecraft commented on the trend in 1798, whilst urging women to study healing and physic. She lamented the replacement of the female midwife with the *Accoucheur* on the grounds of decency, emphasising the associations of delicacy that the term 'midwife' carried with it.¹³⁶ The sheer volume of written material on midwifery is evidenced from Giles Watts's complaint in 1755 that an itch to write on the

¹³⁴ Keymer, *Sterne, Moderns*, pp. 2-3. I draw on Keymer and his insights into Sterne's use of aspects of the text to 'flag the modernity of its identity and frames of reference'; Glenn Adamson, 'The Secret History of Domesticity: Public, Private and the Division of Knowledge (Book Review)', *Studies in the Decorative Arts*, 16 (2009), 179-181 (p. 181). See also McKeon, *Secret History*, pp. xvii-xx.

¹³⁵ William Smellie, *A Treatise*: Smellie was aware that the foetus rotates as it negotiates the birth canal, and he understood how pelvic anatomy affected the labour and birth processes. See *ECBM*, ed. by Lieske, 5, p. xvii; John Douglas, *A Short Account of the State of Midwifery in London, Westminster, &c.* (London: Printed for the author, 1736). In this pamphlet, Douglas critiques major midwifery works by Hugh Chamberlen (1664-1728), William Giffard (d. 1731) and Edmund Chapman to evaluate the current state of practice: *ECBM*, ed. by Lieske, 5, pp. 1-3; Edmund Chapman, *A Reply to Mr Douglas's Short Account of the State of Midwifery in London and Westminster* (London: Printed for T. Cooper, 1737); William Douglas, *A Second Letter to Dr Smelle [sic] and An Answer to his Pupil* (London: Printed for S. Paterson, c. 1748).

¹³⁶ Mary Wollstonecraft, *A Vindication on the Rights of Women* (Dublin: J. Stockdale, 1793), p. 192.

subject seems to have ‘infected the whole fraternity’.¹³⁷ The use of the forceps or any intervention was an especially contentious issue; attitudes split very much along party lines, with the Tories in favour and the Whigs against. This divisiveness was a feature of eighteenth-century society and manifested itself across religious, ethnic and political conflicts and tensions. As Cody has made clear, man-midwifery was caught up in these political affiliations like many other aspects of life, so that Tory man-midwives frequented different coffee houses to Whig man-midwives, their preferred modes of practice diverged and their antipathy intensified.¹³⁸

Wilson has explained that the meaning of the term ‘man-midwife’ evolved from the 1660s, when it referred to a man summoned to give expert help at a complicated birth, to start to mean, by 1748 and beyond, a man who would act *in place* of the female midwife at a live normal birth.¹³⁹ This time-line is a reminder that man-midwifery made a breakthrough in terms of social acceptance during the same mid-century period that the ‘class of literary products’ known as the novel became culturally embedded as a ‘conceptual category’.¹⁴⁰ It also gives a glimpse of the hinterland to the eighteenth-century debates. As Landry and MacLean have observed, the confrontations of the 1700s to a large extent raked up the same ground as those of the previous century. Male midwives had been in a disputative relationship with their female counterparts for decades. Questions about how and by whom midwives might be regulated, and how their knowledge compared to male midwives arose repeatedly with the College of Physicians acting to assert existing boundaries of practice.¹⁴¹ The increasing encroachment of the man-

¹³⁷ Giles Watts, *Reflections on Slow and Painful Labours* (London: Printed for G. Keith, 1755), p. vi.

¹³⁸ Cody, *Birthing the Nation*, p. 160.

¹³⁹ Wilson, ‘Midwifery in the “Medical Marketplace”’, p. 167.

¹⁴⁰ McKeon, *Origins of the Novel*, p. 19.

¹⁴¹ Landry and MacLean, ‘Of Forceps, Patents’, pp. 530-531.

midwife on the midwife's terrain was driven, Wilson argues, largely by women of the leisured classes, with a view to improving survival rates in a procedure which had, to date, similar mortality rates regardless of social rank or living standards.¹⁴² In this light, man-midwifery was an agent of social change and social differentiation. As Wilson has remarked, from a biological perspective, childbirth, then as in the present day, is usually straightforward and requires no intervention or assistance. In the middle of the eighteenth century normal childbirth was managed by midwives and perhaps other women who were friends of the expectant mother.¹⁴³ If complications arose there were only three options to achieve a possible successful outcome: podalic version; craniotomy, that is forcibly reducing the size of the skull usually by crushing with an instrument called a *crochet* or *tire-tête* so as to extract the, now dead, baby; or finally the extraction of a live baby by forceps, which grasped the skull without puncturing it.¹⁴⁴ The adoption of the forceps made the man-midwife an interventionist who had the power to save the life of the mother *and* the child. It meant that he was no longer just a foreshadower of death, but was now a bringer of hope too.¹⁴⁵

In terms of the differing routes to childbirth management during the period, Wilson has identified eight alternatives.¹⁴⁶ Advance bookings for a man-midwife could be with a midwife or without and were really only booked by the upper and merchant classes such as the Shandys. These clients were able to suitably accommodate the doctor and entertain him until labour progressed. “The doctor

¹⁴² Wilson, *Making of Man-Midwifery*, p. 6.

¹⁴³ Wilson, 'Varieties of Man-Midwifery', p. 344.

¹⁴⁴ Blackwell, 'TS and the Theater', p. 81.

¹⁴⁵ Cody, *Birthing the Nation*, p. 192: Cody cites Wilson's view that until the 1740s a male attendant betokened death.

¹⁴⁶ Wilson, 'Varieties of Man-Midwifery', pp. 347-353.

must be paid the same for inaction as action,— if not better, — to keep him in temper” says Walter (p. 89), in a comment that satirises the premium, in this case 5 guineas, that the man-midwife commanded and conveys the fact that advance fees tended to be hefty and not subject to question.¹⁴⁷ Advance calls precluded the doctor from attending another birth, except occasionally in the event of an emergency. To put this into context, the next two routes were so-called onset calls, that is after the onset of labour. They were either pre-booked or not and each involved the possible attendance of a midwife or not. Onset calls were the preferred route by the ‘semi-gentry’ or the professional classes. Finally, emergency calls were the route by which any social class might be attended by a man-midwife; they could be booked or ‘unbooked’, and were already attended by a midwife. These calls commanded the lowest fees and indeed the midwife’s services were sometimes given free of any fee at all.¹⁴⁸

The fictional Walter Shandy is characterised as a Turkey merchant and past member of the (real) Levant Company which prospered during the early eighteenth century.¹⁴⁹ His social position as a householder with servants and land is therefore well defined, in a society where manual labour was a hallmark of lower social status. This is not the case for the man-midwife, whose work inevitably involved a physical element.¹⁵⁰ On preparing for the birth of his child, Walter subscribes to the ‘scientifick’ and up-to-date option of having a male *Accoucheur* in attendance. In his case (comically) it is partly as a safeguard to assuage his own anxieties that,

¹⁴⁷ Equivalent to about £750 now, see note 126 to this chapter.

¹⁴⁸ Wilson, ‘Varieties of Man-Midwifery’, p. 350.

¹⁴⁹ J. Theodore Bent, ‘The English in the Levant’, *The English Historical Review*, 5 (1890), 654-664 (p. 662).

¹⁵⁰ Smellie advised using instruments only as a last resort, and sought to improve their design so that they were not only more efficient, but also so that the sight and sound of them did not cause alarm: Cody, *Birthing the Nation*, p. 188 and *ECBM*, ed. by Lieske, 5, pp. 258 and 280.

after preventing his wife, on the grounds of cost and inconvenience, from having her baby in London, he might be to blame if things go wrong. On the face of it, this seems to stray from Wilson's contention that the choice of midwife was driven by the women, rather than the men, in the leisured classes as elsewhere. But it becomes evident that his wife reasserts some control after being thwarted. On failing to secure the services of Sir Richard Manningham – a real-life doctor, a known opponent of the forceps, and a model of upward social mobility – she has insisted on the local midwife taking the upper hand, both to assert herself and (the reader intuits) to avoid the dreaded instruments in the hands of the less genteel Dr Slop (p. 41).

Walter also hopes to master the haphazardness of nature, and minimise risk to the infant during birth, by applying science and expertise in the shape of Dr Slop. His particular fear, the result of some tortuous reasoning, concerns the potentiality of damage to the baby's cerebellum at the base of the skull, an hypothesis he believes is supported by his eldest son's 'wonderful slow parts' after he was born head first (p. 136). He may have been influenced, as Lucinda M. Beier's view suggests, by the tendency of William Smellie and other writers to exaggerate the perils of giving birth to justify their professional role.¹⁵¹ Walter has surmised from his reading and from his brother's wartime anecdotes that here lay the 'headquarters of the soul' (p. 132). It is not surprising, he muses, that "so many of our best heads are [...] all confusion within side" when the process of birth demands that such a vulnerable and pliable part of the body, the cranium, arrives foremost and is subjected to constriction "by the force of the woman's efforts"

¹⁵¹ L. McCray Beier, *Sufferers and Healers: The Experience of Illness in Seventeenth-Century England* (London: Routledge and Kegan Paul, 1987), p. 44; Wilson, 'Midwifery in the "Medical Marketplace"', p. 155.

(p. 133-134). His distrust of nature's capabilities, evocative of later attitudes characteristic of clinical medicine (see page 18 above), extends to a propensity to see the mother and her anatomy as a blameworthy but nevertheless manageable hazard in a precarious and brutish process.

Elizabeth's insistence on being delivered by the local midwife, on the other hand, reflects the old midwife's status as a mature widow and mother, who has acquired a good reputation within an area of 'four English miles diameter' (p. 12), this latter detail affirming the fact that the local community was the midwife's sphere of practice.¹⁵² She had originally been set up in practice by the local parson, whose wife gave the midwife some instruction, whilst the parson paid the necessary licence fees. These embedded contexts underline how deeply the theme of midwifery is woven into the plot. Tristram suggests that as a result of Mrs Wood being ensconced in her new role and in possession of all of its 'rights, members and appurtenances', other 'old licenced matrons' were encouraged to set up in practice again (pp. 12-13). As Blackwell has said, many different perspectives on the obstetric revolution are voiced in the text. Uncle Toby's indelicate, but quite sensible, suggestion to Walter that Mrs Shandy's preference for the female midwife might lie in her reluctance to have a man so close to her '****' meaning her 'backside' or 'Covered way' is a particularly amusing contribution to the debate (pp. 89-90). But Toby does not take account of the fact that Elizabeth's first choice was the famous Dr Manningham. It is not a question of a *man* being close to her '****', instead it is a question of *which* man, and of what claims he has, not only to expertise but also to gentility and social status.

¹⁵² 'Midwives were required to act for the interest of the community [...] they ultimately reinforced the community's needs and values': Cody, *Birthing the Nation*, p. 45.

Walter and Elizabeth had discussed their views on the forthcoming birth of their son apparently at length, or rather Walter had tried to persuade his wife that he was right, using a variety of platforms in one of his unintentional demonstrations of the gap between eloquence and persuasion (p. 45). The result is that the female midwife is engaged upstairs whilst Dr Slop is confined downstairs as a contingency for much of the labour. In this particular area of married life, the apparently docile and uncommunicative Mrs Shandy has prevailed.

The reasons behind the shift towards man-midwifery during the period have been investigated by, for example, Irving Loudon, Lucinda McCray Beier, and Doreen Evenden.¹⁵³ In 2007, Adrian Wilson reviewed the research on the early modern practice of midwifery and was dismissive of earlier assertions that man-midwifery accelerated during this period as a result of competition in the medical marketplace, because this conclusion demands an assessment of trends of supply and demand, which had been lacking until contemporary apprenticeship premiums and probate records were researched. He argues, and his argument would appear to be supported by the fictional narrative in *TS*, that the growth in midwifery services was driven by patients and had little to do with medical practitioners. ‘Everything to do with early modern childbirth was profoundly under the control of women’ Wilson has said, and if a man-midwife was in attendance, at the barest minimum, it required the consent of the mother and the other women, such as the midwife and the invited friends or ‘gossips’.¹⁵⁴ This is the case with the fictional Elizabeth Shandy. She has made the choice to consent to Dr Slop being at hand as

¹⁵³ I. Loudon, *Medical Care and the General Practitioner 1750-1850* (Oxford: Oxford University Press, 1986); D. Evenden, *The Midwives of Seventeenth-Century London* (Cambridge: Cambridge University Press, 2000).

¹⁵⁴ Wilson, ‘Midwifery in the “Medical Marketplace”’, pp. 167-168.

long as her chosen female midwife is in charge.

Wilson has gone further to posit that the shift towards male midwives was likely driven by the emergence of an increasing number of women who were marked out as being both literate and leisured. Collectively, these women were now able to exercise a new freedom of choice from a number of options in the anticipation of childbirth. This allowed them to distance themselves socially from women of the lower orders, in a domain of life where rank had previously appeared to have little bearing on the type of care available. His implication is that ‘fashion’ played a role and that the preferred option would be the ‘fashionable’ one. Wilson has admitted that this is just a suggestion, but he has also cited the recent work of Amanda Vickery and Maxine Berg to emphasise the significance of the role of women, during this period, as principals in the culture of consumerism.¹⁵⁵ Cody, on the other hand, has argued that man-midwifery eventually triumphed by cultivating a professional persona that rose above some of the established ‘emotional distinctions’ between the sexes. By balancing sympathy and sensitivity with scientific rationalism, male midwives gained the trust of both wives and husbands and played a part in transforming gender relations within the family and beyond.¹⁵⁶ Indeed, even the famous midwife, Elizabeth Nihell (1723-1772), despite championing the cause of female midwives in print, ‘failed to dislodge the Enlightenment view of Smellie and others that the best midwives combined empathy with a rational, scientific authority.’¹⁵⁷ The extent to which the fictional Dr Slop fails to perform this balancing act however is striking. This model also

¹⁵⁵ M. Berg and E. Eger, *Luxury in the Eighteenth Century* (Basingstoke: Palgrave Macmillan, 2003) and M. Berg, *Luxury and Pleasure in Eighteenth-Century Britain* (Oxford: Oxford University Press, 2005); Wilson, ‘Midwifery in the “Medical Marketplace”’, p. 167.

¹⁵⁶ Cody, *Birthing the Nation*, pp. 195-197.

¹⁵⁷ *Ibid.*, p. 186.

incorporates the operation of social differentiation as a driving factor. Eve Keller has agreed that the causes for the unchecked rise of man-midwifery are many and varied, and incorporate social forces such as fashion and access to a better education. But she has also emphasised the importance of cultural factors, such as gender roles, and of the ‘rhetoric’ surrounding male obstetrical practice. Herrle-Fanning has explored these aspects in detail in her analyses of obstetric literature of the period. This new way of talking and writing about the business of having babies implied a demand for expertise in the physical as well as the rational or theoretical aspects of midwifery, and man-midwives succeeded in presenting themselves as offering both. The persona of the male practitioner emerges as ‘someone who is self-sufficient, possessed of native authority, and powerfully effective in the world of action’.¹⁵⁸

When the fictional Elizabeth selects as her preferred midwife, the eminent and fashionable Dr Manningham, she exercises her power of choice in a consumer market as outlined by Wilson and Cody. Social differentiation would seem to be an important factor. However, her contingency plan, when it transpires that Dr Manningham is not available, is to have the female midwife – who enjoys the approval of local women, (likely of mixed social status) – rather than a provincial man-midwife and an advocate of the forceps (p. 41). Her instinct seems to serve her well in this case, up until the point when the labour stalls and the midwife bruises her hip on the fender. It is a set of circumstances that allows Dr Slop to take charge and do his worst to Tristram’s nose.

The instruments that Dr Slop has in his green baize bag, and his big wig – so big

¹⁵⁸ Keller, *Generating Bodies*, p. 169.

that Susannah sets light to it with her candle – are arguably part of his ‘equipage’, meaning that they form part of the conspicuous display of his membership of the medical profession. William C. Mottolese has argued that tools, such as the forceps, have an additional special significance in *TS*. He too notes that in this novel, the body and the mind are presented in a way that foregrounds their mutual ‘discontinuity, dissonance and miscommunication’.¹⁵⁹ Unlike Henry Fielding’s *Tom Jones*, and with the exception of Dr Slop, outward appearance in *TS* does not necessarily reflect the protagonist’s character; the Shandy family face significant health challenges, such as war wounds and ‘sciatica’ (p. 10).¹⁶⁰ According to Mottolese, the main characters’ hobby-horses serve not just as emotional props but also act as what Peter F. Drucker termed ‘mechanical artefacts’ which extend the body’s function and straddle the gulf between a high-functioning mind and a low-functioning body.¹⁶¹ Sterne was writing at a time when the value of the tool and machine was becoming increasingly apparent (the 1760s was a pivotal period in the development of technology that formed the basis for the industrial revolution), as an adjunct to the limited physical powers of mankind.¹⁶²

So, arguably, Dr Slop’s forceps represent an example of a new machine which fits into Mottolese’s model: they extend the limited powers of man by means of mediating the body with the ambitions or expansiveness of the mind and, it so happens, they portend the onset of manufacturing in the near future. But, in the

¹⁵⁹ William C. Mottolese, ‘Cyborg and Toby Toolmaker: Body, Tools, and Hobbyhorse in “*Tristram Shandy*”’, *Studies in English Literature 1500-1900*, 47 (2007), 679-701 (p. 679).

¹⁶⁰ McMaster has noted that Dr Slop’s physical appearance is described in detail, whilst other characters are ‘seldom visually realised’: *Reading the Body*, pp. 25-26.

¹⁶¹ Mottolese, ‘Cyborg and Toby’, p. 680: Mottolese cites Drucker ‘Works and Tools’, in *Technology and Culture: An Anthology*, ed. by Melvin Kranzberg and William H. Davenport (New York: Schocken Books, 1972), pp. 190-199 (p. 192).

¹⁶² Mottolese, ‘Cyborg and Toby’, p. 683.

hands of the pompous, ill-prepared and clumsy Dr Slop, who ominously describes their purpose as “the safe and expeditious extraction of the foetus”, they are an instrument of harm (p. 128). He first takes the skin off Toby’s knuckles and he then robs the baby of his nose (pp. 169 and 193). The point is clearly made that instead of Tristram’s nose being crushed, Dr Slop could so easily have destroyed his penis (p. 169).

Walter’s despair and helplessness, rather than anger, in the face of the disfigurement of his son’s nose contrasts sharply with modern day perspectives where a clumsy doctor using a medical instrument would be subject to accusations of negligence or malpractice. But Walter simply bemoans his repeated misfortune; he has no recourse. In an age where infant mortality is high it is not hard to understand that one would be grateful to have a living, breathing child – to that extent Dr Slop has been successful – and taking a doctor or midwife to court was not, it seems, an option. However in 1754, a gentleman called Richard Maddox claimed damages from a Dr Morley for ‘undertaking and not performing his office as a man-midwife’ in one of the first documented cases of medical malpractice, marking another aspect of contemporaneous social change triggered by the obstetric revolution.¹⁶³

Whilst the tension between the female midwife and her male adversary is an important context, it is not, as the man-midwifery debates demonstrate, the only conflict in progress in this area of medical practice. Landry and MacLean have stressed, drawing on the work of Wilson, that a dichotomy sprang up between the interventionist approach associated with earlier generations of man-midwives, who

¹⁶³ *The Trial of a Cause between Richard Maddox, Gent Plaintiff, and Dr M-y, Defendant, Physician and Man-Midwife* (London: H. Jefferys, 1754), p. 4; *ECBM*, ed. by Lieske, 1, p. 189.

attended difficult or potentially difficult births, and the upwardly mobile gentlemanly men-midwives such as William Hunter, who (like Dr Manningham) favoured non-intervention. As a user of the forceps and a man outside London society, the fictional Dr Slop is partly representative of the former incarnation of the man-midwife, a practitioner of lower social status who carries the evidence of the manual side of his work in his bag. But he has serious aspirations to be accepted as a genteel *Accoucheur* which, Landry and MacLean suggests, casts him ‘as a transitional figure’ between the old image of the man-midwife and the new.¹⁶⁴ In the novel, the characterisation of Dr Slop therefore helps to articulate and explicate a particular moment in an ongoing debate.

Sterne would seem to be expressing a preference in this subplot for a less interventionist approach to childbirth, consistent with as suspicion of scientific systems, and an appreciation of the relatively unsung traditional female version, using the deeply unattractive Dr Slop to drive the point home. But again, what is most obvious is the role of this subplot as a stimulus for discussion. Dr Slop is said to be a parody of the real-life Dr John Burton (1710-1771), an eminent physician and man-midwife who helped found York County Hospital in 1740. John Burton had a personal history of antagonism with the Sterne family which may throw further light on the unremittingly unsympathetic portrayal of this particular character.

A Closer Look at Dr Slop: A ‘Representative’ of the Profession of Man-Midwifery?

In 1764, Philip Thicknesse (1719-1792), a travel author and an ‘opportunist

¹⁶⁴ Landry and MacLean, ‘Of Forceps, Patents’, pp. 534-535.

exploiter of the literary marketplace' engaged in the debate on man-midwifery with extremely damning views on the new profession.¹⁶⁵ Thicknesse was a flamboyant figure who was desirous of both status and money and may have hoped to profit from the controversy by tapping into 'anti-man-midwifery sentiment.' In a pamphlet *Man-Midwifery Analysed: And the Tendency of That Practice Detected and Exposed* (1764) he embarks on a diatribe about the likely base motives of the man-midwife and the harm that the 'bawdry profession' can do.¹⁶⁶ His argument bears a number of outstanding features. Firstly, he is eager to blame the French (seen, along with Catholics, as the ubiquitous enemy during the period) for the introduction of man-midwifery in the first place and he suggests that the man-midwife's unnecessary haste to deliver a baby is related to his urgency to get paid.¹⁶⁷ There are echoes of Dr Slop in this respect. Thicknesse also indulges in scare tactics, such as highlighting the potential for perforation of the uterus with iron instruments resulting in the 'laying [of] Pit and Box together', and hence ruining a woman's life; and the description of infant craniotomy as 'scooping [...] brains out'.¹⁶⁸ He makes personal attacks on the obstetrician William Smellie and his editor, Tobias Smollett, and he characterises men-midwives as 'Touching Gentry', that is, men continually presented with sexual opportunities which they would be inhuman to resist.¹⁶⁹ In particular he calls on husbands to put a stop to this trend and accuses them of cowardice in allowing their wives (who, in his

¹⁶⁵ Katherine Turner, 'Thicknesse, Philip, (1719–1792)', *Oxford Dictionary of National Biography*, Oxford University Press, September 2004; online edn, Jan 2008
<<http://www.oxforddnb.com.oxfordbrookes.idm.oclc.org/view/article/27181>> [accessed 2 September 2017].

¹⁶⁶ Philip Thicknesse, *Man-Midwifery Analysed: And the Tendency of That Practice Detected and Exposed* (London: Printed for R. Davis, 1764), p. 10.

¹⁶⁷ *Ibid.*, p. 3; Cody, *Birthing the Nation*, p. viii.

¹⁶⁸ Thicknesse, *Man-Midwifery Analysed*, pp. 11 and 14.

¹⁶⁹ *Ibid.*, pp. 5, 13, and 7.

scenarios are unknowing, gullible victims) to be abused.¹⁷⁰

I use this extreme portrayal as a benchmark to assess Sterne's characterisation of Dr Slop. From the outset, this too is unequivocally negative, including Slop's name, which conjures up both dregs (perhaps the dregs of his profession?) and uncaring clumsiness. Slop is one of the most memorable and well-drawn characters at the centre of this sub-plot and he re-emerges at times throughout the book, in his capacity as a physician. It would seem he is not earning enough money from midwifery to specialise in the same way as some of his London colleagues do, despite his obstetrical expertise being published in a book.¹⁷¹ Indeed, Herrle-Fanning has observed that 'it was the most socially and professionally marginal practitioners who most aggressively pursued getting into print'.¹⁷² He is present at the Shandy house on sufferance whilst a 'daughter of Lucina' has been 'put obstetrically over [his] head', i.e. in overall charge (p. 97).¹⁷³ Mrs Shandy's preference for the local female midwife over Dr Slop is based on a number of possible factors. After being denied her first choice of practitioner, Tristram suggests that her decision originates from a contrariness borne out of her desire to 'make the most of it' and assert herself in her marital relationship (p. 41). Any resistance on her part to Dr Slop in particular is not overtly expressed, but it emerges in her stubborn insistence on having Mrs Wood, and then on her refusal to allow him to take overall charge (p. 38). She only capitulates to his involvement, it seems, when she is incapacitated by labour.

¹⁷⁰ *Ibid.*, pp. 10 and 19: 'my Doctor is the sweetest man!'

¹⁷¹ *ECBM*, ed. by Lieske, 9, p. xv: 'only in populated areas like London [...] could practitioners specialise in midwifery'.

¹⁷² Herrle-Fanning, 'Of Forceps and Folios', p. 148.

¹⁷³ According to New, Lucina is a 'facet of the goddess Juno, that which makes the child see the light of day': 'Notes', in *TS*, p. 627.

Dr Manningham's fame is taken as a given in the novel. In real life he was a Fellow of the Royal Society, a licentiate of the Royal College of Physicians, and had been knighted by George I in 1722. He was also the first to open a lying-in hospital in 1739, which he promoted as both a charitable and (in other contexts) an educational initiative. In *An Abstract of Midwifry for the Use of the Lying-in Infirmary* (1744) he emphasised his resistance to the use of the forceps, and addressed both male and female midwives.¹⁷⁴ But, as Herrle-Fanning remarks, like other established and distinguished physician men-midwives of the period, Manningham actually rarely went into print.¹⁷⁵ The local practitioner, Dr Slop, is painted as a poor substitute. Slop's over-confidence in his own re-invented forceps is alarming, especially in view of his clumsiness. His obsession with the technical features of his instruments indicates a lack of empathy with the mother, and his prickliness about his status compared to that of female midwives is clear and betokens the insecurity of his position (p. 166). Walter has to break the news apologetically to Dr Slop that he is, contrary to his expectations, not in charge but an auxiliary to the female midwife (pp. 127-128). This presumption of the fictional Dr Slop reflects Wilson's observation that, at this time, the man-midwife's function started to move from being a support to the female midwife, to usurping her entirely (see note 2 above). Slop's punctuality implies a keenness (or desperation?) for the business with possibly a competitive edge to it, as he is already within sixty yards of Shandy Hall when Obadiah the servant sets out on the

¹⁷⁴ Wilson, *Making of Man-Midwifery*, p. 85; Philip Rhodes, 'Manningham, Sir Richard, (bap. 1685-1759)', *Oxford Dictionary of National Biography*, Oxford University Press, September 2004; online edn, May 2008 <<http://www.oxforddnb.com.oxfordbrookes.idm.oclc.org/view/article/17982?docPos=1>> [accessed 2 September 2017]. See also *ECBM*, ed. by Lieske, 9, p. xv: from around 1770, 'discussion of more sophisticated surgical intervention, in the form of Caesarean Section and the division of the symphysis pubis increased'.

¹⁷⁵ Herrle-Fanning, 'Of Forceps and Folios', p. 147.

coach horse to collect him during his mistress's labour (p. 93).

The negative caricature extends to his appearance. Instead of being left to imagine how Dr Slop looks, as is largely the case with other characters in the novel, the reader learns that he is very short, very fat, and a gift for the skills of Hogarth (p. 163).¹⁷⁶ He arrives on a tiny pony. He is splashed with mud by Obadiah's horse, and then as a result of this distraction, falls into the mud 'twelve inches deep' – establishing his poor coordination. His humiliation is reinforced by narrative embellishments, such as the detail that Obadiah's horse circles around him in the mud three times before Obadiah can bring his huge beast to a halt. So, unexpectedly early, and covered in mud, Dr Slop makes a first impression on Walter and Toby similar to 'Hamlet's Ghost' (pp. 93-95). He is decidedly not drawn as a contender for an expectant mother's fancy, however gullible she may be in the eyes of Philip Thicknesse.

In addition, Dr Slop's Catholicism leads him to defend the cruelties of the Inquisition, and in the dialogue he reveals himself to be ungenerous and unforgiving (p. 109). This is in sharp contrast to the modest 'man of sentiment' and hero of the piece, Uncle Toby, with whom he has no rapport. When Obadiah goes to fetch Slop's forgotten bag of obstetrical instruments – note Slop is forgetful as well as accident-prone – Obadiah ties elaborate knots in the strings to transport it. Slop cannot undo them, cuts his thumb, and curses Obadiah. His over-reaction prompts Walter to prolong the episode and make sport of him by persuading him to recite an 'excommunication of the Church of Rome' which, with no self-awareness, he is happy to do (pp. 150-153). So he is characterised as a

¹⁷⁶ 'Such were the outlines of Dr Slop's figure, which, - if you have read Hogarth's analysis of beauty [...] may as certainly be caricatured, and conveyed to the mind by three strokes as three hundred.'

vindictive, loquacious and humourless outsider in a household in which there are veterans of the siege of Namur of 1692, a battle fought under the flag of the Protestant William III.

Dr Slop and the real Dr Burton share some notable similarities. In 1751, John Burton wrote *An Essay towards a Complete New System of Midwifery, Theoretical and Practical*, which he hurried to finish before William Smellie published his extensive treatise in 1752. He had studied under Hermann Boerhaave at Leiden and he was influenced by the teaching of Henrick van Deventer, who advocated the avoidance of the use of instruments in childbirth. In *An Essay Towards a Complete System of Midwifery*, a title which in itself makes an ostentatious claim, Burton maintains, apparently erroneously, that ‘eminent men of science, as well as the Royal Society of London etc.,’ have approved of his ideas.¹⁷⁷ He accuses female midwives of ‘innumerable evils’ though their ‘ignorance and mismanagement’ of childbirth. He devotes twenty-four pages to his invention, ‘Burton’s forceps’ which actually needed to be assembled first and were then inserted into the vagina and opened up to the necessary width. They were unwieldy and apparently did not catch on; the design of Dr Slop’s forceps would seem to be similarly flawed. Burton’s overall contribution to obstetrics was largely forgettable, though he was later vindicated in his view that childbed fever was contagious and that the mother and the foetus had separate circulations.¹⁷⁸

His next published work comprised a lengthy attack on Smellie’s *Treatise*, with hyperbolic language such as ‘Gross Mistakes’ and ‘dangerous Methods’ on the title

¹⁷⁷ As Herrle-Fanning says ‘a complete system’ in this context implies a closed ‘free-standing system of knowledge’ to be mastered, rather than an exercise in collating data in pursuit of knowledge: ‘Of Forceps and Folios’, pp. 165 and 180.

¹⁷⁸ *ECBM*, ed. by Lieske, 5, pp. 369-370.

page.¹⁷⁹ Some of his accusations of inaccuracy may have had some foundation, but his intended rational critique is abandoned early on in favour of a vitriolic outpouring.¹⁸⁰ It is reminiscent of Slop's rendition of Ernulphus's curse in its transparent character assassination and victimisation (pp. 154-163). One of the most striking features of this letter, in terms of establishing a connection between Burton and Slop, is the overlapping use of language. In *TS*, Sterne quotes parts of Burton's letter almost directly as Walter, who is in sympathy with Slop's theoretical outlook, ruminates on the "the lax and pliable state of a child's head in parturition" (p. 133) and the merits of "extracting [the child] by the feet" which he is convinced is "easy for an operator to do" (p. 134).¹⁸¹ The textual similarities give compelling support to the case that Slop is based on Burton, as Melvyn New and others have concluded.¹⁸²

Pam Lieske has explored the personal animosity between Burton and Sterne in some detail. Burton was not a Catholic – Dr Slop's Catholicism may be a device to symbolise his marginalisation in Sterne's social circle – but he was a committed Tory and as such was associated with the use of the forceps. Sterne, whilst claiming to be apolitical, had Whig sympathies, judging from his dedication to William Pitt (1708-1778) in the opening pages of *TS*. Burton's political persuasion and sympathies made him an adversary of Sterne's uncle, the Reverend Dr Jacques Sterne. It also put him in a difficult position in the Jacobite revolt of 1745, when he was charged with treason, imprisoned and forced into bankruptcy. He bounced

¹⁷⁹ John Burton, *A Letter to William Smellie M.D. Containing Critical and Practical Remarks Upon his Treatise on the Theory and Practice of Midwifery* (London: Printed for W. Owen, 1753).

¹⁸⁰ Herrle-Fanning, 'Of Forceps and Folios', p. 238.

¹⁸¹ See Burton, *A Letter to Smellie*, pp. 122-125: Burton writes about 'the lax and pliable texture of the Parts of the Child's Head, at Birth' and the benefits of 'extracting the Child by the feet' when necessary, explaining how 'a skilful operator' can avoid difficulties in the process.

¹⁸² See 'Notes', in *TS*, pp. 634-635.

back from the scandal however, and continued his professional life as a man-midwife.¹⁸³

From the available evidence, it would seem that Dr Burton is a credible inspiration for Dr Slop.¹⁸⁴ In medical terms he was a contemporary practicing man-midwife, a strong advocate of intervention via the forceps (especially those of his own design) and a published author of treatises on obstetrics. In personal terms he was, it seems, self-aggrandising, prone to getting into trouble, ungenerous to colleagues and an outsider amongst his peers. Allusions to real-life people, such as Dr Manningham, and real contemporaneous (or near-contemporaneous) events, such as the siege of Namur, are typical of the early novel. They aid in the construction of verisimilitude i.e. make the fictional account seem more probable (p. 60).¹⁸⁵ However, the disproportionate weight of ridicule heaped on Burton as Slop also betrays a sense that Sterne's view of Burton is not objective or neutral, but coloured by hostility and vengefulness. Whilst this may be so, I would draw again on Blackwell's assessment that each of the characters contribute 'passionately' to the debate on the obstetric revolution, but add that Dr Slop's contribution is a particularly prominent and comic one.¹⁸⁶ He suffers the most virulent satire, which effectively undermines the authority of his particular perspective within the discourse. The contribution of the other characters to the debate is similarly undermined in different ways, though much less aggressively. The female midwife's prompt relinquishment of her duties following her fall, Walter's predilection for elaborate theories, and Uncle Toby's simple, and apposite

¹⁸³ *ECBM*, ed. by Lieske, 5, pp. 369-70.

¹⁸⁴ Stephanson, 'TS and the Art of Conception', p. 97.

¹⁸⁵ Beasley, 'Introduction', *FCF*, p. xxxiv.

¹⁸⁶ Blackwell, 'TS and the Theater', p. 81.

suggestions, are all examples.

To put Sterne's negative portrayal of the man-midwife into context, man-midwifery continued on an upward, if uneven, trajectory, despite the fracas that accompanied its rise during the period. By the time Victoria acceded to the throne in 1837, in the middling orders and above, man's authority over reproductive medicine was assured.¹⁸⁷ In fact, as Cody has said, such was the confidence in this new medical paradigm that for much of the nineteenth century and beyond, it was credited with the dramatic population boom between 1680 and 1820, until more recent studies in historical demography showed otherwise.¹⁸⁸

Conclusion

My aim in this chapter has been to focus on how Sterne's novel, through its literary qualities, engaged with topical discourses about man-midwifery, childbirth management and competing theories about conception. I also explicate how these themes served to participate in, and throw light on, wider debates of the time in the text, such as discourses around shifting conceptualisations of life and nature, and the delineation of identity.

Tristram Shandy overflows with 'rich discursive entanglements', including a challenge to the emergent existing conventions of the new literary form of the novel.¹⁸⁹ It exhibits many of the features of formal realism, such as recognisable locations and credible, domestic situations to construct verisimilitude, which heighten the relevance and possible utility of the text to the reader's life and

¹⁸⁷ Cody, *Birthing the Nation*, p. 10. Nevertheless during the 1760s, the vast majority of babies throughout the British Isles were still delivered by women: *ibid.*, pp. 183-184.

¹⁸⁸ *Ibid.*, pp. 10-11.

¹⁸⁹ Keymer, *Sterne, Moderns*, p. 51.

concerns (unlike romance, for example). But Sterne also exaggerates and usurps many of the genre's nascent traits. The innovative portrayal of subjective experience through an associational narrative technique is one example. It echoes the workings of Tristram's mind, and is crucial to the novel's engagement with conception theories from the outset. Tristram laments that his parents' lacked due diligence during his own conception and imagines its effect on the homunculus. His life and identity have been set on a certain course, or 'preformed' and the narrative suggests that Tristram's irregular approach to time, which directs the meandering plot, is a causal effect of the sub-optimal circumstances of his conception. Through the use of metaphor, Sterne reinforces the theme of conception in relation to the generation of ideas and creative endeavours, for example in the context of Walter's hypotheses on childbirth, which once conceived, go on to thrive regardless of their validity (p. 134). By a changing approach to characterisation revealed over several volumes, the novel also engages with the rival epigenesist theory of conception, which resonated with an organicist interpretation of life. This model implied that identity or 'the self' was subject to change and development over time from within, and could not be predicted nor have its dispositions assigned to an obvious cause.

Sterne's adoption of a polyphonic narrative is another important novelistic feature in the context of this analysis. The authority of the author is dissipated across different voices and texts alluded to in the narrative, each allowed to voice an opinion in a spirit of tolerance which echoes Locke and undermines any one claim to absolute knowledge or supreme understanding.¹⁹⁰ Sterne's engagement with the

¹⁹⁰ Locke, *An Essay*, p. 660: 'we cannot reasonably expect, that any one should readily [...] quit his own Opinion, and embrace ours with a blind resignation to an Authority'.

issues around the begetting and birth of a child emerges as one strand among many “shreds and clippings” of other discourses.¹⁹¹ But the range of different perspectives on this topical issue is striking and they are contextualised by Sterne’s method of characterisation, expressed through Tristram. Reflecting a significant epistemological shift, at first Tristram’s portrayal of the main protagonists mimics closely-observed case studies. But via various literary routes, such as the dialogue between characters, and the subtle rendering of body language, the protagonists emerge as unpredictable and more akin to real individuals, with external physiological signs giving clues about their internal state. In this way, whilst their physical appearance (with the exception of Dr Slop) is left to the reader’s imagination, insights are delivered into the motives, anxieties, flaws and passions of the characters. The reader is thus able to empathise with different perspectives, and be drawn further into the discourse as a result.

Sterne makes fun of instruments, conception theories, class and gender power struggles around childbirth, pedantic obstetrical knowledge, and assigned spaces in labour, and he draws on earlier literary forms such as Rabelaisian satire to do so. In terms of language, he uses bawdy expressions and double meanings to expertly manipulate the reader response, from shock, titillation and/or shame at his or her understanding and he weaves the theme of childbirth practices and man-midwifery deep into the narrative from an early stage. In fact the inclusion of this theme is noticeably deliberate, comprehensive and very well-informed and is a flashpoint for much of the drama and the comedy. It is also an indicator of Sterne’s responsiveness to what Lamb has called ‘determinate and particular moments of

¹⁹¹ Keymer, *Sterne, Moderns*, p. 25.

political and social pressure' characteristic of the period.¹⁹² Allied to this, a number of the discourses around man-midwifery presage trends in medicine that, from a later perspective, are evocative of late eighteenth-century clinical medicine. Sterne's novel not only exemplifies the close links between the novel and societal trends in this way but substantiates the view of Keel and Rieder that signs of 'the clinic' can be traced back to the circulation of ideas much earlier in the century.

As my later analysis of the medical themes in the novels of Tobias Smollett will demonstrate, existing and aspiring medical professionals – be they surgeons newly distinguished from barbers, or physicians engaged in distinguishing themselves from persuasive quacks – all faced a number of challenges to their status and identity. One of the challenges unique to man-midwifery was the established if poorly documented prestige of female midwives – poorly documented in the sense that, as Wilson has emphasised, most births proceeded without incident and midwives enjoyed a local status within their community based on their experience – and *TS* encapsulates this dynamic. Slop is vividly presented and evidently self-promoting, whilst Mrs Wood, who is only named once and is vaguely drawn, is portrayed as an experienced midwife doing her best but also not averse to calling for help when events do not progress as hoped. The novel also engages with the topical controversy about the virtues of intervention or non-intervention with instruments (like the forceps) which supplied an additional dimension for professional and social differentiation among male midwives. Prevailing perceptions about the relative social capital of theoretical 'knowledge' versus

¹⁹² Lamb, 'Irregular Oratory', p. 214.

practical skills in medicine found expression in the midwifery literature.

Contextualised as a debate central to public interest, and as a medical rather than a communal event, midwifery was reinvented as a scientific discipline, successfully integrating elements of physic and surgery. Dr Slop represents, it seems, a version still under development. He is clearly optimistic about the potential cachet the forceps, as a scientific invention, can bring to his professional credibility. But unlike the model physician in the style of Manningham or the gentleman-surgeon, William Hunter, he is deaf to the need to sympathise with the distress and fears of a woman in labour.

Dr Slop's use of language, and even his body language, presages Foucault's contention that language was a facilitator in the enhanced status of the doctor during and after this period and reinforced the increasing veneration of expert and rarefied knowledge to the profession's advantage.¹⁹³ Walter cultivates Dr Slop because he too yearns for expert knowledge to play a part in the birth of his son. In Walter's case this is synergistic with his conception of modern, Enlightenment thinking and its potential to perfect the world around us through knowledge, even beyond the most basic aspirations of midwifery to deliver a healthy child and protect the life of the mother.

Sterne seeks to challenge accepted modes of thinking about varying aspects of eighteenth-century life, but he resists any affectation to provide a solution. This novel differs markedly from, for example, the didactic, almost campaigning, style of writing of Tobias Smollett. Compare Smollett's partisan defence of man-midwifery in *The Critical Review*. According to him, male midwives are 'regularly

¹⁹³ For example Slop intends to show off his forceps with a dramatic flourish: *TS*, p. 168.

bred physicians, surgeons, or apothecaries' with deep training in the field whilst female midwives are 'ignorant' and insufficiently trained.¹⁹⁴ Smollett was similarly emphatic on other themes in his novels as the following chapters demonstrate. His notion of a novel as a 'large diffused picture, comprehending the different characters of life [...] for the purposes of a uniform plan [...]' echoes Enlightenment tenets.¹⁹⁵ It is at variance with Sterne's relaxed choreography of authentically-drawn characters, and its open ending signifying that *TS* offers no overarching dominant perspective or final resolution.

Perhaps the only aspect in which Sterne strays from a mixture of satire, farce and non-judgemental playfulness is in his characterisation of Dr Slop, who as we know likely takes aim at a real acquaintance.¹⁹⁶ The portrayal is comic, one-dimensional and relentlessly vicious in a way that betrays Sterne's motives, beyond a satirical look at his profession. Sterne's distaste for the man comes through so strongly, indeed Roy Porter describes it as 'malicious', that this particular aspect of *TS* sits less comfortably with the overall more evenly distributed satire of the issues around the management of childbirth.¹⁹⁷ With regard to Dr Slop, Sterne atypically (in respect of this novel) allows the reader no freedom to synthesise his or her own view. In a very human and subjective way, here Sterne reveals one of his own 'passions', a need to avenge his family by unequivocally ridiculing a past adversary.

¹⁹⁴ *The Critical Review*, 9 (March 1760), p. 190. Smollett's review of Mrs Nihell's work, *A Treatise on the Art of Midwifery. Setting forth various Abuses therein, especially as to the Practice with Instruments* (1760), is excoriating.

¹⁹⁵ Smollett, *FCF*, p. 4.

¹⁹⁶ Whilst allusions to real people or events may have served as a means to lend verisimilitude in the early novel this does not necessarily explain the inclusion of a parody of Dr Burton who is not specifically named.

¹⁹⁷ Porter, *Flesh*, p. 292.

Sterne welcomes the prospect of his text living after him and stimulating discussion and contemplation. For him, death is an imminent possibility, so he directly addresses this in his letters of the time and by proxy as Tristram in the novel (p. 432).¹⁹⁸ The questions he poses range from the importance of a name, through how to best ensure a safe entry into the world, to the optimum balance between humour and gravity, to how to navigate the on-going tension between rationalism and the vagaries of real life and how to decide between co-existing theories. He foregrounds the pointlessness of much of what man does whilst questioning whether that diminishes or actually perhaps enhances his humanity. Power and status are integral to his treatment of man-midwifery, and he valued his own celebrity status and worked single-mindedly to achieve it. But the influence that went along with his celebrity was noticeably benign rather than dictatorial or divisive, perhaps in keeping with his ecclesiastical training.¹⁹⁹

It is not my purpose here to try to uncover authorial intention nor is it relevant to my research aims. But, in my analysis of *TS* from the perspective of its engagement in discourses around man-midwifery, childbirth management and conception theories, clearly this is a pivotal theme, in a pivotal text, at a pivotal time in a pivotal genre. Sterne's use of multiple voices makes full use of the potential of the new medium and challenges, as well as coaxes, the reader to enter his 'conversation'. The extremes of negative and positive reactions the novel aroused from some of the most eminent thinkers of the day and the volume of scholarship

¹⁹⁸ For example, Sterne wrote to Lady D in Feb. 1762, 'Indeed I am very ill having broke a vessel in my lungs' and to Mr W in Dec. 1766 he explains he shall go to Naples: 'I must once more fly from death whilst I have strength': Sterne, *Letters of the Late Laurence Sterne*, p. 62 and p. 155.

¹⁹⁹ For example in a letter to S— C— of 1761, he refuses to take offence at the remarks of his critics: 'I must remain humble': *ibid.*, p. 50.

across disciplines that it has engendered shows that he was successful.²⁰⁰ In other words, they were all drafted into the discussion. Sterne's adoption of an outlook on life that incorporates physiological concepts also indicates that he assimilated new ways of thinking as a result of a new 'intellectual milieu' shared across disciplines. *TS* could therefore be said to reflect a philosophical shift in both word and deed.²⁰¹ The contribution that *TS* makes to my argument is therefore invaluable, if nuanced perhaps appropriately, by Sterne's own human frailties, such as his personal animosity toward Dr Slop. It is a contribution that affirms the novel's status as an interplay of objective and subjective reality and gives *Tristram Shandy* a unique place in my argument that the early novel and eighteenth-century medical discourses sit particularly productively and comfortably together, as two 'forces in thinking' of the mid-century period.

²⁰⁰ See pages 96-98 to this thesis.

²⁰¹ Rodgers, "Life", p. 2.

Chapter Two

Naval Medicine in Tobias Smollett's *The Adventures of Roderick Random* (1748)

Introduction

“No, [...] Death han't as yet boarded him. But they have been yard-arm and yard-arm these three glasses.” “Are his eyes open?” continued the [surgeon's] mate. “His starboard eye,” said the sailor, “is open, but fast jammed in his head: and the haulyards of his underjaw have given way.”¹

This next case study concentrates on a representative of the early novel which differs strikingly from Sterne's *Tristram Shandy*. The complexities of human interiority which fed into Sterne's engagement with medical discourses in Chapter One are quite absent from the novels of Tobias Smollett, which instead have been lauded for their ‘bustling depiction of communal life’ and likened to the ‘watching [of] a succession of crowded slides.’² However, as I demonstrate in the pages that follow, Smollett's highly successful first novel *The Adventures of Roderick Random* (RR) offers further compelling evidence as to how the early novel, as a literary form with singular qualities, was equipped to explicate and participate in

¹ *Tobias Smollett: Roderick Random*, ed. by David Blewett (London: Penguin Books, 1995), p. 152. This edition is based on the fourth edition of 1755, the last to incorporate authorial changes by Smollett. All subsequent references appear in the text in parentheses and relate to this edition, unless they are footnoted to offer further context or to avoid ambiguity. If Paul-Gabriel Boucé's 1979 edition of RR is referenced (see below) then this is clearly stated.

² Kenneth Simpson, *The Protean Scot: The Crisis of Identity in Eighteenth-Century Scottish Literature* (Aberdeen: Aberdeen University Press, 1988), pp. 15 and 14.

contemporary medical discourses.³ These qualities include innovative narrative strategies, characterisation, the delivery of different perspectives and the assimilation of other literary forms. But this time the medical debates under investigation are refracted through the prism of eighteenth-century naval medicine at a time of war. Like Sterne, Smollett also drew on current ideas about medicine and the functioning of the body to engage with wider issues of philosophical, cultural and social import within the novel form. In particular, Smollett sought to further his own broad educative agenda, which echoed Enlightenment precepts, in a spirit of deep concern that the moral and social order of the nation was locked in a downward spiral that he and others had a duty to stall.⁴

The excerpt above is taken from a chapter in which Roderick, the main protagonist, is a surgeon's mate on board a man-of-war at sea. It portrays an urgent exchange between the senior surgeon's mate and a sailor, with the former trying to ascertain the condition of a wounded man whilst he hurriedly (and probably in vain) makes up a prescription. The uncompromising depiction of the appalling injury is juxtaposed alongside the earnest, but likely ineffectual, attempts of the medical man to act, and the reader quickly gains a sense of the inadequacy of resources and the hopelessness of the situation. There are many other similarly shocking passages designed to arouse sympathetic outrage in the reader. Indeed, Smollett's portrayal of the dreadful conditions suffered by

³ Six thousand five hundred copies were printed between 1748 and 1749 and the novel went through 8 editions by 1770: Paul-Gabriel Boucé, 'Introduction' to Tobias Smollett, *The Adventures of Roderick Random*, ed. by Paul-Gabriel Boucé (Oxford: Oxford University Press, 1979), pp. xiii-xiv p. xliii. There are no contemporaneous reviews to flesh out how it was received in more detail because its publication date predated the founding of *The Monthly Review* (1749) and *The Critical Review* (1756): Hammond and Regan, *Making the Novel*, p. 235.

⁴ Smollett hoped to achieve an effect which is both 'entertaining and universally improving' through the use of an appropriate form of satire: *RR*, p. 3.

ordinary seamen had such an impact that this novel has been credited with helping to bring about reform in the decades following its publication.⁵ In *RR* the sick and injured sailors are kept in squalor, perceived it seems as less than human and treated with indifference.

The first section comprises a discussion of how Smollett positions his novel within the literary landscape of the period whilst asserting his views about the importance of lending verisimilitude to his narrative. In the second section, I briefly review the centrality of the body, and its significance in conceptualising notions of self and identity, to eighteenth-century culture. This features as one of the over-arching discourses which emerges in the context of naval medicine in the novel. I go on to discuss Smollett's engagement with this debate with reference to his narrative technique, subject matter and colourful use of language, in the light of the arguments of Aileen Douglas, Brean Hammond and Shaun Regan, Katherine Kickel and others. In particular, *RR* explores the threat of being set adrift from the securities represented by social position, reputation and lasting relationships, in 'a world of promiscuous exchange and aimless circulation.'⁶ The main protagonist, Roderick, provides the first-person perspective of an unworldly Scotsman experiencing just such a set of circumstances. Displaced from the social position that is his due, his lack of experience of modern life translates into an objective distance via which he is free to survey society with a satirical eye. This section also includes a consideration of Smollett's Scottish Enlightenment tendencies, and his use of the *picaresque* literary tradition to convey a fractured and unstable

⁵ Blewett, 'Introduction', *RR*, pp. xi-xxvi (p. xxi). See also Louis L. Martz, 'Smollett and the Expedition to Carthagen', *PMLA*, 56, (1941), 428-446 (p. 428).

⁶ Blackwell, 'Disjecta Membra', p. 425.

world from a first-person perspective. Each of these determinants conspicuously informs Smollett's portrayal of medicine at sea in the text.

In the third section, I give a short account of the towering significance of sea power in the eighteenth century and an overview of some of the theatres of war at sea, including the Battle and Siege of Cartagena – which features prominently in the novel – so as to contextualise the naval conflicts of the mid-century when *RR* was written.⁷ I include a brief discussion of the perceived value of medicine and healthcare in the navy during the period (which, throughout, I take also to encompass the standard of sanitation, diet and living conditions), and concisely discuss the ongoing efforts to make improvements. I tap into Smollett's engagement with this theme in his fictional text, specifically the state of care on board Roderick's ship, *HMS Thunder*, and the attempts of Roderick and his colleagues to do the job of a surgeon in lamentable conditions and chaotic circumstances over which they have no say.

I follow this up with a brief exploration of how naval medicine related to established medical theory and practice. This section refers to the continuing changes in approach to medical knowledge, including what constituted effective medical knowledge in a naval context, and once again I engage with theories about the emergence of eighteenth-century clinical medicine. I argue that *RR*, like *TS*, reflects the views of those who depart from Ackerknecht's (and Foucault's) account in some key respects. Othmar Keel and Philip Rieder are among many commentators who accept that a transformation in medical epistemology, with far-reaching effects, had occurred by the end of the eighteenth century, but they

⁷ Smollett refers to Cartagena as 'Carthagene'.

challenge the account of Ackerknecht and Foucault which suggested that ‘the clinic’ or hospital medicine arose in Paris as a sudden epistemological discontinuity with apparently no relation to preceding discourses.⁸ A number of circulating discourses of the period, embedded within Smollett’s novel, point to significant medical developments in theory and practice which support the revised interpretations. The most obvious are the growing status of surgery aspiring towards an equivalence with physic, and the urgent medical demands of the armed forces that necessarily gravitated towards disease-centred medicine, i.e. focusing on the disease as separate from the patient, rather than gaining knowledge by lengthy ‘verbal analysis’ of the patient’s ‘subjectively-defined sensations and feelings’.⁹ An empiricist approach and practical skills were increasingly valued, and the pursuit of professional status is a recurring undercurrent. For example Roderick is frustrated when he realises that his medical knowledge and skills better reflect up-to-date medical theories or paradigms than those of his surgical colleagues on board ship (p. 194). The scenario hints at the existence of a professional medical discourse which Roderick shares (or has shared) with a select group beyond his fellow mates. Toby Gelfand has attributed the rise of surgery to an increasingly anatomical approach to disease, improved procedural techniques, such as in ‘cutting for the stone’ and the new veneration of practical skills engendered by Enlightenment principles.¹⁰ Christopher Lawrence has studied the parallel growth in the status of naval surgeons which accelerated in the late 1780s.

⁸ Keel, *L’Avènement de la Médecine Clinique Moderne en Europe, 1750-1815: politiques, institutions et savoirs* (Montréal: Les presses de l’Université de Montréal, 2001); Brockliss and Jones, *The Medical World*; Philip Rieder, ‘La Médecine Pratique: une activité heuristique à la fin du 18e siècle?’, *Dix-Huitième Siècle*, 47 (2015), 135-148.

⁹ Note the breakaway of the surgeons from the barbers in 1745; Jewson, ‘Disappearance of the Sick-Man’, p. 228.

¹⁰ Gelfand, *Professionalizing Modern Medicine*, pp. xii, 9 and 11: for example, the London surgeon, William Cheselden (1688-1752) developed improved techniques in ‘cutting for the stone’ in cases of bladder disease.

He has emphasised how by 1805, as a result of shifts in attitudes to the spread of disease, they were able to claim a wider role beyond the limited manual, and therefore lowly, job of caring for the sick to overall responsibility for health maintenance on board as well.¹¹ This development has echoes of Foucault's views on the growing epistemological dominance of medicine which characterised the Paris School, and in his analysis, led to the consequent medicalisation of society. It carried with it the implication that medical stewardship was integral to social order, and management and inspection became central to the naval surgeon's role. In the novel, Roderick's frustration that, as a medical man, he is powerless to act and improve the inadequate supplies and noxious conditions suffered by those on board HMS *Thunder* prefigures this shift.

The fifth section explores the role of naval medicine during wartime in accelerating the professionalisation of medicine, at a time when the status of surgery was on a steep upward trajectory.¹² Also included is a reflection on the fictional hero's unpredictable (for which read 'random') and eventful route via impressment to his chosen career, and how he achieves his ambitions along the way. Throughout, I draw on the works of historians such as Erica Charters, N.A.M. Rodger, Harold Cook, Geoffrey Hudson and Pat Crimmin for expert insights into the navy and naval medicine of the eighteenth century. The last section comprises a review of the distinct parallels which exist between Roderick's life in the novel and Smollett's own experiences, including his involvement in the expedition to Cartagena and his efforts to forge a medical career in England. The far-flung

¹¹ C. Lawrence, 'Disciplining Disease', pp. 80-106.

¹² The surgeons broke with the guild status of the barbers to set up their own college in 1745 (see note 9 above).

locations, the threat of strange new diseases and the destructiveness of modern weaponry in the naval episodes are embedded in the familiar social and cultural milieu of the time, rather than in the fantastical terms of romance. This section briefly considers the importance of Smollett's real-life naval experience in terms of lending credibility to the narrative, and how he adapted the developing literary form to provoke the hoped-for response in the reader. I then conclude with an assessment of the role which *RR* plays in my overall argument that the mid-century novel, as a knowledge system shaped by Enlightenment principles, participated in medical discourses of the period. This includes a reflection on Smollett's distinct ambitions for his novel to enlighten and elicit a response from the reader, and on his particular means of achieving this end.

Smollett and the New Literary Form

Smollett briefly accounts for his particular approach to fictional representation and narrative technique in the preface, drawing a contrast between what he deems to be the ignoble origins of romance, and the distinctly more laudable lineage of satire.¹³ He then goes on to position his work firmly in relation to the latter, singling out Lesage's *Gil Blas* (1715-1735) as a particular inspiration, along with Cervantes *Don Quixote*, both renowned examples of the *picaresque* tradition. Whilst Romance is born out of 'ignorance, vanity and superstition', satire, he argues, emerges from a place further along a progressive continuum of distinction. This progression was fuelled by 'advanced' learning and the 'cultivation' of genius; features which broadly echo contemporary Enlightenment values and a belief in an

¹³ In 1755, Johnson defined 'Romance' as 'a military fable of the middle ages; a tale of wild adventures in war and love': see *A Dictionary of the English Language*.

upward trajectory. However, unlike his forebears, Roderick Random is not a low born *picaresque* and indeed his gentlemanly credentials or ‘advantages of birth and education’ are established from the outset (pp. 3-5). He even writes his diary in Greek (p. 178). Smollett stakes a claim to offer a similarly superior, but an even further-heightened reading experience than that penned by his heroes, by exercising his belief that satire excels when it is embedded unobtrusively in a narrative which entertains and convinces by ‘bring(ing) every incident home to life’ (p. 3), or in other words, adopts realist strategies.

It is clear that for Smollett, the *picaresque* offers a versatile literary form which, through its multiplicity of characters, settings and events, gives full rein to a satirical treatment of his chosen themes.¹⁴ These include, amongst many others, the existing power structures within naval medicine and the standards of care meted out to the sick and injured in the navy and in medical encounters on land in the metropolis.¹⁵ The duplicity of the French apothecary in London who reinterprets prescription ingredients with a view to making an easy profit – ‘oyster shells he could convert into crab’s eyes’ (pp. 105) – is one such example. However, Smollett aims to carve out a literary form distinct from both the fantastical bent of romance and the (to him) overly comic levity of Spanish and French satire. He argues that they both lack credibility, and in particular the former fails to resonate with readers’ experiences whilst the latter is insufficiently thought-provoking and of limited didactic utility (pp. 4-5). The overt physicality which permeates *RR* is highly significant in this regard. To Smollett, the

¹⁴ Robert Donald Spector, *Tobias George Smollett* (Boston, MA: Twayne, 1989), p. 32; Blewett, ‘Introduction’, pp. xi-xii.

¹⁵ Other themes include his ridicule of favouritism and corruption at the heart of the literary and theatrical world: *RR*, chapters LXI-LXIII.

foregrounding of the human body in the text, as an integral and highly conspicuous feature of everyday life, forms part of a deliberate strategy in his bid for verisimilitude, and his belief that verisimilitude ‘not deviat(ing) from nature, in the facts, which are all true in the main’ (p. 5) was central to his success as a writer of satire.

Contextualising Smollett’s first novel within the literary climate of the time throws further light on his particular brand of innovation. Poetry, along with theatre, had been the dominant literary form of the 1730s, and Smollett had been inspired in turn by the social satire of Juvenal, Pope and Swift. In the late 1740s, he published two poems; *Advice: a Satire* (1746) and *Reproof: a Satire* (1747) which owed much to the poetry of Pope in particular. Whilst these verses attest to Smollett’s characteristic moral certitude, his allegiance to established literary influences and his indignance at what he saw as an increasingly corrupt society, they failed to make any impact on the reading public.¹⁶ But that would change in the following year. Smollett’s first foray into fictional prose, rather than poetry or drama, brought with it wide acclaim.¹⁷ It also happened very suddenly; in fact he finished

¹⁶ In poetry, Pope, James Thomson and Edward Young led the field whilst the theatre was the domain of John Gay and Fielding: Hammond and Regan, *Making the Novel*, p. 85; for a brief discussion of Smollett’s inspiration for his poems and how his classical education emerges in frequent references to Horace and Juvenal in his novels see Paul-Gabriel Boucé, *The Novels of Tobias Smollett* (London: Longman, 1976) pp. 13 and 71; Juvenalian satire is considered a more severe satiric mode than the softer Horatian satire: G. S. Rousseau, ‘Beef and Bouillon: Smollett’s Achievement as a Thinker’, in *Tobias Smollett: Essays of Two Decades*, (Edinburgh: T. & T. Clark, 1982), pp. 80-123 (p. 83); in the notes to his poems Smollett calls Pope a ‘Great Author’ and quotes from his works including *The Dunciad* (1728): *Advice, and Reproof: Two Satires* (London: Printed for R. Owen, 1748), pp. 8 and 29; see also Rousseau, ‘Beef and Bouillon’, pp. 80-83: ‘In Alexander Pope Smollett found the model and proper image of a satirist he could unflinchingly imitate’ and from Swift he ‘learned much about the art of prose’. But Smollett thought that Swift addressed issues that, because of social and political changes, were no longer of immediate importance.

¹⁷ Leslie A. Chilton has recently highlighted the fact that Smollett wrote two medical prose satires in pamphlet form which have been overlooked by historians and critics, but which reveal his early experimentation with the *picaresque*. They were *Thomsonus Redivivus* (1746) and *Don Ricardo Honeywater Vindicated* (1748): ‘Smollett, the Picaresque, and Two Medical Satires’, in *New Contexts for Eighteenth-Century British Fiction: “Hearts Resolved and Hands Prepared”*: Essays in Honor of Jerry C. Beasley, ed. by Christopher D. Johnson (Newark: University of Delaware Press, 2011), pp. 219-231 (pp. 220-221).

RR hurriedly within an 8-month period of non-continuous writing in 1747, which is suggestive of a certain urgency (probably financially driven) to exercise his talents and share in the sales success of others within this new form. *RR* duly proved to be a spectacular and sustained commercial triumph.¹⁸

The drive to differentiate the new kind of fictional narrative from other forms of prose fiction echoes what Hammond and Regan have described as an ongoing process of recognition by publishers, writers and consumers that the appetites of an expanding reading public were undergoing radical changes, and that established genres, such as romance and epic verse, were becoming outmoded.¹⁹ J. Paul Hunter has emphasised the extent to which eighteenth-century readers expected and welcomed didacticism in their efforts to interpret a changing world.²⁰ Smollett is tapped into both cultural trends. His entry into novel-writing coincided with a period when Samuel Richardson and Henry Fielding were its most dominant exponents and were exploring its potential from very different standpoints. Richardson's epistolary novel, the morally instructive *Pamela* had been published in 1740 and was an outstanding bestseller, whilst Fielding's boisterous and irreverent *Joseph Andrews* emerged in 1742.²¹ Both novels were set in a

¹⁸ John Butt, 'Smollett's Achievement as a Novelist', in *Tobias Smollett: Bicentennial Essays Presented to Lewis M. Knapp*, ed. by G. S. Rousseau and P. G. Boucé (New York: Oxford University Press, 1971), pp. 9-24 (p. 9); see David Blewitt, 'Introduction', *RR* pp. xi-xxvi (p. xi); Whilst 'Sterne and Smollett made good round sums from their novels', Smollett became financially independent from writing history: Terry Belanger, 'Publishers and Writers in Eighteenth-Century England', in *Books and their Readers*, ed. by Rivers, pp. 5-25 (p. 22); the term 'novel' was not used by authors like Defoe, Richardson and Fielding to describe their own work. Smollett uses the term in the preface to *Ferdinand Count Fathom* (see Chapter Three of this thesis), but in the case of *RR* his aim is to write a satire in prose. See Hammond and Regan, *Making the Novel*, p. 15: 'it is impossible to simply ignore [...] that most of the early novelists [...] rejected the term 'novel' (along with romance) as inadequate to describe their own endeavour, or simply failed to refer to their novels as novels'; see also J. A. Downie, 'The Making of the English Novel', *Eighteenth-Century Fiction*, 9 (1997), 249-66 (p. 256).

¹⁹ Hammond and Regan, *Making the Novel*, p. 14.

²⁰ Hunter, *Before Novels*, p. 247.

²¹ *An Apology for the Life of Mrs Shamela Andrews*, Fielding's parody of *Pamela*, was published in 1741. But it is not representative of Fielding's novels. *Joseph Andrews* was also conceived as a send-up of *Pamela*, but changed track as it progressed and drew on other influences: Hammond and Regan, *Making the Novel*, p. 27.

recognisably contemporaneous Georgian England with credible characters and themes in play, but exhibited significant differences. *Pamela* was famously written ‘to the moment’ which lent immediacy and verisimilitude, and it was also designed to promote and decode a new language of sensibility (see the Introduction above, page 43) which resonated with the demands and aspirations of a growing reading public. *Joseph Andrews* meanwhile, inventively blended classical forms of the epic-poem with comic (as opposed to tragic) drama in prose. Fielding’s purpose was to entertain the reader by cheerfully satirising elements of contemporary life, whilst at the same time reinforcing existing moral tenets and social boundaries. Like Smollett, Fielding also delved into the *picaresque*, and even borrowed from the romance tradition with the inclusion of some far-fetched coincidences.²² Fielding despised the hypocrisy that could accompany the religious self-denial which Richardson’s works so epitomised and positioned his early novels in opposition to those of this rival author. Both Richardson and Fielding however adopted similar formal structures which overall subscribed to a pattern of ‘plot – [formal] realism – judgment’ to communicate their moral stance; a structure to which Smollett, very noticeably, did not adhere.²³

Against this background of experimentation or ‘continual renewal’ which characterised the novel at mid-century, Smollett’s *RR* exhibits a mixture of emergent novelistic features but with distinct differences.²⁴ Like those of his peers above, the author’s moral agenda is in evidence – in his case it is overt – as is his

²² Samuel Richardson, *Clarissa, or, The History of a Young Lady*, ed. by Angus Ross (London: Penguin 1985)p. 721: Lovelace says to Belford, ‘I love to write to the moment’; Blewitt, ‘Introduction’, p. xviii.

²³ Rousseau, ‘Smollett and the Scholars’, in *Essays of Two Decades*, pp. 191-197 (pp. 194-195).

²⁴ Hammond and Regan, *Making the Novel*, p. 124.

adherence to realism and his remoteness from the realm of romance.²⁵ However, contrary to the works of Richardson and Fielding, Smollett's sustained adoption of a *picaresque* narrative technique means that the novel's ill-defined and unfettered structural form appears to echo Roderick's haphazard journey through life, and in this regard Smollett foreshadows Sterne's subversion of emerging conventions in the developing genre of representative fiction. This novelistic feature is not only accommodative of multiplicities of characters, locations and events but also allows for a degree of freedom from the more symmetrical plots with which his fellow authors' novels comply.²⁶ Key to Smollett's project was the uniting of such an 'ample field' through the perspective of the 'principal personage' with whom the reader was expected to empathise and through whom s/he would gain insights into contemporary life. Like Richardson's Pamela, Roderick is an innocent. But unlike Pamela, he is flawed and is subject to familiar human foibles such as pride and irascibility which the reader is invited to indulge.²⁷

The setting of Smollett's novel is also significant. It draws on recent and well-publicized events to lend verisimilitude to the fictional narrative and constitutes a conspicuous aspect of his use of 'formal realism'. Much of the action in *RR* is set just a few years earlier than its 1748 publication date and during the time of the War of Jenkins' Ear (1739-1748), when Smollett himself had been a surgeon's mate in the navy.²⁸ The disastrous Battle of Cartagena of 1741, in which so many died of

²⁵ Both defining characteristics of the early novel, see discussions of McKeon and Watt in the introduction to this thesis.

²⁶ Hammond and Regan, *Making the Novel*, p. 102: Fielding's *The History of the Adventures of Joseph Andrews and of his friend Mr Abraham Adams. Written in Imitation of The Manner of Cervantes, Author of Don Quixote* (1742) also draws on the *picaresque* and, as shown in the full title, proudly claims to be influenced by Cervantes.

²⁷ *RR*, p. 3; *FCF*, p. 4; Rousseau, 'Smollett and the Scholars', p. 194.

²⁸ N.A.M. Rodger, *The Command of the Ocean: A Naval History of Britain, 1649-1815* (London: Penguin, 2004), pp. 235-40.

disease rather than combat, features as a climactic backdrop to some of the naval scenes. Smollett drew on his own knowledge and experience to give a vivid account of the struggles of an aspiring surgeon, who having been deprived of his family legacy, travels from Scotland to London in pursuit of his chosen career.²⁹ Roderick is, however, thwarted in his ambitions and pressed on to a warship as an ordinary seaman. He suffers varying forms of abuse as a member of this despised underclass, before progressing to become a surgeon's mate.³⁰ The plot enables an abrupt upturn in his fortunes, which depends upon the public recognition of two important aspects of his social position (or identity) which are not in plain sight. Firstly, his family connection to a well-loved former lieutenant becomes known at a fortuitous moment and secondly, his impressive medical knowledge and skills are proven in the challenging conditions of war at sea in distant foreign climes. The obscuration of identity, especially in the sense of deceptive self-presentation, is one of this novel's recurring themes and in Smollett's view is one of a number of base tendencies which lie at the root of society's downward moral trajectory. If knowledge is acquired through the senses, as Locke had proposed, then visual judgements and other means of perception are rendered fallible or obsolete in this dynamic and challenging social environment. In *RR*, the mismatch between how the unworldly Scotsman, (but trained medical practitioner) expects people to behave, and how they actually do, means that such expectations are repeatedly left unfulfilled. This is apparent from the loss of Roderick's rightful inheritance to the undignified route by which he finds himself on board a naval ship of the line in

²⁹ Blewett, 'Introduction', *RR*, pp. xix-xx; Spector, *Tobias Smollett*, pp. 27-30.

³⁰ Pressed seamen were the lowest in status on board a ship. Daniel J. Ennis has described how they were viewed as part of 'that mass of vulnerable defectives that includes vagrants, paupers and debtors': 'Naval Impressment in Tobias Smollett's "Roderick Random"', *Albion: A Quarterly Journal Concerned with British Studies*, 32 (2000), 232-247 (p. 243).

a role far removed from what he had planned.

With regard to the novel's engagement with medical discourses and those pertaining to naval medicine in particular, there are a number of literary features that stand out. The satirical perspective of the hero, his unpredictable progress through life (reflected in Smollett's innovative adaptation of the *picaresque*), the near-contemporary dramatic settings and the selective use of an objective journalistic tone are all facilitators. But, the discourses around medical theory and practice are made especially vivid, and the reader's engagement with the issues intensified, by Smollett's uncompromising portrayal of 'all things corporeal'. His commitment to formal realism or verisimilitude is mediated especially powerfully through this route. As Aileen Douglas has pointed out, the book is preoccupied with 'the body at risk' and these risks emanate from a range of threats in both urban and sea-faring life.³¹ At sea, they include those that are the result of inadequate medical treatment; those that stem from inadequate measures of disease prevention, and some that are actually derived from the treatment itself.

Smollett's disturbing portrayal of shipboard death and suffering has been acknowledged as a contributory factor in precipitating remedial action. For example, Louis Martz has asserted that Smollett's narrative 'has been regarded as one of the chief influences towards the subsequent reform of the British army and navy' in the latter part of the century.³² Against a wealth of evidence that medical themes influenced and helped to shape the eighteenth-century novel, *RR* therefore offers rare evidence of this influence working in the other direction, and to some degree, addresses the imbalance identified by Rousseau (see page 67 above). But,

³¹ Aileen Douglas, *Uneasy Sensations*, p. xix.

³² Martz, 'Smollett and the Expedition' p. 428.

as discussed, this issue does not represent a core objective of my thesis, and Martz's view requires some qualification. Smollett's aims in this novel are transparently didactic, but he does not seek to provide guidance to the reader on how to navigate new social situations and interactions (unlike Richardson). Instead he aims to provoke a reaction of sympathetic outrage about the current state of urban (and shipboard) society, and its endemic injustices and casual cruelties, making it plain that he attributes the deteriorating social climate to the unchecked vices of mankind. However, again he does not address how to mobilise the reaction he hopes to provoke, nor does he propose any mechanism by which to facilitate reform. Instead he leaves it to the eighteenth-century equivalent of public opinion to precipitate change in the right direction, and the only evidence available suggests that in further highlighting the crisis around the health of sailors, this strategy may have been effective.³³ In this sense, the novel represents a Foucauldian disruption of power relations. Through a transfer of physical force – the bodily subjugation of the poor and illiterate sailor by the state – into a discursive force, wielded by the novel and its readership, the sailors' plight was put into the public domain in a way that both resonated with widely-held concerns and (apparently) helped redraw societal rules.³⁴

The Body, the Embodied Reader and Verisimilitude in *Roderick*

Random

The development of the novel form has long been associated with the seventeenth-century philosophical ideas of Descartes and Locke (see the

³³ See notes 5 and 32 above.

³⁴ Seager, *Rise of the Novel*, p. 71; see also Nancy Armstrong, *Desire and Domestic Fiction: A Political History of the Novel* (Oxford: Oxford University Press, 1987), p. 190.

Introduction to this thesis). Ian Watt and Michael McKeon, for instance, have articulated and formalized the relationship between the emergence of the new literary form and the sceptical tradition, originating with Descartes and Locke, which privileged knowledge gleaned from individual experience over that received from an outside source.³⁵ Eighteenth-century culture was manifestly preoccupied, in the wake of these ideas, by both bodies themselves and bodily experience, which were now positioned as central to understanding human life and its place in the order of things. The early novel reflected and drew on this preoccupation especially in exploring attempts to control, decipher, or delineate the body, which paralleled the concerns of medical theorists and practitioners of the time.³⁶ In describing subjective experience, the novelist was able to engage the reader, as an ‘embodied creature’, on equal terms, with no specialist knowledge or particular social status required, beyond being literate. Such descriptions were designed not just to stimulate the intellect but also to arouse feelings in the reader, and feelings – almost instantaneous in their effects and uncomplicated by reflective thought processes – were far removed from an intellectual response. Hunter has stressed the effect on reader expectations. ‘From the first, novel-reading was perceived to be a less elite, less intellectually challenging form of entertainment, which carried with it moral dangers’ and the power to influence a broad section of society.³⁷ This narrative technique is particularly characteristic of the novels of sensibility: by calling upon the reader’s awareness of his or her own physicality,

³⁵ Watt, *The Rise of the Novel*, p. 13 and McKeon, *Origins of the Novel*, p. 20.

³⁶ Aileen Douglas, *Uneasy Sensations*, pp. xiii-xix; see also McMaster, *Reading the Body*; Deutsch, ‘Symptomatic Correspondences’, p. 38. Douglas emphasises that during this period, ‘the reading of the literate public could include not only technical writings on the body but also commentary on the social and moral implications of such writings’.

³⁷ Hammond and Regan, *Making the Novel*, p. 13; Hunter, *Before Novels*, pp. xix, 5 and 81 and *passim*.

the novelist had the power to evoke a heightened empathy on the part of the reader with the plight of the 'embodied' character/s in the text. Furthermore, this interaction was arguably enhanced by its intimacy: the experience was accessible at the reader's pace and in a private setting.

RR exploits this developing rapport between the written word in the early novel and the embodied reader in a strikingly brazen and overt way.³⁸ One of the most prominent features of the work is its preoccupation with all things corporeal, and Smollett's unrestrained references to 'carbuncles', 'excrement' 'backsides' and 'rheum' offer examples and often supply the humour (p. 33, 154, 190, and p. 303). It shares elements of Swift's satirical technique in *Gulliver's Travels*, in which different aspects of bodily functions are invoked to ridicule man's self-important pursuit of knowledge and power in a flawed society.³⁹ However Smollett lacks Swift's misanthropy and has a different purpose. Rather than seeking to humiliate or degrade mankind, Smollett's willingness to confront 'the physiological servitudes of man' is a recognition of the unstable relationship between the mind and the body.⁴⁰ It forms part of a moderated form of satire which is in synergy with the novel form and its concern with subjective experience.⁴¹ Another aspect is its credible, but shocking, portrayal of the fragility and vulnerability of the human body during wartime in an eighteenth-century fighting ship. Gunshot

³⁸ Douglas, *Uneasy Sensations*, p. 46; Smollett's technique also corresponds to Barbara Stafford's argument that caricatures of pain in the late eighteenth century were designed to instil feelings of pain, via the imagination, in the onlooker. *Body Criticism: Imaging the Unseen in Enlightenment Art and Medicine* (Cambridge: MIT Press, 1991), pp. 178-99.

³⁹ Jonathan Swift, *Travels into Several Remote Nations of the World. In Four Parts. By Lemuel Gulliver*, ed. by Robert Demaria, Jr (London: Penguin, 2001).

⁴⁰ Like Sterne, Smollett recognises the 'conundrum of embodiment': Porter, *Flesh*, p. 294.

⁴¹ Boucé, *Novels of Tobias Smollett*, p. 291; Gulliver is 'Swift's satiric mouthpiece, a strategic device that shifts inconsistently between a range of viewpoints, according to satiric need'. In contrast Roderick, with whom the reader is expected to identify, is external to a corrupt world and 'endowed with a satirical vision to judge society': see Hammond and Regan, *Making the Novel*, p. 81 and Seager, *Rise of Novel*, pp. 57-58.

wounds, cruel punishments, hostile climates, disease and accidents all put the body at risk, as do poor provisions and ill-conceived medical treatments. For example, a storm results in the broken leg of one character so that ‘a splinter of the shin bone is thrust [...] through the skin’ (pp. 166-67) and later on the hero Roderick is left ‘well nigh blinded by brains’ as a freshly severed head spills its contents over his face whilst he is clapped in irons (p. 171). Smollett did not shy away from detailed and uncompromising descriptions of damaged and diseased bodies and was shameless in his choice of words. Disgust, shock and outrage are the more visceral responses he aims to provoke in these passages, as opposed to any attempt to appeal to sentiment. In the process, he ran the risk (which he apparently escaped) of both undermining his didactic authority and being cast as one of his ‘ruffians and profligates’ by association.⁴²

Smollett is at pains to make his motives and aims clearly understood in the novel, reflective of an awareness that the reader’s imagination cannot be controlled in any way. Drawing on the ideas of Elaine Scarry, Kickel has described a shift in the early novel form from a ‘made-real object’ (i.e. art presenting itself as real or factual) to a made-up one (i.e. a creation that draws attention to its created status), and *RR*, I submit, occupies a position between the two: the journalistic passages vie with Smollett’s conspicuous agenda to fire up the reader with ‘generous indignation’ (p. 5).⁴³ Kickel argues that medical contexts and, in particular, contemporary discourse on the site, role, and scope of the imagination,

⁴² The quote originates from Alexander Carlyle’s autobiography. The Scottish historian William Robertson and friend of Carlyle, expressed surprise at the ‘urbanity’ of Smollett on meeting him socially in 1758. He had assumed that he would exhibit the traits of his low characters: see Alexander Carlyle, ‘Alexander Carlyle on Smollett’, in *Tobias Smollett: The Critical Heritage*, ed. by Lionel Kelly (London: Routledge and Kegan Paul, 1987), pp. 31-34 (p. 34).

⁴³ Scarry, *Body in Pain*, pp. 313-314.

shaped novelistic practices especially with regard to reflections on the creative process. The imagination was demonstrably capable of changing bodily states, though how was not clear, and offered a meaningful link between the mind and the body which potentially inspired both trepidation and wonder.⁴⁴ In addition ‘it realised every person’s creative life’.⁴⁵ In other words, just like the bodily senses, the imagination was a feature of everyday human existence, and not just the province of the few. It too had a democratising effect on the reception of the new literary form, shining a spotlight on the process of authoring and the freedom of individual reader interpretation. As Porter has emphasised, the novel genre allowed the reading public to identify with fictional characters who were not saints or classical heroes, but were flawed, human and conceivably like themselves.⁴⁶ This posed anxieties for the mid-century novelists like Fielding and Smollett, who noticeably played out these concerns in their work.⁴⁷ For example Smollett’s preface, in which he declares an intention to stir up the reader against the malevolence of the world, represents an attempt to minimise any potential misinterpretations of the text and the author’s motives by individuals indulging their imagination.

Smollett’s exploitation of different aspects of the human body’s form and function to assert his particular variety of formal realism was linked to his disdain for all forms of social affectation. It served as a reminder, lest anyone should forget, that

⁴⁴ Locke positioned the creative imagination in opposition to ‘wit, reason and judgement’: Locke, *An Essay*, pp. 156-157; Samuel Johnson cautioned against ‘the folly of projection’ (especially the problem of man’s recent achievements leading to an over-confidence in his imaginative powers), but recognised the opportunities that had been realised by its application. See note 90 to Chapter One above.

⁴⁵ Kickel, *Novel Notions*, p. 144.

⁴⁶ Porter, *Flesh*, p. 281.

⁴⁷ Fielding is concerned about reader interpretation of his novels and seeks to address any risk of misunderstanding through the character of Mr. Partridge; see Kickel, *Novel Notions*, p. 140. Similarly, as discussed, Smollett tries to erase any ambiguity as to his intentions in *RR* by spelling them out in the preface.

the body's materiality has a way of intruding upon the struggle to assert a problematic claim to social importance, and should therefore command a level of respect or consideration. The materiality of human existence also resists contemporary attempts to shoehorn the body into lofty discourses about, for example, the body's philosophical, medical or legal meaning (again echoes of Swift) without acknowledging its everyday reality.⁴⁸ As a writer who was also a doctor his awareness of this potential oversight was arguably acute.

In distinguishing himself from earlier Spanish and French authors whom he admires, Smollett argues against the use of extravagant themes or improbable situations. In his view, if events are trivialised excessively for comic purposes, then they do not elicit compassion. Similarly if the transitions between the main character's states of mind are too abrupt, then they fail to resonate effectively with the reader. To Smollett, the attention of the reader is best focused on one central figure, and the reader's attention should be fully invested in his best interests. In addition, this is most effectively achieved if the various predicaments in which the character finds himself are believable and their import is allowed to register with the character and the reader in a proportionate way.⁴⁹ (Seen in this light, bodily predicaments make for a versatile and universally understandable means to this end). Smollett claims that this form of satire has the power to be not only diverting, but also 'universally improving' – note again Smollett's didacticism and his expansive Scottish Enlightenment aspirations – with the power to arouse his fellow man against the ill will and disdainful unconcern that he may routinely

⁴⁸ As Aileen Douglas puts it: 'if you prick a socially constructed body it still bleeds', Douglas, *Uneasy Sensations*, p. xxii.

⁴⁹ For example, the fast moving pace slows down when Roderick finds himself helpless in a press smack, allowing the enormity of the event to reverberate: *RR*, p. 144.

meet with in contemporary life (pp. 3-5).⁵⁰

So the physicality of *RR* complies with Smollett's stated intentions to portray the familiar and the probable and it exemplifies Hunter's argument that the attempt 'to record and privilege the specific details that shaped the daily, contingent lives of ordinary people' was what defined the developing novel.⁵¹ Smollett strays from the probable when he exaggerates for comic effect, especially in his Hogarthian caricatures of unsavoury or corrupt characters. But the portrayal of the grotesque is an integral part of Smollett's moral agenda, which echo William Hogarth's graphic warnings about moral decay in his satirical prints.⁵² Robert Spector has argued that these interjections cohere with the narrative 'rhythm' and, through their repeated use 'provide a consistency in the environment of his *picaresque* world.'⁵³ However, *RR*'s portrayal of the 'familiar and ordinary' includes not just the common features of urban life, but also the disjunctive and shocking chapters which give an unflinching account of the effect of war on ordinary seamen via Roderick's sudden relocation. A parallel could be drawn with the inclusion of Tom's stint in Gatehouse Prison in Fielding's *Tom Jones* or the heroine's temporary imprisonment on a Lincolnshire estate in Samuel Richardson's *Pamela*. But it differs strikingly from these in that Smollett deliberately dwells on the details of the daily trauma, the wanton cruelty and the chaos endured by the characters.

⁵⁰ Roger L. Emerson, *Essays on David Hume, Medical Men and the Scottish Enlightenment: 'Industry, Knowledge and Humanity'* (Farnham: Ashgate, 2009), p. 48. The Scottish Enlightenment 'was one which did not look to radical ends but was content to realize long held improving visions' of Scottish society. One result of this was that members of the social elite were supportive of the visions rather than threatened by them.

⁵¹ J. Paul Hunter, "The Novel and Social/Cultural History," in *The Cambridge Companion*, ed. by Richetti, pp. 9-40 (p. 11).

⁵² William Hogarth (1697-1764) was renowned for 'modern moral subjects' which include *The Harlot's Progress* (1732), *The Rake's Progress* (1733-1735), *Marriage à la Mode* (1743-1745) and *Industry and Idleness* (1747). They were inordinately popular and he prided himself on inventing a new artistic genre: see Faramerz Dabhoiwala, 'The Appropriation of Hogarth's Progresses', *Huntington Library Quarterly*, 75 (2012), 577-595 (pp. 577-578).

⁵³ Spector, *Tobias Smollett*, p. 34.

These passages are designed to stand out against the background of the fictional Roderick's other, more knockabout adventures, and they convey to readers what became the 'everyday and familiar' to that section of eighteenth-century society doomed to spend months or years serving on British warships. Battle at sea was a ubiquitous feature of the time, as discussed. But readers who were ignorant of what it actually meant to be a fighting man at sea during the period, were now able to imagine themselves in such a situation, including the middling sort and the governing classes.⁵⁴ Their ability to do so was enhanced by the use of a first-person narrative that positioned Roderick as an observer of all events, giving added credence. Smollett's unveiling of the extent of the suffering endured by the lower orders and countenanced by the higher orders in the navy, amounted to a polemic on the indifference, high-handed inefficiency, and poor leadership of those in ultimate command.⁵⁵

Eighteenth-Century Sea Power: 'Only the Navy [...] can bring any lasting Peace or Happiness to this Nation'

An understanding of the significance of sea power, and hence the role of healthcare within it, is delivered by Rodger who has argued that it is hard to overestimate the ruling classes' long-term commitment to the support of the navy during the eighteenth century. As the above quote from Henry Maydman in 1691 suggests, fear was the underlying motive.⁵⁶ The navy, over the army, was a force

⁵⁴ Ennis, 'Naval Impressment', pp. 246-247; Rodger, *Command of the Ocean*, p. 577: Few of 'the political nation [...] knew much about the Navy, and many of them were profoundly ignorant of it, but they knew that they needed it'.

⁵⁵ Robert Spector, *Political Controversy: A Study in Eighteenth-Century Propaganda* (New York, Westport, London: Greenwood Press, 1992), p. 11.

⁵⁶ Henry Maydman, *Naval Speculations and Maritime Politicks: Being a Modest and Brief Discourse of the Royal Navy of England, of its Oeconomy and Government* (London: William Bonny, 1691), preface (unpaginated).

which was perceived as the defender of ‘religious freedom’ and hence ‘political freedom and material security’ in the face of ‘the Popish menace’. Protestant Britain was very different from other European powers in this regard. Building a fleet and maintaining it was costly and those costs were met, in Britain, by the growth of the state and justified by domestic policy, as much as by foreign policy and war.⁵⁷ According to Rodger, it was trade that drove the supply of men and money for the navy rather than colonisation, although he has identified the middle of the century, the period on which my thesis focuses, as an exception to this when ‘the British became obsessed with colonies for their own sake’, temporarily that is, until the experience of the American War in the latter decades of the century dampened that obsession.⁵⁸ As a marginalised Scotsman, Smollett was ambivalent about the colonial cause, which may have had a further bearing on his negative portrayal of the Cartagena expedition in *RR*.⁵⁹

The numbers of men involved in the navy mushroomed over the period as wars followed each other or overlapped in quick succession. In 1740, at the beginning of the War of Jenkins’ Ear there were 37,000 men in the force. In 1747, at the height of that war, now subsumed into the war of the Austrian Succession (1740-1748) there were 58,000. And in the next war, the Seven Years War of 1756-1763, the numbers peaked in 1760 at 86,000.⁶⁰ *RR* was written during the war of the Austrian

⁵⁷ Rodger, *Command of the Ocean*, p. 577.

⁵⁸ *Ibid.*, p. 580.

⁵⁹ Spector, *Tobias Smollett*, pp. 2-3. According to Spector, Smollett was conservative in his views. His poem on Culloden, ‘The Tears of Scotland’, decried the brutality of the victors but he was not a Jacobite sympathiser. He supported the expansion of the Empire before 1762, but was pejorative about the escalating cost of war to the nation in terms of lives and money; Spector, *Political Controversy*, p. 8; see also Margarete Lincoln, ‘The Medical Profession and Representations of the Navy, 1750-1815’, in *British Military and Naval Medicine*, ed. by Geoffrey L. Hudson (Amsterdam, New York: Rodopi, 2014), pp. 201-226 (p. 208). Given Smollett’s Scottish patriotism, she speculates on Smollett’s lack of enthusiasm for imperialist initiatives.

⁶⁰ Rodger, *Command of the Ocean*, pp. 637- 638: approximate to the nearest thousand.

Succession but was set during the heightening of the hostilities in the earlier conflict when, in view of the escalating numbers, any shortcomings in living conditions and medical care on board ship would have been acutely exacerbated as a result. The siege of Cartagena of 1741 was a notable and humiliating defeat which played a part in the fall from power of Robert Walpole in 1742.⁶¹ Only 3,000 men returned out of a force of 11,000, the majority dying of yellow fever, and the expedition features memorably as the setting for some of the most shocking scenes in *RR* (see below).⁶²

According to Erica Charters, the Seven Years War was typical of war in the eighteenth century in a number of ways. Just as in the War of Jenkins' Ear, the enemy was Catholic, the location was either Europe or the colonies, and foreign mercenaries and the navy were pivotal to success. Manpower, rather than revenue, had become recognised as the priority resource and, if that manpower was allowed to go to waste through poor health and high mortality rates, then the consequences were predictable and unacceptable.⁶³ As David Boyd Haycock has said, 'Command of the Ocean depended, in part, upon the command of health'.⁶⁴ So the state had not only to care about its existing fighting force but, in addition, it had to be seen to care in order to bolster recruitment, reinforce home support for the war, attract allies and compete for professional mercenaries whose services were at a premium. That concern had to be effectively communicated.⁶⁵

⁶¹ *Ibid*, p. 240.

⁶² Erica Charters, 'The Caring Fiscal-Military State during the Seven Years War 1756-1763', *The Historical Journal*, 52 (2009), 921-941 (p. 932). In addition, because it was a defeat there was no prize money to offset the devastating loss of life in political terms.

⁶³ Charters, 'The Caring State', pp. 922-923.

⁶⁴ David Boyd Haycock, 'Introduction: Health, Medicine and the Maritime World: A History of Two Centuries', in *Health and Medicine at Sea, 1700-1900*, ed. by David Boyd Haycock and Sally Archer (Woodbridge: Boydell Press, 2009), pp. 1-18, (p. 3).

⁶⁵ Charters, 'The Caring State', p. 922.

The permanent establishment of the Sick and Hurt Board in the 1740s, initially in response to the Spanish conflict, provides an example of one such initiative; the carrying of the parliamentary vote to build the (relatively) vast and expensive Haslar (Naval) Hospital in Portsmouth in 1745 is another.⁶⁶

Newspaper coverage of the period enthusiastically reported naval victories. Vice-Admiral Edward Vernon (1684-1757) had consistently claimed that he could take a Spanish stronghold like Porto Bello with a small squadron of ships, and on the 18th March 1740 the *General Evening Post* reported on his 'glorious success' in the West Indies,⁶⁷ and on March 17th, the *London Daily Post and General Advertiser* published a part of Vernon's letter to the Duke of Newcastle giving more detail about the successful capture of the port of Porto Bello in November 1739.⁶⁸

Expectations for further victories were accordingly high – the British navy seemed to be indomitable – and an irresistible public pressure arose to launch a large-scale expedition to the Caribbean as soon as possible.⁶⁹ Given this mood of what with hindsight transpired to be overconfidence, the shockwaves that followed the spectacular failure of the venture, and the massive loss of life which accompanied it, had an enormous impact on public opinion. As Charters has said with reference to the middle years of the eighteenth century, 'eighteenth-century Britons were adept manipulators of narratives and events in the midst of a society that was

⁶⁶ Pat Crimmin, 'The Sick and Hurt Board: Fit for Purpose?', in *Health and Medicine*, ed. by Haycock and Archer pp. 90-107 (pp. 90-92); Rodger, *Command of the Ocean*, p. 309.

⁶⁷ *General Evening Post*, 15-18 March 1740, p. 4; see also Rodger, *Command of the Ocean*, p. 236.

⁶⁸ The *London Daily Post and General Advertiser*, 17 March 1740, p. 3; see Reed Browning, 'Holles, Thomas Pelham- , duke of Newcastle upon Tyne and first duke of Newcastle under Lyme, (1693-1768)', *Oxford Dictionary of National Biography*, Oxford University Press, September 2004; online edn, May 2011 < <https://doi-org.oxfordbrookes.idm.oclc.org/10.1093/ref:odnb/21801>> [accessed 16 June 2018]: Newcastle 'defined the contours of British War Policy' between 1739 and 1748.

⁶⁹ Rodger, *Command of the Ocean*, pp. 236-237.

willing to challenge any form of political authority deemed illegitimate'.⁷⁰ The navy occupied an important place in the public consciousness, and 'soldiers and sailors were well-regarded [...] and an integral part of society' rather than a marginalised offshoot. Their welfare was an issue of public concern which translated, in practice, into an effective and ongoing pressure on state officials.⁷¹ The perspective of the battle offered to the reader by Smollett in *RR* is unambiguous. It portrays a conflict in which the efforts to meet the most rudimentary human needs, so glaring in scale in terms of the numbers of men affected, were pathetically inadequate. As a consequence, hundreds of lives were unnecessarily threatened along with the prospect of victory in the battle. The power of this perspective is compounded by Smollett's portrayal of defective and meagre medical care in the sick-birth [sic] which was manifestly failing to keep pace with the scale of the challenge posed by more familiar illnesses and injuries, let alone new forms of disease like yellow fever and catastrophic injuries from, for example, gunshot wounds. Despite his youth, Roderick has substantial medical experience in an urban setting, but he is unprepared for the sight of the conditions endured by the sick on board ship:

Here I saw about fifty miserable, distempered wretches, suspended in rows, so huddled one upon another, that not more than fourteen inches space was allotted for each [...] and deprived of the light of day, as well as fresh air [...] a noisome atmosphere of the morbid steams exhaling from their own excrements and diseased bodies, devoured with vermin hatched in the filth [...] and destitute of every convenience necessary for people in that helpless condition (p. 154).

⁷⁰ Erica Charters, *Disease, War, and the Imperial State: The Welfare of the British Armed Forces during the Seven Year's War* (Chicago: University of Chicago Press, 2014), p. 5: Charters draws on the work of Francis Hayman on the Seven Years War in this regard.

⁷¹ Charters, *Disease, War, and the Imperial State*, p. 5.

The journalistic tone is arresting and carries the authority of a witness. The low priority here given to recovery and rehabilitation is striking – the patients seem to have been regarded as disposable – and Roderick expresses a disbelief that any invalid might survive, much less recover, in this environment.⁷² The fictional Captain Oakhum and his surgeon treat the sick and injured on board as contemptible malingerers who ‘eat the king’s provisions’ and in a particularly inhumane episode – the men are treated as less than human – they are reassessed as fit, made to work on deck and most are hurried to their deaths as a result (p. 162). Roderick’s shock and indignance at what he sees is revealing, and suggests that his expectations of shipboard life during wartime were very different, even allowing for his youth and inexperience. The reason for this may lie in the ‘eighteenth-century modalities such as paternalism, patronage and reciprocal obligation’ which ordered the functioning of small-scale communities such as the landed estate, the factory and the ‘wooden world’ of the ship.⁷³ In the latter case the captain was expected to adopt a paternal role to the men under his command. To illustrate how this was manifested, Rodger has explained how drunkenness amongst the men was often indulged or tolerated because it actually represented only a very minimal threat to the social order.⁷⁴ During mid-century, class differences on board ship were also relatively unimportant because they receded in a system of ‘mutual ties of dependence and obligation’, under the captain’s supposedly attentive eye.⁷⁵

⁷² Roderick’s medical knowledge and experience tells him that the patients would fare better if they had digestible food, fresh air and cleaner conditions, see *RR*, 192-197.

⁷³ Lawrence, ‘Disciplining Disease’, p. 82.

⁷⁴ N.A.M. Rodger, *The Wooden World: An Anatomy of the Georgian Navy* (London: Fontana Press, 1988), pp. 72-74.

⁷⁵ Lawrence, ‘Disciplining Disease’, pp. 86 and 82.

In *RR*, the necessary, but perilous, expediency of surgical operations at the height of battle is captured in the text in a number of ways. Roderick and his colleagues are so overwhelmed with patients that they do not know who to treat first, and a cowardly doctor deliberately gets drunk so as to carry out a series of required amputations; ‘arms and legs were hewed down without mercy’ (p. 186).⁷⁶ The implication that, as a result of constraints of time, due care or skill, badly-executed or unnecessary amputations were performed – amputations which not only disabled the patient but may also have led to death later from blood-loss, shock or sepsis – contributes to a building sense of waste and desolation. By contrast, when a young friend suffers a compound fracture of the leg during a violent storm as opposed to in a battle situation, Roderick and the first surgeon’s mate resist the easy option of amputation and instead invoke their knowledge, experience and judgement in order to effect a cure, and save the leg (p. 168). They are under less pressure of time and this has a bearing on how they proceed, leaving them able to listen to the patient and adopt an approach more aligned to the ‘gentleman physician’ model of established or ‘bedside’ medicine. This episode reflects (and exaggerates), the different attitudes in action.⁷⁷ The variable and unreliable standard of treatment was a feature of contemporary naval medicine and a function of the isolated and autonomous nature of life at sea. Every member of the ship’s company was, medically speaking, utterly at the mercy

⁷⁶ Rodger has remarked on the lack of a triage system in the navy. As late as the 1790s, patients continued to be treated on board ship strictly according to the order in which they arrived regardless of their condition. Time was wasted on less serious or hopeless cases whilst others died through loss of blood: *Command of the Ocean*, p. 487.

⁷⁷ ‘Military medicine [...] inculcated the highest respect for a knowledge of specific details that could be quickly taught to others, rather than well-informed judgement rooted in good character’: Harold Cook, ‘Practical Medicine and the British Armed Forces after the “Glorious Revolution”’, *Medical History*, 34 (1990), 1-26 (p. 2).

of the differing proficiencies of the individual doctors on board.⁷⁸

In *Health and Medicine at Sea 1700-1900* (2009), David Boyd Haycock and Sally Archer set out to track medical and healthcare developments and the processes which played a part in these developments during the eighteenth and nineteenth centuries. It is acknowledged that naval medicine itself was a factor, in the form of lessons learned by navy surgeons, physicians, captains and admirals in areas like surgery and sanitation, and in making long distance sea-travel less hazardous.⁷⁹ Geoffrey Hudson and Harold Cook have also contributed to this debate, as I discuss below. Charters has pointed out that Britain's triumph in the Seven Years War (which notably was some years later than the War of Jenkins' Ear featured in the novel) has been accredited to the supply of fresh provisions by the naval administration to the Western Squadron. The squadron cruised the west coast of England during the war and had to withstand long periods at sea to fulfil its protective function. She has emphasized the extent to which administrative and government initiatives of the period worked within contemporary medical paradigms and were aimed at reducing risks to health, and has also commented on the investment of money and resources deployed.⁸⁰ On board the fictional *Thunder*, however, both the quality and supply of provisions are woefully

⁷⁸ Crimmin, 'Sick and Hurt Board', p. 91: 'Prior to 1796, the Board had little to do with the actual care of sick seamen afloat; communication with ships, squadrons and fleets was by letter and infrequent; indeed the further away from London, the less supervision it could exert'; Charters, "The Intention is Certain Noble", p. 28; N.A.M. Rodger, 'Medicine and Science in the British Navy of the Eighteenth Century', in *L'Homme, la Santé et la Mer: Actes du Colloque International tenu à L'Institut Catholique de Paris les 5 et 6 Décembre 1995*, ed. by Christian Buchet (Paris: H. Champion, 1997), pp. 333-344 (p. 335).

⁷⁹ David Haycock, 'Introduction: Health, Medicine', pp. 3-5: 'improvements in health in the Royal Navy between 1779 and 1813 had led to the lives of 6,674 sailors being saved in the latter year alone'. Haycock refers to the calculations of Gilbert Blane, a commissioner of the Sick and Hurt Board during the late eighteenth century; Charters, "The Intention is Certain Noble", p. 21: keeping a fleet at sea for long periods was known to magnify the threat of disease to those on board.

⁸⁰ In this context, Charters argues that naval history and medical history should adopt a more integrated approach and recognise that the Sick and Hurt Board cannot be classified only as a medical body nor only as an administrative body: "The Intention is Certain Noble", p. 35; *ibid.*, pp. 21 and 34.

inadequate and the detailed references to both in the text amass to convey a picture of disastrously poor management:⁸¹

We had languished five weeks on the allowance of a purser's quart [of water] per diem for each man in the Torrid Zone [...] our provision consisted of putrid salt beef [...] every biscuit [...] moved by its own internal impulse, occasioned by the myriads of insects that dwelt within it (p. 188).

And a deliberate manipulation and withholding of stocks:

Nor was this limitation of simple element owing to a scarcity of it on board, for, there was [...] water enough in the ship [...] at the rate of half a gallon per day to each man (p. 189).

Not for the first time in the text, Smollett breaks the rhythm of the narrative and allows the hero to here give a journalistic account of what, it would seem, the author knows to be very uncomfortable truths. With a characteristic tone of indignation, Roderick speculates that supplies were held back so as make life less valuable to the men and render them more careless of danger. He argues that as well as 'saving a great many lives', better provisions would have meant that the sick and wounded would have posed less of a medical challenge and been 'more easily maintained' (p.189). When yellow fever rages throughout the ship's company, the terrible conditions are exacerbated by the rain and the humidity. Roderick highlights the role played by the weakened constitutions of the men, through lack of provisions and also their despairing state of mind, in the loss of life that followed:

Three fourths of those whom [the fever] invaded, died in a deplorable manner [...] by the extreme putrefaction of the juices,

⁸¹ According to Crimmin, the price of provisions in 1739 was high and significantly increased when the French joined the war in 1744: 'Sick and Hurt Board', p. 97.

[their skin colour] being changed into that of soot (p. 193).⁸²

Many were heaved overboard with an attendant lack of any respect even in death – ‘[and] floated in the harbour, until they were devoured by sharks’ – something that was witnessed by those likely destined to share the same fate (p. 192). These events may be accurately represented or not. But considering the acknowledged importance of sea power at the time to the defence of the nation and to its trade and wealth creation, such images of gross negligence, wanton cruelty, poor management, and casual indifference embedded in a bestselling novel, were unsurprisingly destined to make an impact on a broad section of society.⁸³

Naval Medicine versus Established Medical Theory and Practice

There is a consensus that, during the eighteenth century, medical care in the navy and the military evolved according to its own set of priorities and necessities. Rodger has argued that established medical theory and practice were largely redundant to the Royal Navy and that, in fact, the naval administration enjoyed success by finding a way around the medical establishment or ignoring its maxims altogether.⁸⁴ Haycock has contextualised its development within the broader changes in Western medicine over a two-century period from 1700. He too notes that deference to established theory and practice was replaced by a currency which attached value to empiricism and practical skills.⁸⁵ Charters has explained how by the end of the century standardised clinical trials allowed the medical

⁸² Putrefaction was thought to be the inevitable state into which human bodies would deteriorate if the body was not maintained by eating, drinking and regularly excreting faeces and sweat. See Charters, “The Intention is Certain Noble”, p. 22.

⁸³ Haycock, ‘Introduction: Health, Medicine’, p. 3.

⁸⁴ Rodger, ‘Medicine and Science’, p. 341: also cited in Charters, “The Intention is Certain Noble”, p. 22. Charters disagrees with Rodger on this point, see above, note 80 to this chapter.

⁸⁵ Haycock, ‘Introduction: Health, Medicine’, pp. 1-2.

profession to ‘statistically evaluate the health and medical care of sailors’, a situation which echoes Jewson’s and Foucault’s ideas about shifting relations between doctor and patient, but in a setting in which the possible benefits to ordinary sailors were potentially dramatic in comparison to earlier experiences of facing disease at sea.⁸⁶ This increasing emphasis on tangible results in contemporary naval medicine would also seem to comply with Rieder’s model of a phase of ‘practical medicine’ bridging the gap between the earlier classical model and the later clinical medicine of Ackerknecht and Foucault. In his essay, ‘La Médecine Pratique: une Activité Heuristique à la Fin du 18e Siècle?’, he reiterates this view.⁸⁷ It was distinguished, he has argued, by a widespread cultural trend which privileged an empirical approach as an integral part of the doctors’ bid for professional status. This included the use of case histories as valuable information from which knowledge could be decoded to apply elsewhere.⁸⁸ From another perspective, Hudson has drawn specific attention to a shift in medical practice away from humoral medicine as evidenced even in the ex-serviceman’s petitions for pensions at the time. There are far fewer references to bad humours or the effects of heat and cold in the records towards the end of the century compared to the earlier part. By then the alternative model for conceptualising many of the common seaman’s diseases had emerged, anchored in notions of exposure to putrid air rather than an imbalance of the humours.⁸⁹

⁸⁶ Charters, ‘The Intention is Certain Noble’, p. 34.

⁸⁷ Philip Rieder’s essay is reviewed in English in Thomas Dodman, ‘Raconter La Maladie. Dix-Huitième Siècle: Revue Annuelle (Review)’, *H-France Review*, 16 (2016), 1-5 <<http://www.h-france.net/vol16reviews/vol16no228Dodman.pdf>> [accessed 19 April 2018] (p. 2).

⁸⁸ See Rieder, ‘Writing to Fellow Physicians’, pp. 47-64.

⁸⁹ Geoffrey L. Hudson, ‘Arguing Disability: Ex-servicemen’s Own Stories in Early Modern England, 1590-1790’, in *Medicine, Madness and Social History: Essays in Honour of Roy Porter*, ed. by Roberta Bivins and John V. Pickstone (Basingstoke: Palgrave Macmillan, 2007), pp. 105-117 (p. 113).

It is significant in this context that, in Smollett's novel, Roderick eschews the medicines that his surgeon friend administers to him when he finds himself gravely ill with yellow fever. Despite his comradely regard for his colleague – based on what he has witnessed of his working practices over months – he surreptitiously removes the blister from his back and spits out the diaphoretic boluses, with an inference that such treatments are now, in his view, outmoded.⁹⁰ He admits to a suspicion that these therapies 'co-operated with the disease' and risked a 'total degeneracy of the vital fluid'. He attributes his recovery in part to this wise course of action, but also to his access to fresh air via an open porthole, giving him a defence against the stench (or putrid air) of his surroundings (p. 194). After mid-century, the ancient model of disease as a function of fluid imbalance was losing validity. The idea had relied upon an assumption that disease interfered with the 'natural drainage' of the inner parts of the body. In a diseased body, these required 'opening-up' to the outside world via the body's peripheries and orifices, to restore equilibrium. But contemporary physiological theories conceptualised the body as a discrete self-regulating system, exemplified by theories such as Harvey's compelling model of the circulation of the blood, and those of for example, Thomas Willis, Albrecht von Haller (1708-1777) and Robert Whytt (1714-1766).⁹¹ Knowledge of the body's complexities suggested that it functioned by not only

⁹⁰ Blister refers to a topical (i.e. applied to the skin) medicine designed to cause blisters and (supposedly) draw out the disease with the fluid. Diaphoretic boluses are pills designed to cause profuse sweating to (supposedly) expel the disease.

⁹¹ Influenced by Harvey's discovery, Thomas Willis studied the brain and the nervous system and in 1664 published *Cerebri Anatome*. Among his ideas were that the animal spirits flowed through nerve fibres and reached all parts of the body: Porter, *Flesh*, pp. 55-56; Albrecht von Haller wrote *Dissertation on the sensible and irritable parts of animals* in 1755 in which he theorised that an organism's ability to respond to stimuli was rooted in the animal soul, a phenomenon he called 'irritability': *ibid.*, p. 56; Robert Whytt studied reflex actions and along with William Cullen and John Brown (1735-1788) 'imported Hallerian sensibility to Britain, challenged it, popularised it and debated it': Rousseau, 'Discourses of the Nerves', p. 230-231. See also Robert Whytt, *An Essay on the Vital and other Involuntary Motions of Animals* (Edinburgh: Hamilton, Balfour, and Neill, 1751) and *Physiology Essays* (Edinburgh: Hamilton, Balfour, and Neill, 1755).

reacting to environmental stimuli but also by protecting itself from material invasion by the environment. The emphasis thus shifted to a conservation of the fluids and a defence of the body via for example, the skin, against threats from outside agents such as ‘uncalculated dirt streams’ or – as Roderick describes it – ‘stench’ (p. 192).⁹² Significantly, throughout the novel, the concept of the humours is invoked more with reference to states of mind or character traits such as Roderick’s ‘sanguine’ complexion (p.86), betraying his optimism, or the Welshman’s ‘choleric’ temper –witness his irascibility – than in the sense of disease (p 150). However, the practice of blood-letting, a deliberate release of perhaps the most essential bodily fluid and originally based on the classical fluid balance maxim, was so established as a doctrine that it persisted for another 100 years. It is represented as a reliable first-line form of treatment in this novel and features in many others.⁹³ For example, a midshipman is brought back to consciousness after a fist fight by being bled (alarming from a modern perspective) from the jugular vein (p. 160). This feeds into a discourse that underpinned a gradual change over the century in the rationale for blood-letting. Later understood as a means of easing the circulation to promote self-healing, rather than restoring balance, blood-letting accommodated the new epistemology and the long-established practice continued.⁹⁴ These fictional examples reinforce Haycock’s, Archer’s and Hudson’s views of a shift in naval medical theory and practice of the time. In his novel, Smollett engages in a discourse between the old and the new way of understanding and executing forms of treatment and

⁹²Koschorke, ‘Physiological Self-Regulation’, pp. 470-476.

⁹³ See William Makepeace Thackeray, *The History of Pendennis*, 2 vols (London: Bradbury and Evans, 1850), II, p. 127. One hundred years later than *RR*, blood-letting features in this novel as a routine first-line treatment.

⁹⁴ Koschorke, ‘Physiological Self-Regulation’, p. 477.

characterises our 'chief personage' (p. 5) as a well-informed, up-to-date and effective doctor, deserving of professional success.

Hudson has also shown that the historical records of the ex-servicemen of the period reveal a trend towards including a clinician's diagnosis 'and the language of disease categories' in place of a 'patient narrative', and in contrast to the prevailing orthodoxy in private practice of the period.⁹⁵ Again there are echoes of Jewsonian and Foucauldian interpretations of the later reorganisation of medical discourses, or 'birth of the clinic', in which the patient was dislodged from his position of patron, disrupting the established power balance between doctor and patient. Instead, the doctor derived his professional status from his access to expert medical knowledge (for example, in this scenario, derived from the physical examination of damaged or diseased body parts) which he shared with his professional peers, but from which the patient was effectively excluded.⁹⁶ In the context of military and naval medicine, however, this relationship is complicated by the fact that the patient forms part of a valuable national resource who, as a result of his occupation, is economically and politically worthy of some medical investment. This third party involvement in the form of authoritarian (or military) discipline represents a power that, however it is manifested, acts to reinforce the differential to maintain order.⁹⁷ Throughout the novel, as Smollett explores the social signification of the body, as well as its materiality, he also confronts the reader with the conundrum of the body

⁹⁵ Pickstone and Bivens, 'Introduction: *De Omni Scribili*', in *Medicine, Madness*, ed. by Pickstone and Bivens, pp. 1-13 (p. 7); Hudson, 'Arguing Disability', p. 113; Fissell has also identified this trend originating from the infirmaries and hospitals around mid-century: 'The Disappearance of the Patient's Narrative', pp. 92-109; Wild, in *Medicine-by-Post* also discusses patient involvement in diagnosis and treatment.

⁹⁶ See 'A Sudden Break with the Past? Different Perspectives on the Emergence of Clinical Medicine in the Eighteenth Century' in the Introduction to this thesis; to Foucault the use of expert language was characteristic. 'What is the matter with you?' becomes 'Where does it hurt?': Foucault, *Birth of Clinic*, p. xxi.

⁹⁷ Michel Foucault, *Discipline and Punish: The Birth of the Prison* (London: Penguin Social Sciences, 1975).

whose humanity is negated or questioned, but is nevertheless put to work, or made to fight, in preservation of that social order.⁹⁸

The military hospitals remained inside the bounds of military codes of discipline and subjugation, and had been a fact of military life since the Glorious Revolution.⁹⁹ The Royal Greenwich Hospital (founded in 1694), for example, had developed its practice to meet the particular challenges presented by treating, and treating quickly, large numbers of patients with war wounds and servicemen's diseases.¹⁰⁰ They also offered a unique environment for 'mass observation and experimentation,' in a rigid hierarchical system with a clear objective to maximise military effectiveness from the available resources.¹⁰¹ As Harold Cook has said, military medicine adopted an emphasis on identifying diseases as entities and then matching them with an expedient medical or surgical cure.¹⁰² It therefore adhered to the empirical approach of Thomas Sydenham (1624-89), who has been credited with being the first practitioner in Western medicine to perceive the disease as separate from the patient.¹⁰³ It too prefigured elements of clinical medicine – witness its emphasis on treating and teaching 'on the job' with reference to a real patient, and also the attention paid to recorded medical statistics.¹⁰⁴

This tendency towards privileging empiricism and experience over theory and judgement in naval medicine is reflected and endorsed in *RR* in a number of ways. For example, on first embarking on a career as a surgeon's mate at sea, Roderick

⁹⁸ Douglas, *Uneasy Sensations*, p. 46.

⁹⁹ Hudson, 'Arguing Disability', p. 113.

¹⁰⁰ In *RR*, the deserving Jack Rattlin is bound for this hospital to recover from his injuries: see *RR*, p. 203.

¹⁰¹ Geoffrey L. Hudson, 'Introduction', in *British Military and Naval Medicine*, ed. by Hudson, pp. 1-22 (p. 12).

¹⁰² Cook, 'Practical Medicine', p. 2.

¹⁰³ Andrew Cunningham, *The Making of Modern Medicine* (BBC: London, 2007), episode 7 [on CD].

¹⁰⁴ Brockliss and Jones, *The Medical World*, p. 692.

sets off for London and packs only a few essentials including, notably, a book on surgery by Richard Wiseman (p. 38). Wiseman was a specialist in naval surgery and the most eminent British surgeon of the seventeenth century. In his writings such as *Severall Chirurgical Treatises* (1676), he gave advice on the main medical challenges encountered by the ship's surgeon. These included case studies of gunshot wounds, treated by means of amputation or trepanning, fractures and venereal disease. His *Treatise of Wounds* (1672) was advertised as suitable 'for ship's doctors', 'who seldom burden their cabin with many books'; and he openly declared in the preface that his experience lay in 'Armies, Navies and Cities, not in universities.'¹⁰⁵ Later in the narrative, it is notably Roderick's impressive practical skills in dressing a wound that secures his further career advancement under the surgeon and the surgeon's first mate at sea: 'the doctor [...] appeared very well satisfied with my method of application' (p. 158).

The pragmatic approach is echoed in the directives of the Sick and Hurt Board. Rodger has been relatively dismissive of the contribution of the board which 'had little to do with ships at sea.'¹⁰⁶ The Sick and Hurt Board could issue guidelines or instructions but had no mechanism for monitoring care at sea, save for a retrospective report delivered on the ship's return.¹⁰⁷ But Charters has extolled its achievements, and drawn attention to the fact that it did have an understanding of the pressures of shipboard life. This is evidenced by the successful introduction and sustained supply of a portable broth for sick seamen as early as the 1750s, to

¹⁰⁵ Richard Wiseman, *A Treatise of Wounds* (London: R. Norton for Richard Royston, 1672); also known humorously as 'Wiseman's Book of Martyrs': Porter, *The Greatest Benefit*, p. 187.

¹⁰⁶ Rodger, 'Medicine and Science', p. 335.

¹⁰⁷ Crimmin, 'Sick and Hurt Board', p. 91; M. John Cardwell, 'Royal Navy Surgeons, 1793-1815: A Collective Biography', in *Health and Medicine*, ed. by Haycock and Archer, pp. 38-62 (p. 58): until 1806, Surgeons had to keep two journals one of which was submitted to the Sick and Hurt Board or to a Greenwich Hospital physician.

augment provisions and stave off diseases like scurvy.¹⁰⁸ The board seemed almost to act as a basic and limited precursor of the National Institute of Clinical Excellence (NICE), with its assessment of evidence-based medicine and its affordability in the context of its large-scale use.¹⁰⁹ Charters has argued that its emphasis on empiricism did not especially alienate the board from the medical establishment, since there was less of a prevailing dichotomy between medical theorists and those who practiced medicine than might be imagined. The practical approach of the board was not an attempt to challenge the medical establishment; instead it was simply trying to meet its brief to maintain and improve the health of seamen within the available resources.¹¹⁰ Pat Crimmin has also urged for some understanding of the daunting administrative responsibilities of the Sick and Hurt Board. It was responsible for naval hospitals, hospital ships, medical care and food: most of its work was in keeping records of the sick and injured. It had laudable aims which were mostly to do with preventing disease on the assumption that most diseases were incurable; and it tried to achieve those aims despite limited power and money and with an overstretched workforce.¹¹¹ Only after the naval surgeons had gained a warrant and a ship did they come under the auspices of this Commission.

In a vignette of medical authorities on land exerting power on what happens at sea, the novel once again portrays a gulf between Roderick's expectations and his real experience. Up until 1796 and during Smollett's time of writing, it was the

¹⁰⁸ Charters, "The Intention is Certain Noble", p. 28.

¹⁰⁹ The National Institute for Health and Clinical Excellence, set up in 1999, see <<https://www.nice.org.uk>>; Charters; "The Intention is Certain Noble", p. 32.

¹¹⁰ *Ibid.*, pp. 32-33.

¹¹¹ Pat Crimmin, 'British Naval Health, 1700-1800: Improvement over Time?', in *British Military and Naval Medicine*, ed. by Hudson, pp. 183-200 (pp. 183-184); Crimmin, 'Sick and Hurt Board', p. 92.

Navy Board who issued warrants as opposed to the Sick and Hurt board. Aspiring surgeons and mates had to apply to the Navy Board for a letter to Surgeon's Hall requesting an examination, which cost money, and if successful they were given a certificate and then they returned to the Navy Board to seek a vacancy on board ship.¹¹² In the fictional account in *RR*, Roderick is advised to follow exactly this route in pursuit of a warrant (p. 82) but once again, this is a misrepresentation of how the process works in reality. Not only does he meet with prejudice and ill-will from the examiners, but he quickly learns that gaining the required qualification provides no guarantee to securing a surgical position on a ship, despite his proven merit and his significant financial outlay. The secretary and commissioners are corrupt, obstructive, and he is disadvantaged because his fellow applicants already know the system. They have not only made use of their social connections to gain recommendations, but have also come prepared with monetary inducements which the secretary and commissioners apparently routinely share out between them in an organised way (p. 98). Again, his expectations dashed, he reflects bitterly on how despite being a gentleman, his disinherited status leaves him open to such indignity and contempt. A view of an unjust world in which the worthy innocent meets with institutionalised corruption in a supposedly meritocratic process emerges clearly. Roderick's sense of righteous entitlement, which the reader is expected to share, also emerges.

The impact of disease at sea was unforeseeable and, as it turned out, spectacular. The tropics posed a particular threat to Europeans, and being stranded in tropical

¹¹² *Ibid.*, p. 102.

waters for a long period was even more perilous.¹¹³ The novel conveys the magnitude of this unseen menace in terms of the loss of life from yellow fever at the siege of Cartagena. It engages with a discourse on the navy's failure to prepare for the hostile climate (inadequate water rations in a climate where 'the sun was vertical'), and the many strategic failures, one of which delayed the departure of the ships from the region before the rainy season took hold. The alien nature of this fever emerges in descriptions of its 'violence' and how terrible a death it was; the blackening of skin to the colour of soot is a memorable detail (pp. 188-193). It is not surprising that Charters has focused on disease and its prevention in her analyses rather than on recovery from surgical procedures such as amputation. By the 1750s it was clear that disease, from which thousands died in the expedition to the West Indies, was capable of delivering a devastating blow to a fighting force and had the potential to cancel out any apparent military superiority or strategic advantage. In fact, it is accepted that a far higher proportion of deaths in the navy during the century were due to disease rather than battle injuries or shipwreck.¹¹⁴ The necessity was all too clear for effective preventative measures, as well as effective treatment, against epidemic disease which, as Charters has pointed out, was seen as a failure of state infrastructure rather than a consequence of war.¹¹⁵ In addition, from the perspective of the individual seaman, whilst death in combat

¹¹³ Rodger, *Command of the Ocean*, p. 487; It was well known that the West Indies was a dangerous location where death by disease was a major risk. Men often tried to desert on hearing that was where they were bound: Charters, *Disease, War, and the Imperial State*, p. 53.

¹¹⁴ Haycock, 'Introduction: Health, Medicine', p. 3.

¹¹⁵ Charters, 'The Caring State', pp. 922-923; Tobias Smollett, 'An Account of the Expedition against Carthagene, in the West Indies, besieged by the English in the year 1741', in *A Compendium of Authentic and Entertaining Voyages, Digested in a Chronological Series. The whole exhibiting A clear View of the Customs, Manners, Religion, Government, Commerce, and Natural History of most Nations in the Known World. Illustrated and adorned with a Variety of genuine Charts, Maps, Plans, Heads, &c. Curiously Engraved*, 2nd edn, 7 vols (London: Printed for W. Strahan and others, 1766), V, pp. 313-342.

was an occupational hazard, death from disease was inglorious.¹¹⁶ In *RR*, the distinction between the two manners of death is not emphasised in this regard. Instead the typical seaman seems subject to so many trials from all directions that the reader senses his understandable indifference to the prospect of glory, whether garnered in life or after death. Meanwhile, Roderick's frustration that much of the suffering and loss of life on board could be avoided, just by introducing strategies to maintain health, is clearly signposted. But because the role of the naval surgeon at the time was restricted to treatments and cure, Roderick, and medical men like him, have no voice in the matter of health maintenance. Their knowledge is effectively left untapped. It was another fifty years before this situation changed as the naval surgeons lobbied successfully for a greater role in how ships were run and joined the ranks of the 'officer and the gentleman'.¹¹⁷

Naval Medicine, Professionalisation and Career Advancement

Life in the navy was very different from life in the army in some key respects. Different contributors to Haycock and Archer's book each convey in various ways the enforced autonomy of the naval commands, which made the social cohesion of the ship's company a feature of maritime service.¹¹⁸ Rodger has referred to the relatively tolerant, disordered character of the discipline on board a ship as distinct from that of other services. The ship's company were on their own, in a

¹¹⁶ Charters, 'The Caring State', p. 923.

¹¹⁷ Lawrence, 'Disciplining Disease', p. 85.

¹¹⁸ Charters has remarked on the overlap between the medical contingents in the army and navy as many operations during the period were amphibious (including the siege of Cartagena). Also there was no significant disparity in sick rates between the Army and the Navy in the Seven Years War. However medical care in the navy was more conspicuous in the form of naval hospitals and it was more regulated and centralised: "The Intention is Certain Noble", pp. 35-36.

confined space, facing the elements and often the enemy together. Their lives depended on teamwork and a spirit of ‘cooperation and consent’.¹¹⁹ The surgeon and his mates were a part of this community, as evidenced by James Handley’s advice to aspiring practitioners in another surgical text of the period. ‘As I have spent my best Days in the Royal Navy, I shall take leave to say a few things to those young Gentle-men, the Surgeons Mates there: [...] Do your Duty diligently by the Seamen; [...] and give them good Words, and that’s the Way for them to love you’.¹²⁰ In the novel, a striking feature of Roderick’s time in the navy is the close bonds he makes with some of his medical colleagues, especially those of good ‘pedigree’ like Morgan, who can empathise with the hero as a “shentleman in distress” (p. 152). Roderick’s acute awareness of social position is apparently undiminished despite the enforced social cohesion and lack of privacy that characterised naval life. It offers further corroboration of Roderick’s frustration at the temporary obscuration of his rightful status as a man of ‘birth and education’. However, amidst the rivalry, intermittent chaos and routine punishments in this portrayal of life on board ship, the narrative conveys the small acts of compassion, mutual respect and stoicism that underpinned these close relationships.¹²¹ The value of this camaraderie is reflected in the views of John Atkins (1685-1757) as he extolled the virtues of naval surgery as a training ground in his surgical text: ‘I know no better school to improve in; than the NAVY, especially in time of War.’¹²² He pursued this conviction and lobbied for the opening of the naval surgical school

¹¹⁹ Rodger, *Command of the Ocean*, p. 320.

¹²⁰ James Handley, *Colloquia Chirurgica: or, the Art of Surgery Epitomiz’d and made Easy, according to Modern Practice* (London: C. Hitch, 1743), p. 8.

¹²¹ For example, the kindness of surgeon’s second mate, Thomson, p. 158; the bravery of surgeon’s first mate Morgan in the face of tyranny, p. 161; and the stoicism of Jack Rattlin as a patient (p. 185).

¹²² John Atkins surgeon, *The Navy Surgeon: or, A Practical System of Surgery. Illustrated with Observations [...] Also an Appendix* (London: Caesar Ward and Richard Chandler, 1734), p. 10.

at Portsmouth in 1742, when the humiliating loss of so many men at Cartagena must have been a recent memory.¹²³

The founding of military hospitals contributed to the growing status of naval surgeons, echoing the establishment of hierarchical structures which accompanied the advent of hospital/clinical medicine in civilian settings later in the century.¹²⁴ Against a continuing growth of interest in anatomy in the previous two centuries, the status of surgery and the surgeon at mid-century was undergoing particularly rapid change. One of the most high-profile changes was the surgeons' break from their guild status with the barbers and the establishment of their own college in 1745 just a few years after the period in which *RR* was set, and just three years before it was published. It mirrored a similar development in France at the same time, in which the surgeons emerged triumphant in a clash with the physicians over corporative boundaries.¹²⁵ The contemporaneous increase in demand for surgeons to help preserve the lives of those who manned the fleet played an important role in their enhanced status, as did the proven efficacy of their empirical methods, given even greater kudos during wartime.¹²⁶ The empirical approach had many advantages for military surgeons and physicians, as Cook has noted,

the more [...] standardised each step of diagnosis and treatment became, the easier it would be to treat soldiers and sailors, to train new practitioners quickly and well and to find new medical specifics for particular diseases or new operations for patching up wounds.¹²⁷

¹²³ John Atkins, *The Navy Surgeon; or, A Practical System of Surgery. With a Dissertation on Hot and Cold Mineral Springs* [...] (London: Printed for J. Hodges, 1742), preface (unpaginated).

¹²⁴ See page 183 above.

¹²⁵ Keel, *L'Avènement de la Médecine*: cited by Rieder, 'Writing to Fellow Physicians', p. 47; Brockliss and Jones, *The Medical World*, p. 27.

¹²⁶ Waddington, *An Introduction*, p. 122.

¹²⁷ Cook, 'Practical Medicine', p. 2.

The fast transfer of practical skills from the more experienced to the less experienced, under pressure, and with access to a large number of patients, is a feature of eighteenth-century naval medicine. This is apparent in Smollett's portrayal of shipboard life in the novel: even though our hero receives no specific tutelage on board in the text, he works as part of a team with the other medical men. This relative transparency in passing on skills could be interpreted, along with parallel developments in military hospitals, as a prefiguration of clinical teaching as per Ackerknecht et al; note how the training of doctors, and the ministering to patients both take place *in situ* at the bedside, albeit in extreme conditions.¹²⁸ However on board a ship in the midst of battle, doctor-patient relations are nuanced/complicated by the fact that the surgeons need to save the lives of the men on whom everyone's lives, including their own, might depend. It also means that each of them has to pull their weight and that resources, such as knowledge and skills, are more likely to be pooled.

In terms of career advancement a position as a surgeon on board one of the 'king's ships' allowed the aspiring doctor to leapfrog some of the obstacles to entering the profession on land (p. 37).¹²⁹ Roderick, financially disadvantaged through his disinheritance, masters a number of different occupations throughout the novel, but his medical career follows this accelerated route to reclaiming his gentlemanly status in a particularly dramatic way. When he heads South from Scotland to London to become a surgeon's mate in the navy, his gentlemanly status and prospects in terms of a medical career are contrasted with those of his best friend

¹²⁸ See Introduction to this thesis, pp. 23-30 above.

¹²⁹ See also, Cecil Wall, *The History of the Surgeon's Company 1745-1800* (London: Hutchinson's Scientific & Technical Publications, 1937), p. 82.

who is (notably) just a barber and happily and accommodatingly acquiesces in his lower status: ‘You be gentle and I be simple’ (p. 101). On reaching London Roderick learns that without money and connections his medical knowledge and skills are inconsequential. He is also subject to fervent anti-Scottish discrimination. For example, his Scottish origins inspire resentment during his interview at Surgeon’s Hall when he is asked where he is from: ‘we have scarce any other countrymen to examine here – you Scotchmen have overspread us of late as the locusts did Egypt’ (p. 91). There is an implication here, as the examiner complains about relative training requirements, that he is aware of the Scots’ competitive edge versus the English in medical education (pp. 91-92); a status quo which prevailed at the time.¹³⁰

It is ironic that the fictional Roderick had been repeatedly thwarted in his attempts to enter the navy as a surgeon’s mate for some time, when he is suddenly pressed into the service and finds himself a member of the (possibly doomed) underclass as an impressed seaman.¹³¹ However, as Ennis has remarked, this experience actually, it transpires, affords Roderick the means to swift social advancement. As soon as he can make clear his family connection to a past Lieutenant of the ship, he has open to him a route to the position of a surgeon’s mate, or ‘the shipboard equivalent of the middle-class’. In a medical role, though still engaged in a dangerous occupation, Roderick is now likely spared the perilous

¹³⁰ See page 220 of this thesis below for a brief discussion of the success of eighteenth-century medical education in Scotland; Rivka Swenson highlights Smollett’s appropriation of ‘Scotchphobic discourse’ for satirical purposes in this fictional dialogue with the examiners. Roderick defends his indigence (and that of his countrymen) as born out of necessity not choice. ‘Here, Smollett pokes a finger in the eye of English vitriol about the parasitism of south-travelling Scots’: see ‘Revising the Scottish Plot in Tobias Smollett’s *Roderick Random*’, in *New Contexts*, ed. by Johnson, pp. 177-199 (p. 183).

¹³¹ The hotly-debated practice of impressment is described by Ennis as ‘the Royal Navy’s violent recruitment tool’. It was extended beyond the usual targets such as merchant seamen to ‘residents of the city of London’ in the period, especially in times of ‘national crisis’: ‘Naval Impressment’, pp. 233-40.

tasks allotted to the regular seamen, such as manning the guns or taking part in a raiding party on a foreign shore. In other words, his fortunes have improved in one very important respect: he now has a much greater chance of staying alive. The way is clear for him to continue his adventures and rise up the social scale until he makes his fortune at the end of the novel.¹³² Whilst the surgeons on board ship occupied a status below the most junior lieutenant, and their low status compared to the captain is made clear in the novel – “the captain [...] is too much of a gentleman to know a surgeon’s mate, even by sight” explains Thomson (p. 150) – they are however ranked higher than all the regular sailors, and were proud of their position in the hierarchy.¹³³ Roderick’s pronounced social mobility is a prominent feature of the novel and is characteristic of the *picaresque* form.¹³⁴ Moreover, his relatively short time spent as a surgeon on board ship has a disproportionately large effect on his fortunes and his experiential development.¹³⁵ In this sense, in terms of Roderick’s journey through life’s social strata, a career in naval medicine represents a form of high-speed transport.

Smollett himself took advantage of this fast track to the profession in real life so as to establish his own (in his case not very successful) London practice, as did other Scotsmen such as William Smellie and William Cullen.¹³⁶ Indeed, Cook has credited the restructuring of the British military medical establishment with giving

¹³² Ibid., pp. 237-244.

¹³³ Edward (Ned) Ward, *The Wooden World Dissected: In the Character of a Ship of War: As also, The Characters of all the Officers, From the Captain to the Common Sailor* (London: Printed for J. Robinson, J. Fuller, junior, 1749), pp. 44-48.

¹³⁴ Rousseau, ‘Smollett and the Form of Picaresque Literature’, in *Essays of Two Decades*, pp. 55-79 (p. 58).

¹³⁵ Ennis, ‘Naval Impressment’, p. 244: by development in this instance, I mean amassing and learning from experience as per the *picaro*, rather than changing in character (as eventually takes place in *Ferdinand Count Fathom*, see Chapter Three of this thesis).

¹³⁶ Spector, *Tobias Smollett*, p. 2; this is also discussed in the context of professionalisation in Chapter Three, see page 223 below.

rise not only to a new career structure for practitioners, but also a growing legitimacy for ‘medical specifics’ i.e. drugs targeted at a disease, rather than a reliance on general factors affecting health, such as environmental conditions and diet.¹³⁷

Smollett and Roderick: What of the Similarities?

The parallels between the life of the fictional hero, Roderick and that of Tobias Smollett himself, are very obvious and have given rise to the conjecture that the novel is, at least in part, autobiographical.¹³⁸ For example, Smollett, having received medical training in Glasgow, was also short of money when he travelled from Scotland to London in 1739. He secured a position as a surgeon’s mate on a man of war; was part of the expedition to Cartagena during the war with the Spanish, and he too fell seriously ill during his time at sea. In addition, as Boucé indicates, the two years he spent in the service clearly had a profound effect on Smollett the man, judging by the fact that he returned to the subject in print three times over the course of his life.¹³⁹ Each of these accounts blasted the terrible conditions, the failure of leadership and the avoidable waste of life.

In the context of this thesis this synergy only matters if it has a bearing on the way the novel engages with contemporary medical debates and those around naval

¹³⁷ Cook, ‘Practical Medicine’, p. 25.

¹³⁸ In his letter of 1748 to Alexander Carlyle, and to Richard Smith Esq. in 1763, Smollett denies that *RR* is autobiographical, but makes some exceptions most notably the passages on the expedition to Cartagena: *The Letters of Tobias Smollett*, pp. 7-8 and 112: ‘in all the sincerity of unreserved friendship, [...] no Person living is aimed at in all the first part of the Book; that is, while the scene lies in Scotland and [...] (the account of the Expedition to Carthagene excepted) the *whole* is not so much a Representation of my Life as that of many needy Scotch Surgeons whom I have known’, ‘The only similitude between the circumstances of my own Fortune and those I have attributed to Roderick Random consists in my being born of a reputable family in Scotland, in my being bred a Surgeon, and having served as a Surgeon’s mate on board a man of war during the Expedition to Carthagene’.

¹³⁹ As well as the depiction in *Roderick Random*, Smollett wrote an account of the expedition in *The Compendium of Voyages* (1756) and in his *A Complete History of England* (1758).

medicine in particular. In the context of a novel that draws heavily on the *picaresque*, the embedded naval passages strike a different tone, laced with gravity. As discussed, Smollett consciously employs techniques that infuse the narrative with credibility, but the authenticity of the naval scenes emanates from the details about allotted spaces, types of food, the layout of the ship and shipboard routines. In addition, there is his use of insider jargon and slang – especially hard to imagine or counterfeit if one had not shared the experience – which further adds to the authority of Roderick’s perspective as an appalled witness of scenes which are now imprinted on his mind.

J. Paul Hunter in *Before Novels*, and Leonard Davis in *Factual Fictions* are among those who have emphasised the important role played by other forms of print in the emergence of the novel in the eighteenth century, and they make a special case for journalism, which by definition draws on lived experience.¹⁴⁰ Basker, Boucé and Seary have made much of the novel’s ‘qualities of battlefield journalism, with its eyewitness reporting and tone of exposé.’¹⁴¹ Louis Martz compared a historical account of the battle attributed to Smollett with the passages in *RR* and commented on the obvious similarities, and some of the differences.¹⁴² There have been those that have criticised the novel’s depiction of

¹⁴⁰ Not just newspapers but all supposedly factual accounts in print; Leonard J. Davis, *Factual Fictions: The Origins of the English Novel* (New York: Columbia University Press, 1983).

¹⁴¹ See James Basker’s introduction to Tobias Smollett, *The Adventures of Roderick Random*, ed. by James G. Basker, Paul-Gabriel Boucé, and Nicole A. Seary (Athens, GA: University of Georgia Press, 2012), p. li.

¹⁴² Martz, ‘Smollett and the Expedition’, 428-46: for example, Smollett was not an eyewitness to much of the action as his ship was not part of the attack and was ‘some distance away with the rest of the fleet’ (p. 439). In his historical account of the expedition, Smollett does not rely on his journal or his memory and instead consults the published documentation to give a detailed, considered account (p. 445); in all his accounts he consistently attacks the naval leaders and the inadequate conditions: see Smollett, ‘An Account of the Expedition against Carthagene’, in *A Compendium*, V, pp. 313-342, *A Complete History of England*, VII (London: Printed for James Rivington and James Fletcher, 1758), pp. 287. See also *The Present State of All Nations*, VIII (London: Printed for R. Baldwin and others, 1769), p. 382: Smollett briefly describes the climate of Cartagena, emphasising the threat to Europeans of diseases like ‘black vomit [...] and the leprosy’.

life in the Navy on the grounds of inaccuracy, judging it according to the standards of a historical account. Reverend Edward Manguin writing in 1808 conceded that while Smollett experienced ‘the most tyrannical days,’ he also insists he exaggerated for effect.¹⁴³ Nearly 200 years later, Rodger explained his reluctance to draw on Smollett’s narrative as follows:

As (Smollett) had served one voyage as a surgeon’s mate he was not wholly unacquainted with the Navy, but he remains a poor, or rather an over-rich, substitute for documentary evidence. In picaresque novels a man is not upon oath.¹⁴⁴

In a fictional literary form concerned with portraying individual experience in new ways, accuracy has a problematic role to play. The developing novel exploited the value of accuracy in enhancing verisimilitude through specifics of location or character etc. but it was by definition not a prerequisite. The *picaresque* form of the eighteenth century was especially removed from such constraints. It self-consciously referenced an earlier tradition in which an individual journeys through a game-like world of change and a multiplicity of incident, character and location, whilst offering up opportunities for satire along the way. Smollett adopts the tradition to meet his satirical and didactic ambitions, but he interweaves circumstantial detail to lend a sense of reality and maximise the reader empathy with Roderick’s experiences. Boucé has commented on Smollett’s ‘determination to mitigate and, as it were, muffle his opinions in order to emphasise their disillusioned irony’.¹⁴⁵ My view that Smollett successfully navigates a creative path in *RR* between what Scarry has called, the ‘made real’ and the ‘made up’, feeds

¹⁴³ See ‘Smollett’s Naval Novels’, in *Smollett: The Critical Heritage*, ed. by Kelly, pp. 284-290, (p. 287): Kelly includes an excerpt from ‘Strictures on Smollett’ in Edward Manguin’s *An Essay on Light Reading* of 1808.

¹⁴⁴ Rodger, *Wooden World*, p. 14.

¹⁴⁵ Boucé, *Novels of Tobias Smollett*, p. 48.

into this discussion.

Despite the fact that Smollett himself later denied that the work was autobiographical and particularly urged readers not to look for resemblances to real life individuals, Smollett's personal views and gripes are never far from the surface.¹⁴⁶ As Spector has observed, Smollett conspicuously and habitually used his fiction as a means to 'settle old scores'.¹⁴⁷ Witness the actor, David Garrick, lampooned as Mr Marmozet later in *RR* as, 'a celebrated player' who is 'courted for his buffoonery' (pp. 389-393).¹⁴⁸ The main targets of his contempt in the naval chapters are individuals, in particular Admiral Vernon and General Wentworth, on whom he lays the blame for all the suffering (which included his own).¹⁴⁹ He complains that 'between the pride of one and the insolence of another the enterprise miscarried' before likening them to 'two stools' between which the 'backside falls to the ground' (p. 190). His resentment of what he saw as the institutionalised incompetence of individual naval commanders persisted for years. It finally resulted in his brief imprisonment in 1758 for the libel of Admiral Knowles (d. 1777) in *The Critical Review*. Knowles had been Captain of HMS *Weymouth* at Cartagena, and during the Seven Years War was one of the commanders of a failed expedition against the French port of Rochefort in 1757. There were marked parallels with the earlier expedition to Cartagena, in terms of the costly repercussions of poor and ineffective leadership.¹⁵⁰

Inevitably, Smollett's realistic portrayal of the woeful state of care received by

¹⁴⁶ See Apologue to *RR*, p. 7.

¹⁴⁷ Spector, *Political Controversy*, p. 11.

¹⁴⁸ See also Basker, *Smollett: Critic and Journalist*, p. 100. By 1756, Smollett had reversed his view of Garrick and lavishly praised him probably for reasons of self-interest.

¹⁴⁹ Brigadier Thomas Wentworth (1693-1747) was commander of the land forces in the Cartagena expedition.

¹⁵⁰ Boucé, *Novels of Tobias Smollett*, p. 26.

sick and injured seamen during the mid-eighteenth century has since provoked questions about how closely it complied with the facts. Manguin expressed his scepticism more than 50 years after the battle, and his comments may stand merely as a testament to the scale of reforms that were implemented in the meantime. Meanwhile, Anna Laetitia Barbauld, reviewing the novel just two years later than Manguin, seems to have accepted its veracity and remarked on the ‘disgusting picture of the manner of living on board a man of war’ whilst welcoming the extent to which healthcare and conditions had improved ‘since that account was written.’¹⁵¹ Nearly 200 years later, Barbara Tuchman referenced *Roderick Random*, in a historical review of the American Revolution, as a source to describe typical conditions on a warship. Even more recently, a book review in a 2011 edition of the *British Medical Journal* has recommended *RR* to doctors as recreational reading but also as a good source for understanding the history of surgery and the progress of their profession. These recent examples demonstrate the extent to which the novel has penetrated the historiography.¹⁵² Margarette Lincoln has described how the stance of physicians’ writings on the subject of naval medicine developed over the century, as the crisis around seamen’s health became impossible to ignore. Following Smollett’s highly negative representation, there was an attempt to bring the discourse back to medicine to defuse its impact. She has explained that doctors’ attempts to agitate for better healthcare in the navy were always undermined by the perception that their main objective was to improve their own conditions and status, perhaps a function of an un-established

¹⁵¹ ‘Mrs Barbauld on Smollett’, in *Smollett: The Critical Heritage*, ed. by Kelly, pp. 290-295 (p. 291): Kelly includes an excerpt from *The British Novelists*, ed. by Mrs Anna Laetitia Barbauld (1810).

¹⁵² Barbara Tuchman, *The First Salute: A View of the American Revolution* (New York: Alfred A. Knopf, 1988), p. 129. Quoted in Ennis, ‘Naval Impressment’, p. 245; Wendy Moore ‘Medical Classics’, *BMJ*, 343 (2011), 591, (p. 591).

profession in its infancy.¹⁵³ Unfortunately, the fact that *RR* appeared shortly before the launch of dedicated review periodicals means that there is an absence of evidence that might augment this particular discussion (see note 3 to this chapter).

Approaching Smollett's novel from a different perspective, Ennis has emphasised its engagement with the social and intellectual problem of impressment which represented another important cultural context for the early novel genre (after J. Paul Hunter) and offers further insights into its development, especially through its relationship to social protest. I draw a parallel here with the issue of naval conditions and medical care at sea. The practice of impressment expanded in response to national crises such as the wars of the mid-century and was increasingly to the fore in the public consciousness.¹⁵⁴ Ennis describes how, by writing about impressment in his novel during the 1740s, Smollett 'fired an unexpected volley of realism into a battle that had up until that point been fought in the abstract'.¹⁵⁵ Following the decimation of George Anson's squadron, in which only 145 men returned from the original 1,500 in 1744, and the failed Cartagena expedition just four years before that, public perceptions of the dangers of life at sea were at a peak at the time of the novel's publication.¹⁵⁶ In his detailed portrayal of the needless waste of life on board a naval ship through inadequate provisions, medical mismanagement and poor conditions, Smollett's novel tapped

¹⁵³ Lincoln, 'The Medical Profession', pp. 209-211.

¹⁵⁴ Daniel Defoe actively lobbied against impressment earlier in the century. See *Some Considerations on the Reasonableness and Necessity of Encreasing and Encouraging the Seaman* (London: printed and sold by J. Roberts, 1728).

¹⁵⁵ Ennis, 'Naval Impressment', p. 236.

¹⁵⁶ In 1740, Anson (1697-1762) was given five ships for the purpose of raiding Spanish interests. The venture ended up as a circumnavigation of the globe. As Ennis puts it 'mid-century documentary evidence creates the overwhelming perception that naval service can and did cripple and kill thousands of Englishmen', *Ibid.*, p. 240.

into another latent form of social protest. The novel again supplied the experiential ‘reality’, a factor that had been up to that point inaccessible because of the illiteracy of seamen and the fact that shipboard life was a separate and remote world to many. But once that reality became known so that it resonated with the reading public, it irreversibly entered public discourse.¹⁵⁷

Conclusion

The portrayal of naval medicine in Smollett’s first novel is framed within a dramatic and global setting. The foreign lands, the dangers of the elements and the myriad of characters with different accents and temperaments, grace the novel with a scope and a worldliness that contrasts with the more provincial and familiar settings of the works of other mid-century novelists such as Fielding and Richardson. It is also woven into an account of a prominent and recent historical event which took place in defence of British political and financial interests and was executed by the nation’s naval and land forces. The expedition to Cartagena, which delivered a catastrophic defeat instead of the expected victory, provides both a topical and newsworthy context and Smollett’s narrative technique carries with it the authority of a first-hand witness.¹⁵⁸ The tone of his account holds out the promise of unique insights, as the detailed narrative offers up a newly-revealed ‘reality’ of shipboard life for reader consumption, in expectation of a proportionate response of shock and outrage.

From a struggling apothecary on land, Roderick succeeds in becoming a surgeon at

¹⁵⁷ In the absence of any contemporaneous reviews on the subject, I here make an assumption that if the novel was still being talked about 50 years later and beyond, then its content is likely to have been the subject of even greater public debate at the time, especially given the recent losses of life at sea.

¹⁵⁸ Basker, ‘Introduction’, *The Adventures of Roderick Random*, p. li.

sea on an expedition to the New World and hostile territory. Life at sea, with its combination of significant opportunities and significant risks, offers a narrative device for an accelerated change in a character's fortunes.¹⁵⁹ As John Barrell has highlighted, Roderick's social advantages of birth and education enable him apparently to slip in and out of roles and accommodate the worst experiences without losing his own (at least) sense of status. Worldly experience gives him, over the course of the novel, 'the comprehensive view of society' and breadth of understanding that befits his rank.¹⁶⁰ In a vignette of how social order might be restored from chaos, Roderick's story ends well. The role of a ship's surgeon is a step – and actually the most significant step – on the way to claiming his rightful place as a gentleman of means at the end of the narrative.

The fragility and vulnerability of the body, in the context of conflict, punishment, disease, deprivation, and extreme forms of medical intervention, is a recurring motif which emerges throughout, but reaches a crescendo on board the *Thunder*. Brains, bones, blood and excreta are either flying about or are at least displaced. Smollett's realist strategy involves a willingness to confront the materiality of the body and all its functions, which corrals the embodied reader into doing the same, and in the process he evokes disgust, distaste and mirth, but also compassion and empathy. These responses are key to his moral mission to fire up the reader with 'generous indignation' against 'the selfishness, envy, malice and base indifference' (p. 5) of those in modern life, including those who run the navy. But Roderick's own response, whilst infused with sympathetic indignation and resentment, carries

¹⁵⁹ Ennis, 'Naval Impressment', p. 244.

¹⁶⁰ John Barrell, 'A Diffused Picture, an Uniform Plan: Roderick Random in the Labyrinth of Britain', in *The English Novel Volume II: Smollett to Austen*, ed. by Richard Kroll (London: Longman, 1998), pp. 97-127 (p. 112).

an underlying refrain of: how dare they treat people so unjustly (but especially a gentleman such as me)? As Aileen Douglas has identified, Smollett's account of Roderick's adventures repeatedly usurps any notion that gentlemanly status somehow reveals itself on the body. Roderick's struggle is to move from a 'socially invisible' body – which leaves him as less than human, vulnerable to being abused, or as an impressed sailor, being forced to work – to the attainment of a body which is 'socially significant', with the role of a ship's surgeon forming part of that progression.¹⁶¹

The novel engages not only with discourses pertaining to the state of healthcare in the navy and the medical career path of the hero, but also with the changing approaches to medical theory and practice in which the growing status of surgery, and surgery in the armed forces, had an impact. I argue that this novel reflects the view of those who have challenged Ackerknecht's account and Foucault's model of a rupture or 'discontinuity' in discourses around medical theory and practice at the end of the century. It gives weight to the contention that many changes can actually be traced back to different contexts, conditions and antecedents decades earlier. These include an anatomical approach to disease, improving surgical techniques and an emphasis on practical competence and experience based on an empirical approach. Roderick's practical skills emerge as a valuable currency on board ship, in terms of impressing his peers and in playing a role in the future survival of everyone onboard in a community based on mutual dependency. In addition, Roderick's grasp of the most up-to-date medical theories facilitates the success of his treatments. This episode carries with it the implication that he is

¹⁶¹ Douglas, *Uneasy Sensations*, pp. 43-69.

benefiting, unlike his fellow practitioners, from being part of a developing professional community with access to the latest medical knowledge through modes of discourse, such as printed texts. In this instance, he has assimilated a new perspective on the existing model of the workings of the body. The idea of the body's interior as essentially permeable, and sustained by periodic recalibrations back to a balanced state, gradually receded during this period. It gave way to a more organicist model of a self-regulating system that, given due help and respectful treatment, such as essential sustenance and adequate living conditions, has a remarkable power to protect itself from disease.¹⁶² Smollett's novel therefore reflects a certain deference to the body whilst in the process of parading its animal-like functions. Aligned to this new perspective is Roderick's acute awareness of elements of his surroundings that are a threat to health, and he implicitly bemoans the fact that such considerations are beyond the surgeon's control. In actuality, by the end of the century, the naval surgeon's role had broadened to encompass health preservation, in just the way that the fictional Roderick might have wished.

Smollett's use of satire within an action-packed *picaresque* narrative is sustained and aimed at an array of targets. Pompous and prejudiced doctors on the examining board, an effeminate captain, greedy relatives, Welsh shipmates and so on do not escape his ridicule. But his most serious moral censure is reserved for the commanders of the army and navy in a sporadic and deeply ironic commentary on their calamitous performance as leaders. In his view they are removed from,

¹⁶² See Koschorke, 'Physiological Self-Regulation', p. 470: 'this inner permeability corresponded to an outward openness. Through inhalations and exhalations, the individual body was not only tied to other bodies but to the entire cosmos'.

and indifferent to, the consequences of their petty vanities and rivalries. It is on them that he ultimately lays the blame for the inhumane conditions, inadequate medical treatment, exposure to disease, and lack of care in maintaining health at sea.

Smollett's *Roderick Random* offers a powerful illustration of the productive and close relationship between the developing novel and medical discourses, and the novel's status as an Enlightenment knowledge system. As with the theme of man-midwifery in *Tristram Shandy*, the naval passages in *RR* span only a few chapters, but because of their shocking nature and their importance in the plot trajectory, they stand out. The debates around the area of naval medical care and conditions are contextualised within a patchwork of Roderick's subjective experience, and by use of changes of pace and uncompromising detail, Smollett paints a vivid picture of naval life as it appears to our new naval recruit. Its role in initiating reform, for which the evidence, albeit speculative and circumstantial, is nevertheless convincing and emanated from the novel's success in making the everyday lived experience of regular sailors during wartime a reality to the growing 'middling sort' of the nation.

From a broader perspective, the novel draws on the theme of medical theory and practice in the navy as a microcosm of wider debates relating to philosophical, cultural and social issues. Underpinned by Enlightenment values, Smollett embarks on an expansive and inclusive educational project or a commitment to 'universal improvement' in the text. He depicts the plight of injured and diseased sailors as a means to comment on institutional indifference, pettiness and corruption. His responsiveness to cultural concerns about the significance of the human body and

its functioning, and the slippery concept of identity, are also played out in Roderick's chequered progress through life, in and outside of his medical career. Meanwhile Smollett's adaptation of the older *picaresque* narrative form serves to highlight the extent of the hero's social mobility in both positive and negative directions, conveying Smollett's anxieties about the disintegration of social boundaries.

Finally, it is worth emphasising that in *Roderick Random*, Smollett chose to communicate little-known realms of lived experience, such as the bodily suffering of fighting men at sea, to an increasingly vocal section of society, in the new literary form of the novel. Furthermore, he achieved his aims by deftly experimenting with the novel form's emerging literary traits, as did other novelists such as Fielding, Richardson and Sterne, during the same mid-century period.

Chapter Three

The Professionalisation of Medicine in Tobias Smollett's *The Adventures of Ferdinand Count Fathom* (1753)

Introduction

A novel is a large diffused picture, comprehending the characters of life, disposed in different groups, and exhibited in various attitudes, for the purposes of a uniform plan, and general occurrence, to which every individual figure is subservient. But this plan cannot be executed with propriety, probability, or success, without a principal personage to attract the attention, unite the incidents, unwind the clue of the labyrinth, and at last close the scene (p. 4).

This final case study delves further into the daring experimentalism and 'generic hybridity' of Smollett's fictional oeuvre, with a study of his third novel, *The Adventures of Ferdinand Count Fathom* (FCF) (1753). It uncovers how this particular representative of the developing genre participated in eighteenth-century medical discourses relating to the professionalisation of medicine, a discourse which also fed into the analysis of TS with regard to man-midwifery (see Chapter One). As before, the focus is on the literary attributes of the early novel form which enable this interaction. These include, among others, modes of narrative technique and characterisation, the facility to deliver multiple perspectives, the referral to earlier literary forms and original (as opposed to culturally pre-set) plotlines. They were used to construct verisimilitude, or portray the circumstances of life in a believable way, in the narrative. The capacity of the novel to channel wider issues of concern through its engagement with medical themes is in evidence in the text. These issues extend from the philosophical

through to the cultural and social. They encompass fears about the potential impact of consumerism and luxury on moral standards – as in increasing levels of acquisitiveness, exploitation and chicanery – and cultural unease about how to delineate identity in a shifting social environment. In addition, the emergence of physiological models of medical knowledge, early signs of ideas and practices associated with the later incarnation of clinical medicine, and the influence of Enlightenment precepts on educative and utilitarian agendas of the period also emerge in passages relating to the eighteenth-century doctor's struggle for professional status in the text.

FCF was written just five years after *Roderick Random*. In the above excerpt taken from the preface, Smollett expresses his views on what form a novel should take, and what it should achieve as a form of artistic expression. In this particular novel, he again adapts the *picaresque* form to map out the perils and hazards that await the innocent in society. The central figure of the *picaro* integrates the plot structure and serves as a means to satirise society and its institutions or power structures. Smollett populates the novel with various 'characters of life', allowing for the portrayal of varying perspectives. The game-like aspects of the doctors' strategies to win and retain patients' trust and custom is also brought to the fore in this way.¹

The extent to which Smollett's five novels each deviate from one another, with respect to form, narrative technique, characterisation and setting, is striking. They exhibit a range of innovations and exemplify, as a group, the experimentalism which was typical of the new literary form at mid-century (see the Introduction to

¹ Richard J. Jones, *Tobias Smollett in the Enlightenment* (Lewisburg: Bucknell University Press, 2011), p. 13.

this thesis, pp. 44 and 48). This propensity for experimentation, as a feature of the genre's development at this juncture, recurs as an underlying theme of this study and lends Smollett's novels an extra significance within its time-specific parameters. As Mark Blackwell has identified, Smollett experiments with 'compound forms' and Blackwell drives home the point by listing his use of 'picaresque and sentimental fiction [...], Gothic romance and rogue biography [...] the scandalous chronicle [...], serialized fiction [...], the epistolary novel and the travel narrative [...], the secret history, the spy novel, and the it-narrative'. Smollett is also equally experimental with narratorial perspective within these forms.²

The terms of my investigation into how Smollett's novel interacted with different perspectives on the professionalisation of medicine need to be qualified to reflect the fact that, as a concept, the professionalisation of medicine was also undergoing a process of formulation.³ The analysis therefore takes account of the fact that professional status for aspiring doctors represented an amorphous and indistinct moving target rather than the certified mastery of a standardised body of medical knowledge and skills that it later became.⁴ The excerpt below underscores the point. It is taken from an episode in the plot where the fictional character of Ferdinand, the antihero and charlatan, is necessarily lowering his sights from masquerading as a foreign aristocrat in England, and decides to inhabit

² Blackwell, 'Disjecta Membra', pp. 431-432; see also Spector, *Tobias Smollett*, preface p. x.

³ See pages 8, 11 and 226 of this thesis.

⁴ See Brockliss and Jones, *The Medical World*, pp. 828 and 31-32: meaning as it was by the end of the century. The authors' focus on France reflects the importance of the French experience in terms of the establishment of an 'empirical medical science' across the rest of Europe. 'The early modern French medical system may only have been a variant on a general European model. But the Revolutionary experience of medicine cast a long shadow into the nineteenth century. The system current in the nineteenth century became synonymous with medical professionalisation in the modern world'.

a different persona in society.

‘Our adventurer considered all these circumstances with his wonted sagacity, and [...] he wisely came to the resolution of descending one step in the degrees of life, and of taking upon him the title of physician, under which he did not despair of insinuating himself into the pockets of his patients, and into the secrets of private families [...].’ (p. 241).

Ferdinand’s social mobility (upwards and downwards) is characteristic of the *picaresque* literary form. Whilst the passage underscores the main character’s knavish instincts, it also delivers a comment on the existing social dynamics between a physician and a wealthy patient. The established form of relationship between doctor and patient, based on both economics and trust, commensurate with Jewson’s concept of Georgian ‘bedside medicine’, is here given a sinister bent of parasitism and manipulation. The textual imagery reduces the relationship to picking ‘pockets’ and discovering ‘secrets’ and conveys Ferdinand’s approach to, or insights into, a physician’s role and the workings of the commercial world. Smollett’s engagement with this issue coincides with a period at mid-century when medical quackery had graduated from the status of a nuisance to a major threat to the livelihoods of licensed medical practitioners.⁵ Through clear characterisation in this passage, the reader is given a direct insight into Ferdinand’s base motives, and is thus invited to inhabit the perspective of a patient being duped by this character or someone very like him.

The episodes in which the villainous main character, Ferdinand, earns a living as a quack with varying, but at times remarkable levels of success allows the novel to

⁵ Waddington, *An Introduction*, p. 177.

interrogate the attributes and skills required as well as the social factors and conditions necessary to sustain his credible performance as a doctor. In this way, the novel also delivers insights into the ongoing threats to the eighteenth-century doctor's aspirations to carve out a professional identity. Throughout, it is infused with Smollett's didactic intent. In the preface he determines to 'instruct the ignorant' and continues in this vein, at one point deliberately crossing over from omniscient narrator to scold Ferdinand directly in a frustrated outburst designed to clarify his own moral position: 'Perfidious wretch! thy crimes turn out so atrocious, that I half repent me of having undertaken to record thy memoirs'.⁶

Whilst Smollett experimented with 'a whole family of novelistic forms' and so cast a wide net in his efforts to wield his influence on the reader, his underlying educative objective throughout remains largely unchanged.⁷ He had deeply-held concerns about the direction in which eighteenth-century society was, to him, seemingly headed during this mid-century period, which coloured his writings not only as a novelist but also 'as a critic and a journalist'.⁸ His anxieties were linked to his aspirations for a better future and consistent with his Scottish Enlightenment sympathies, especially as they pertained to the Enlightenment in Glasgow, where he had been a student at the University.⁹ According to Richard Jones, the

⁶ *FCF*, p. 239. Smollett may have been reacting to criticisms that he did not condemn sufficiently the immoral actions of his heroes in previous novels: Spector, *Tobias Smollett*, p. 84.

⁷ Blackwell, 'Disjecta Membra', p. 431. Blackwell cites Franco Moretti, *Graphs, Maps, Trees: Abstract Models for a Literary History* (New York: Verso, 2005), p. 30.

⁸ Basker, *Smollett: Critic and Journalist*; he was also 'variously a poet, a playwright, a prose satirist, a pamphleteering controversialist, a translator, an editor and compiler, a historian [and] a travel writer [...]. Above all he was a novelist', Jerry C. Beasley, *Tobias Smollett, Novelist* (Athens, GA: University of Georgia Press, 1998), p. 1.

⁹ Smollett was trained in Glasgow under established surgeons, William Stirling (d. 1757) and John Gordon (d. 1772). Adam Smith (1723-1790) was a fellow student. He would have been acquainted with the ideas of Francis Hutcheson, Joseph Black (1728-1799), Thomas Reid (1710-1796) etc., all key figures of the Scottish Enlightenment: Jones, *Smollett in the Enlightenment*, pp. 3 and 5; in addition, Smollett tapped into a mood amongst the English populace of the 1750s to realise progress through trade, manufacturing and commercial initiatives, especially outside the metropolis. This was accompanied by an underlying pressure for scientific

Enlightenment in Glasgow was complicated by the perspectives of different factions. Whilst the academic perspective associated with the moral philosopher Francis Hutcheson (1694-1746) was in the ascendancy, the Glasgow version of the Enlightenment was also shaped by popular and evangelical Presbyterianism which privileged the dissemination and application of ‘useful knowledge’ to further industry and commerce.¹⁰ To Smollett, the learned elite had a duty to help develop the understanding of the wider public, again with a view to benefit mankind as a whole, and the author had a particularly special role to play in this context.¹¹ His anxieties also, I would argue, betray a sense of urgency, suggestive of an awareness that an opportunity to capitalise on man’s success in these areas was potentially being wasted and that society was not only failing to cooperate towards building that future but might actually lapse into a state of regression. In Smollett’s world view, the worrisome increase in conspicuous consumption and the accompanying ‘tide of luxury’ which characterised the period threatened to upset the Enlightenment trajectory.¹² But by heightening awareness of the degenerative and corrupting effects of these supposedly pernicious trends and their expression in the form of deception and affectation in societal intercourse, he hoped to warn and even forearm the reader against them. Embedded within the novel form, discourses around the theory and practice of medicine lent themselves to his purpose.

enquiry to focus on practical applications: Rousseau, ‘Smollett and the Society of Arts’, in *Essays of Two Decades*, pp. 23-48 (p. 31).

¹⁰ Jones, *Smollett in the Enlightenment*, pp. 3, 5, and 20. Jones has drawn on the work of Richard Sher and Ned Landsman in his discussion of Glasgow arguing that Smollett can be seen straddling these two perspectives in his work.

¹¹ Basker, *Smollett: Critic and Journalist*, pp. 68 and 85.

¹² Smollett, *Humphry Clinker*, p. 100. Smollett’s medical model of politics and ‘antipathy to luxury’ was based on ‘the concept that riches weakened the moral fiber of a nation’: Spector, *Political Controversy*, p. 16.

As in the two previous case studies, the instability and ephemerality of identity remains one of the overarching themes in this novel, within which Smollett contextualises the challenges that face the unprepared individual in a flawed society.¹³ He again draws on the *picaresque* literary form and a range of narrative techniques, such as the mock-epic, to track the erratic life and career of his ‘chief personage’ whilst satirising the vices and shortcomings of different types of characters and social groups along the way. But, this time, the distance that he places between the narrator and the hero through the use of a third person perspective means that Ferdinand’s exploits are, in effect, laid out before the reader as both a dire warning and a deterrent, as Smollett intended (pp. 5-6). The flawed but deserving innocent of *Roderick Random*, able to master different occupations by virtue of his (albeit obscured) gentlemanly status, is replaced by a naturally gifted and accomplished predator of uncertain origins, able to achieve social mobility through guile and pretence.¹⁴ He resembles more closely the original *picaro* of the Spanish tradition – an antihero and an indefatigable rogue – except that, unlike the traditional *picaro*, Ferdinand does not stop short of criminality in his headlong commitment to self-interest and the exploitation of others.¹⁵ These contrasting approaches serve to illustrate Smollett’s capacity to

¹³ In many ways, the provisional nature of identity pre-empts modernity. Helen Yallop has discussed the need to recognise different models for understanding identity which predate the emergence of ‘the modern self’ or exist alongside it. Drawing on Wahrman’s *Making of the Modern Self*, she highlights the view that ‘the modern self’ did not emerge until the last decades of the eighteenth century. For most of the century before then, identity was seen as superficial, unfixed and malleable, or ‘performed rather than experienced’. One of the key features of eighteenth-century England therefore was not its ‘self-centric modernity, but rather its pre-modernity’: see *Age and Identity in Eighteenth-Century England* (London: Pickering and Chatto, 2013), pp. 125-126.

¹⁴ Note Ferdinand’s talents seem to be ‘calculated by nature’ i.e. not nurture, consistent with Smollett’s conservative views about birth and ancestry, *FCF*, p. 23; for a brief discussion of Smollett’s opposition to commercialisation, the rising middle class and any disruption of traditional social hierarchies, see Spector, *Political Controversy*, pp. 8-9.

¹⁵ Spector, *Tobias Smollett*, pp. 72-76 and 83; *A Handbook to Literature*, ed. by C. Hugh. Holman, 4th edn (Indianapolis, IN: Bobbs-Merrill, 1980), p. 331.

repeatedly remodel and adapt the *picaresque* form, whilst incorporating some of its main elements to satirise society and mimic the scope and variety of his protagonists' experience.¹⁶ For example, both characters' paths are episodic and share a dramatic unpredictability, and both exhibit a talent for adaptability in a way that derives from the typically *picaresque*.¹⁷

In this analysis, as per Chapters One and Two, seventeenth-century physiological investigations can be seen to inform the latest medical paradigms or epistemological frameworks arising in the text. There are frequent references to the state of characters' nerves in response to stimuli from their social environment: nerves are 'relaxed with a universal palsy' or are 'wound up' for 'another paroxysm' (pp. 86 and 250). Sensibility or insensibility are invoked to denote opposing ends of a spectrum of personality, in Smollett's judgement from good to bad (pp. 25 and 72). Foucault's ideas on the role of knowledge as a form of power in medicine are also relevant, as is his emphasis on the use of language in its reinforcement. For example, the main character's deft use of specious information (as opposed to knowledge) and appropriate language lends significant credibility to his performance as a doctor from the point of view of his patients and potential patients. The perceived kudos attached to studying medicine in Europe is also implied in the plot. Centres like Padua, where at one point the fictional Ferdinand claims to have studied, attracted students because they were able to offer valuable clinical training with a focus on observation and practical skills (p. 242).¹⁸ Once again, one of Ackerknecht's defining aspects of late-

¹⁶ Spector, *Tobias Smollett*, p. 69.

¹⁷ *Ibid.*, pp. 72, 31, and p. 37.

¹⁸ See note 61 in the Introduction to this thesis.

eighteenth-century clinical medicine feeds into a much earlier medical discourse in a mid-century novel, thereby validating the views of his critics that such developments were already underway earlier and elsewhere. Whilst this chapter briefly refers to the ideas of Ackerknecht and Foucault, it is mainly underpinned by the work of Christopher Lawrence, Wayne Wild, Richard Jones, Anne Digby, Penelope J. Corfield, Keir Waddington and others.¹⁹ In addition, Smollett's other novels, his periodical articles and his letters give further literary and historical context, as well as recent reappraisals of *FCF*, by, for example, Jerry C. Beasley, Aileen Douglas, John McAllister, Gavin Budge and Lee F. Kahan.²⁰

Unlike *Roderick Random*, *FCF* met with a relatively poor reception both critically and commercially. Beasley has argued that, in the context of readership patterns of the period, the novel met all the requirements for commercial success, but was stymied by Smollett's antagonistic relationship with booksellers and members of the literary establishment.²¹ For the purposes of this thesis, however, this novel stands as a testament to Smollett's lofty and expansive ambitions and his faith in what the new literary form might achieve. Not only does it exhibit a marked and prominent interaction between the disciplines of medicine and literature, engaging

¹⁹ Christopher Lawrence, *Medicine in the Making of Modern Britain 1700-1920* (London: Routledge, 1994); Wild, *Medicine-by-Post*; Jones, *Smollett in the Enlightenment*; Anne Digby, *Making a Medical Living: Doctors and Patients in the English Market for Medicine, 1720-1911* (Cambridge: Cambridge University Press, 2001); Corfield, *Power and the Professions*; Waddington, *An Introduction; Centres of Medical Excellence?*, ed. by Grell, Cunningham and Arrizabalaga.

²⁰ Douglas, *Uneasy Sensations*; John McAllister, 'Conversion, Seduction and Medicine in Smollett's *Ferdinand Count Fathom*' in *Eighteenth-century Fiction*, 1 (1989), 319-330; Budge, 'Smollett and Irritability'; Lee F. Kahan, 'Fathoming Intelligence: The Impartial Novelist and the Passion for News in Tobias Smollett's *Ferdinand Count Fathom*', *Eighteenth-Century Fiction*, 21 (2008-9), 229-57. They have each looked beyond the apparently incoherent structure of the novel in search of a unifying theme; Beasley has suggested that the novel was an 'experiment that would carry out all the implications of a newly clarified understanding of his art' and highlights its 'painterly scheme of organisation': 'Smollett's Novels: *Ferdinand Count Fathom* for the Defense', *Papers on Language and Literature* 20 (1984), 165-184 (p. 184).

²¹ *FCF* was not reprinted in Smollett's lifetime and received a number of cool reviews and then little further comment in the 1750s: *Smollett: The Critical Heritage*, ed. by Kelly, pp. 11-12. Beasley, 'Introduction', *FCF*, pp. xix-xlii (pp. xxvii and xxiv).

with debates around professionalisation in both realms, it does so through Smollett's overt bid to display his own pedigree and stature as an author and as a doctor. This supports Aileen Douglas's view that medicine and fiction at this time 'largely shared the same audience', and points to the parallel struggle for professional status in both specialties during a period when they were each undergoing a popularisation process, as emphasised by Helen Deutsch. This can only have served to enhance any affinity between them, but it also gave eighteenth-century physicians and authors 'a mutual dependence on print' which Smollett exhibits on behalf of both.²² The interaction is further illustrated by Alexandre Wenger's observation that, 'some physicians of the eighteenth century perceived fiction's power to persuade', and this was clearly true of Smollett.²³

The first section below briefly explores the contemporary concept of a 'profession' in medicine and, more generally, gives an overview of the disparate landscape of medical power against which the eighteenth-century doctor struggled to claim a differentiated status. It also highlights the feverish competition for patients (and hence revenue) which fuelled that struggle in a burgeoning consumer society, with reference to how *FCF* situates and engages with these issues. One of the threats to the doctor's ambitions to mark out his status, which loomed especially large around mid-century and features as a conspicuous theme in *FCF*, was that of the quack doctor.²⁴ The second section briefly explores the success of quackery and contemporary attitudes to it. It embeds the proliferation of quackery in a new and vigorous consumer culture in which consumers exhibited an acquisitiveness

²² Douglas, *Uneasy Sensations*, p. 22; Deutsch, 'Symptomatic Correspondences', p. 36.

²³ Alexandre Wenger, 'From Medical case to Narrative Fiction: Diderot's *La Religieuse*', in *Medicine and Narration*, ed. by Vasset, pp. 17-30, (pp. 29-30).

²⁴ Waddington, *An Introduction*, p. 177.

towards drug therapies and medical treatments, as health took on the character of a commodity. The emergence of a new, moneyed social order, and changing attitudes rooted in a new optimism about what medicine might be able to deliver, played a part in this vibrant medical landscape.²⁵ The third section returns the spotlight to the novel itself and examines in more detail how Smollett used the attributes of the new form both to achieve his didactic and artistic aims, and to display and apply his professional knowledge in both medicine and literature. His modification of the *picaresque* form features prominently in the discussion as a facilitative element: it provided a flexible and accommodative framework in which to situate the ‘manifold snares’ that, according to Smollett, awaited the innocent and which are abundantly illustrated by the different manifestations of quackery and charlatanism in the text (p. 5). Insights into how knowledge, whether grounded in medicine or not, may affect the power balance in social interactions prefigure those of Foucault and are interwoven into this analysis. The conclusion reviews the ways in which the portrayal of the professionalisation of medicine in *FCF* is representative of how the novel of mid-century successfully took part in and explicated medical discourses by virtue of its literary traits. It also discusses how philosophical, social and cultural preoccupations of the time were animated and filtered through this ongoing matter of contention. The limited success of *FCF* meant that its impact was curtailed at the time; but Smollett’s high expectations as a writer for its potential power to persuade is poignant, significant and not without foundation in the context of the proven success of the novel form at this early stage of its development.²⁶ For Smollett, it seems, the knowledge system of

²⁵ For a brief discussion of the new moneyed order see above, Chapter One, page 83.

²⁶ As evidenced by the success of the novels by Daniel Defoe, Samuel Richardson, Henry Fielding and of Smollett’s *RR*.

the early novel needed to be responsibly steered in the right direction, with clear signposting *en route* to ensure that the reader was not led astray.

The Professionalisation of Medicine in Context

Precisely what was meant by ‘professional’ status in medicine during the eighteenth century requires a measure of unpacking, which is addressed in the pages below. The sister term ‘professionalisation’ is also used throughout this thesis with an acknowledgement that, in a historical setting, it verges on the anachronistic. It carries the implication that professionalisation was a process which once set in motion would result in an inevitable outcome. However, I argue that its use is justified in the context of this study for two main reasons. Firstly, it best describes the consistency of the efforts of would-be physicians to maintain boundaries between practitioners, with a view to securing and maximising their income and status. Secondly, it is consistent with the widely-held perception that, just fifty years later, the aspiring doctor’s claims to an enhanced status were thoroughly realised via the establishment of clinical medicine, regardless of differing opinions as to how, when or where that took place.²⁷

The original meaning of the term ‘profession’ was broad in scope and, as late as 1721, *Bailey’s Dictionary* defined it as denoting simply occupation or source of employment.²⁸ However Samuel Johnson’s definition in the dictionary of 1755, roughly contemporaneous with the publication of *FCF*, included the use of ‘learned’ as an adjunct to the term, and by 1777 he added that the word was

²⁷ Keel, Rieder, Brockliss and others agree that an epistemological shift took place which resulted in the advent of clinical medicine, but take issue with Ackerknecht and Foucault’s view that it started in Paris and was discontinuous with preceding discourses. See pages 21-32 above.

²⁸ See N. Bailey, *An Universal Etymological English Dictionary*, 2nd edn (London: Printed for E. Bell and others, 1724): ‘profession’ is defined as ‘Condition of Life, Calling, or Trade a Man is of’ and ‘declaring openly’.

usually applied to the practice of ‘divinity, physic and law’, each of which were only accessible by means of a university education.²⁹ So a gradual shift in meaning to a more specific, though not exclusive, alignment with specialist knowledge or advanced learning is in evidence.³⁰ Professionalisation has been described by M. S. Larson as ‘the process by which producers of special services sought to constitute and control a market for their expertise’ in an acquisitive consumer society, a definition which highlights the potential conflict between the service role, in this context tending to patient needs, and the business of earning a living.³¹ The advanced learning aspect served as a means to substantiate and formalise the specialist nature of their service, and played a part in furthering attempts to control the market, by limiting practitioner numbers and setting and maintaining an agreed standard in knowledge and skills that were not accessible to all.

The claim to legitimacy of the so-called regular physicians, a couple of whose affiliates feature in *FCF* as pompous and retrogressive reactionaries (pp. 163 and 249), had its foundations in the historical provenance of the College of Physicians, which was founded in 1518 and conferred a number of specific powers and privileges which were later endorsed by Royal Charter. Its inception represented an earlier attempt via state intervention to regulate medical practice and to tackle the problem which ‘ignorant persons as common Artificers, Smiths, Weavers and Women’ posed to the health of ‘many of the King’s liege People’; a reminder that the threat of quackery and its perceived risks had a long history.³² The

²⁹ Johnson, *A Dictionary of the English language* (1755) and (1777); Joseph Addison (1672-1719) referred to these as ‘the three great professions’, *Spectator*, 24 March 1710/11.

³⁰ Corfield, *Power and the Professions*, p. 20.

³¹ Magali Sarfatti Larson, *The Rise of Professionalism: a Sociological Analysis* (Berkeley: University of California Press, 1977), p. xvi.

³² Rosemary O’Day, *The Professions in Early Modern England 1450-1800: Servants of the Commonweal* (Harlow: Pearson, 2000), p. 192. O’Day quotes Henry VIII’s *Statutes of the Realm* of 1511: see William Hawkins,

College was concerned with regulating practice and upholding standards (rather than with the delivery of medical education at this time) and it stipulated therefore that only licensed practitioners were at liberty to practice in the capital, which was the preeminent seat of wealth, power and influence. Graduates of Oxford and Cambridge, doctors with a degree from the continent and those with a bishop's licence were afforded the same privileges.³³ The necessary training of regular physicians represented a substantial investment in time alone, originally fourteen years, but offered an education in the 'liberal arts' as well as a professional education. This aspect was modelled on the Greek ideal and thought to be essential in developing the necessary moral character which formed the basis of 'well-informed judgement' in the qualified physician.³⁴ The financial investment was also formidable. In fact, by the eighteenth century, the required amount of time and money to become qualified by this orthodox route was, it seems, increasingly out of proportion to the declining level of protection from unqualified competitors that it supposedly ensured. This particular disparity comes to the surface in *FCF* in the clash over a patient between the pompous and entitled Dr Looby and the main protagonist. Dr Looby, contemptuous of any physician who has not, like him, received his training at the English Universities of Oxford or Cambridge, is distraught as he comes face to face with the futility of his own enormous investment in education if he is then to lose his wealthy customer base to an unqualified quack like Ferdinand (p. 249).³⁵

The Statutes at Large, from Magna Charta to the Seventh Year of King George the Second, Inclusive, 6 vols (London: Printed by John Baskett, 1735), I, pp. 687-688. Those who could not discriminate between 'the uncunning and the cunning' are specified as the most vulnerable.

³³ Corfield, *Power and the Professions*, pp. 151-152; O'Day, *The Professions*, p. 194.

³⁴ 'Well-informed judgement rooted in good character': Cook, 'Practical Medicine', p. 2.

³⁵ Smollett was a 'meritocrat' who resented 'the exclusivity, real or imagined, of elite English institutions': Basker, *Smollett: Critic and Journalist*, p. 120.

Indeed, by the mid-eighteenth century the College was losing residual status and regulatory authority as a result of a range of factors. The Oxbridge lectures in physic and anatomy comprised no practical element – a gap which was filled by a growth in private anatomy courses reacting to market demand – and standards of education failed to keep pace with centres such as Leiden and Padua which offered curricula with a strong emphasis on clinical medicine.³⁶ Significantly, in *FCF*, Ferdinand astutely claims to have received training in Padua, rather than in Britain, not only to ensure that he cannot easily be exposed, but also to impress fellow practitioners (cognisant of Padua’s reputation) who might help advance his business interests (p. 242). Similarly, the transformational success of Edinburgh and the Scottish Universities in medical teaching was owing to their adoption of the Leiden model driven by the acclaimed Herman Boerhaave.³⁷ Smollett himself was a student at Glasgow and his medical education, like those received by William Hunter, John Gordon and William Smellie, was shaped by Boerhaavian precepts of close observation, case studies and a Newtonian model of body systems.³⁸ The reputation of the Scottish centres and their phenomenal success in attracting students gathered momentum during the period.³⁹ The increasing number of London Hospitals offered another alternative educational resource for

³⁶ O’Day, *The Professions* pp. 190 and 231: clinical medicine meaning medicine taught and performed at the bedside involving close observation of the patient.

³⁷ ‘Dutch influences on the genteel and learned middling classes of Scotland, the classes who generally made the enlightened classes of Europe, were great because so many [...] were educated in Holland’: Emerson, *Essays on David Hume*, p. 11; see also Rina Knoeff, ‘Herman Boerhaave at Leiden: *Communis Europae praeceptor*’, in *Centres of Medical Excellence*, ed. by Grell, Cunningham and Arrizabalaga, pp. 270-286 (p. 271). She argues that Boerhaave’s medical teaching was exceptional because his anti-authoritarianism ‘stimulated his students to think, observe and experiment themselves’.

³⁸ Jones, *Smollett in the Enlightenment*, p. 20.

³⁹ By mid-century Edinburgh was attracting hundreds of students per annum, from all over the world. Students’ religious affiliations did not matter, and the income of the professors was dependent directly on student fees, giving students power as consumers: Helen Dingwall, ‘The Importance of Edinburgh: The Rise and Fall of the Edinburgh Medical School in the Eighteenth Century’, in *Centres of Medical Excellence*, ed. by Grell, Cunningham and Arrizabalaga, pp. 305-324 (pp. 305-311).

the prospective doctor.⁴⁰ Amidst such a climate, the entrenched position of the Royal College with regard to outsiders was a source of tension and resentment exacerbated by the influx of qualified Scottish doctors, including Smollett, to England around mid-century.⁴¹ A contemporaneous document, claiming to be authored by the community of regular physicians in their entirety, has captured the siege mentality of the fellows.⁴² It specifically targeted those surgeons who dared to prescribe medicines; a Catholic physician appointed to an infirmary; and others who had encroached on the 'Province of the Physician'. In its comprehensiveness the *Address* gives a vivid sense of the scale of the broad and varied onslaught that assailed the College with regard to the validity of its aims. Yet it reflected an attempt to maintain barriers between different practitioners and preserve the elite status of the physician. It was not a struggle to monopolise medical practice; it was instead an attempt to keep lower practitioners in their place.⁴³

Similarly, apothecaries and surgeons also vied for professional status by founding their own corporations or bodies. The Society of Apothecaries was established in 1617, reflecting the fact that this group traded in a specialised range of products that warranted a level of specialist knowledge. By the early eighteenth century, apothecaries were routinely practising medicine, partly as a result of a deficiency in supply versus the escalating demand for physicians.⁴⁴ They were easily

⁴⁰ Five new general hospitals were founded in London between 1720-1745: Toby Gelfand, "'Invite the Philosopher, as well as the Charitable": Hospital Teaching as Private Enterprise', in *Hunter and the Medical World*, ed. by Bynum and Porter, pp. 129-151, (p. 144).

⁴¹ In *Roderick Random*, the Navy Board echo this resistance to the influx of Scottish outsiders: *RR*, p. 91.

⁴² Compleat List of Regular Physicians, *An Address to the College of Physicians and to the Universities of Oxford and Cambridge; Occasion'd by the late Swarms of Scotch and Leyden Physicians, etc.* (London: Printed for M. Cooper, 1747), p. 7.

⁴³ Christopher Lawrence, *Medicine in the Making*, p. 10.

⁴⁴ O'Day, *The Professions*, pp. 197-202.

accessible, inexpensive and successfully increased their share of the medical market. Their accompanying growth in status is evidenced by an entry in *The Universal Director* in 1763, where 312 senior apothecaries in London were logged and afforded an effusive endorsement:

In by far the greatest number of families, the Apothecary now acts in the threefold capacity of Physician, Surgeon, and Apothecary; and therefore his employment may not improperly be ranked among the Genteel Professions.⁴⁵

A change in nomenclature to ‘surgeon-apothecary’ signposted their enhanced status. The role is recognised now as the forerunner of the modern general practitioner and crucially often the first port of call for the patient.⁴⁶ This dynamic potentially gave the apothecary a pivotal position in that he had the power to refer on any business as he saw fit. In the text of *FCF*, the fact that Smollett’s quack knows the value of making contact with the apothecary first on his arrival in Tunbridge, with a view to advertising his availability for business, is indicative of his knowledge of how the professional world works (p. 242). The suspiciously intertwined business interests of the apothecary and the physician are satirised when Ferdinand feigns sickness early on in the narrative, and the physician who ‘like a true graduate, had an eye to the apothecary’ prescribes a host of medicines which arrive ‘with the utmost punctuality’ (p. 29). High prices could be charged for exotic medicines which were hard to source or required specialist skills to prepare, or they could even be substituted with inferior products as Roderick

⁴⁵ T. Mortimer, *The Universal Director; or, the Nobleman and Gentleman’s True Guide to the Masters and Professors of the Liberal Arts and Sciences and of the Mechanical Arts, Manufactures, and Trades, Established in London and Westminster, and their Environs* (London: J. Coote, 1763), p. 57.

⁴⁶ See Waddington, *An Introduction*, p. 173, Christopher Lawrence, *Medicine in the Making*, p. 14, and Digby, *Making a Medical Living*, pp. 107-108.

discovers in his role as apothecary's assistant in *RR* (see Chapter Two, page 155 above).⁴⁷

Lagging well behind the physicians and the apothecaries in an equivalent bid for a delineated status, the surgeons had no college until 1745, when they finally broke away from the trade guild they had shared with the barbers. Two years later, and just one year before Smollett's depiction of the struggle for professional status of a Scottish naval surgeon appeared in *RR*, *The London Tradesman* described the surgeon as the 'Second Branch of the Medical Art; very little inferior to the first in point of utility [...] and less precarious in its success'.⁴⁸ The status of surgery as an area of theory and practice, and of surgeons as practitioners, thrived in Europe. The swell of interest in anatomy, dating from the sixteenth and seventeenth centuries, played a part along with the increasing validity of an empirical approach to disease and injury which favoured observation and experience over abstract theory. The trend gained further momentum during wartime. By the eighteenth century, a surgeon in the armed forces in search of a civilian practice had the means to sidestep the institutional obstacles in his way and many Scotsmen such as William Smellie, William Cullen and Tobias Smollett benefited from this accelerated route into the medical profession.⁴⁹

A distinct permeability of barriers, therefore, between different kinds of practitioners, combined with a lack of control by any one corporation or institution over medical practice, characterises the period. Roy Porter has summed up the

⁴⁷ As well as passing off oyster shells as crab's eyes he could convert 'common oil into oil of sweet almonds, [...] Thames water into aqua cinnamomi', *RR*, pp. 105-106.

⁴⁸ R. Campbell, *The London Tradesman*, (London: T. Gardner, 1747), Chapter IV, p. 47.

⁴⁹ Waddington, *An Introduction*, pp. 122; see also the views of Lawrence, Cook and Gelfand in Chapter Two above; Spector, *Tobias Smollett*, p. 2.

diffuse arrangement of different interests as a 'motley army of medical power'.⁵⁰ In addition, as discussed, ideas about what constituted medical knowledge were undergoing revision. Developments in the discipline of physiology, initiated by the theories of Albrecht von Haller and developed by others such as Robert Whytt, had significant repercussions. The idea that there existed organised interconnecting systems, such as networks of nerves within the body, became widely accepted and heightened awareness of the human body's responsiveness to external stimuli. These insights were given universal currency in the concept of 'sensibility' popularised by George Cheyne, and changed ways of thinking about disease such that doctor-patient relationships were recalibrated and the doctor's professional and social status was enhanced.⁵¹

Margaret Pelling has argued that historians should view medical practice at this time as just one of many occupations rather than a vocation, and an occupation in which competition was fierce and fought in many arenas.⁵² In other words the money-making imperative far outweighed the consideration of providing an optimum service to those in need. The sheer array of options available for medical treatment corroborates the model of market forces at work in the form of patient choice and patient decision-making.⁵³ It echoes the wider changes taking place in a burgeoning consumer society driven by the growing sector of the diverse 'middling sort', comprising 'the professional, commercial and manufacturing occupations',⁵⁴ whose consumer patterns represented a drive to express not just social status but

⁵⁰ Porter, *Quacks*, p. 99.

⁵¹ Rousseau, 'Towards a Semiotics of the Nerve', pp. 230-231, 27, and 256.

⁵² M. Pelling, 'Medical Practice in Early Modern England: Trade or Profession', in *The Professions in Early Modern England*, ed. by W. Prest (London: Croon Helm, 1987), pp. 90-128 (p. 99).

⁵³ Waddington, *An Introduction*, p. 8.

⁵⁴ Corfield, *Power and the Professions*, p. 177.

their independence, their respectability and good taste.⁵⁵ The elite members of the metropolis continued to exercise the greatest buying power but their numbers were small compared to this more accessible, dispersed and flexible group of urban consumers.⁵⁶ Advertising in the form of trade cards and catalogues played a key role in the dissemination and shaping of fashion and taste as well as driving demand across this sector and beyond.⁵⁷

The conceptualisation of health as a commodity within everyone's reach is a striking feature of this period, with medical goods and services openly available for purchase by a 'medically promiscuous public' in a way that resembled the trade in other consumer goods.⁵⁸ Demand for medicine and medical care mushroomed and there was a dramatic expansion of the market. This was further stimulated and shaped by entrepreneurialism, such as the making of nostrums for sale or the sale of private classes in medicine, and advertising strategies, such as the distribution of printed material or the donning of the periwig, adopted by regular and irregular practitioners.⁵⁹ As Porter has argued, the concept of 'health for sale' in a free market lies at the root of the fierce competition for business between practitioners which gave quackery the conditions to flourish, so that by mid-century – the time at which *FCF* was written – quackery had graduated from the status of an ubiquitous nuisance, a status it had held over the two preceding centuries, to a high-profile and formidable threat to the regular practitioner's

⁵⁵ Berg, *Luxury and Pleasure*, pp. 195-197.

⁵⁶ *Ibid.*, p. 196.

⁵⁷ *Ibid.*, p. 197.

⁵⁸ Waddington, *An Introduction*, p. 89.

⁵⁹ For example, Joshua Ward's 'antimonial pill and drops': see Digby, *Making a Medical Living*, p. 66; and the best-selling 'James's Powder': see Waddington, *An Introduction*, p. 91. William Hunter and William Smellie gave private medical classes in London during mid-century: Gelfand, 'Invite the Philosopher', p. 142; Porter, *Quacks* p. 158, and Waddington, *An Introduction*, p. 91.

livelihood.⁶⁰ What made this threat so substantial, and of sufficient significance for Smollett to address its potential consequences at some length in a didactic fictional form, is examined in more detail in the second section.

The challenges that beset the eighteenth-century doctor in his quest for a professional identity, which was ultimately aimed at legitimising and securing a position in this diversified and competitive marketplace, were extensive, adaptable and varied. But the regular or licenced doctor retaliated from the 1750s onwards in a number of ways. He travelled to attend patients, kept business records, developed specialisms like man-midwifery, invested resources into the expansion of hospitals and actively exploited new market opportunities; the growth in ‘nervous disease’ in the wealthy classes is a notable example.⁶¹ When Kier Waddington reviewed the different models of the process of medical professionalisation he emphasised that it was ‘a flexible process [...] shaped by local and national contexts [...] [and] should be seen as historically determined’.⁶² Waddington here highlights that in identifying and describing professionalisation as a process, the reader is bound by the shared social, political and historical ideas that form his or her understanding of the word. Likewise, the eighteenth-century conception of the achievement of professional status was singular to that period and is ultimately unknowable in a full sense from a modern perspective.⁶³ Professional status was achieved when an aspiring doctor came to be recognised as a member of the profession in the contemporary public domain. It was public

⁶⁰ Porter, *Quacks*, p. 326; Waddington, *An Introduction*, p. 177.

⁶¹ Digby, *Making a Medical Living*, p. 7; Rousseau, ‘Towards a Semiotics of the Nerve’, p. 259.

⁶² Waddington, *An Introduction*, pp. 166-168.

⁶³ Foucault, *Order of Things*: ‘The fundamental codes of a culture [...] establish for every man [...] the empirical orders with which he will be dealing’, p. xx.

acceptance that defined success.

Trick or Treat? The Quack as an Ambiguous Agent of Change

It is unlikely that any doctor in the eighteenth century declared himself a quack or welcomed the label.⁶⁴ Quack was a pejorative term and referred to a practitioner who pretended to have medical skills or qualifications to which he had no claim.⁶⁵ But its precise meaning was fluid and the label was applied widely to any form of maverick, suspect and especially secret practice: a lack of transparency for example in the ingredients of a medicine was considered unacceptable, and Smollett especially disapproved of any affectation among physicians of mysterious discoveries or insights.⁶⁶ It was also used as a term of abuse among even the most established physicians.⁶⁷ Quacks were variously described as practicing irregular, fringe, unlicensed or unorthodox medicine or also as ‘advertising doctor[s]’, itinerants, nostrum-mongers or empirics.⁶⁸ This association with empiricism and folk medicine stemmed from the quack’s perceived reliance on anecdotal or experiential evidence which lacked the rational basis of classical medicine.⁶⁹ However, as Wayne Wild has highlighted, there was a long established tradition amongst the English populace of guarding their independence in the doctor-patient exchange, which fostered habits of self-medication and domiciliary care. The success of quackery in England was in part owing to this predisposition to avoid

⁶⁴ Porter, *Quacks* p. 16.

⁶⁵ In 1755, Samuel Johnson defined the term as ‘A boastful pretender to arts which he does not understand’: *A Dictionary of the English Language*.

⁶⁶ Porter, *Quacks*, pp. 19 and 271; also Waddington, *An Introduction*, p. 91; Jones, *Smollett in the Enlightenment*, p. 18.

⁶⁷ Porter, *Quacks*, p. 16.

⁶⁸ *RR*, p. 121; Wild, *Medicine-by-Post*, p. 34; also Waddington, *An Introduction*, p. 87.

⁶⁹ Porter, *Quacks*, p. 22.

being in thrall to the doctor.⁷⁰

In the multifarious landscape of eighteenth-century medicine, quackery was actually, in most cases, closely aligned with orthodox practice.⁷¹ There were limits to the healing powers of the regular physician, who concentrated much of his efforts on realistic goals such as alleviating symptoms like pain, following certain established protocols like bleeding and purging and providing a reassuring presence, rather than claiming powers to effect a cure.⁷² This further engendered an environment conducive to irregular practice, as patients routinely ‘shopped around’ between different kinds of practitioners who were generally restricted to a shared and limited range of treatments and regimens.⁷³ Any risk attached to trying different doctors was therefore actually minimal, whilst the hope that a new approach might bring relief remained unquenchable. In addition, eighteenth-century England was essentially a free market: it lacked the regulation that characterised medical practice in France and Germany and existing institutions such as the Royal College were rendered increasingly ineffectual.⁷⁴ This levelling of access to paying customers meant that both ends of the professional spectrum had to perform a role convincingly to win the trust of their patient and justify their fee.⁷⁵

In *FCF*, Ferdinand’s strategy and continuing success is utterly dependent on the blurred edges between regular and irregular practice and the fact that their

⁷⁰ Wild, *Medicine-by-Post*, p. 185.

⁷¹ Waddington, *An Introduction*, p. 90

⁷² Digby, *Making a Medical Living*, p. 65.

⁷³ Waddington, *An Introduction*, p. 89.

⁷⁴ Laurence Brockliss, ‘Medical Education and Centres of Excellence in Eighteenth-Century Europe: Towards an Identification’, in *Centres of Medical Excellence*, ed. by Grell, Cunningham and Arrizabalaga, pp. 17-46 (p. 17); also Digby, *Making a Medical Living*, pp. 26-27.

⁷⁵ See Jewson’s views on eighteenth-century medicine and patronage in the Introduction above, pages 18-19.

similarities were more significant than their differences.⁷⁶ It is why he is able to proceed, to seemingly great acclaim at times, without raising any suspicions. *FCF* also exposes how the playing out of topical medical discourses in the public domain could foster a climate where everyone might claim to be an expert. It allows the antihero/hero to gain a conversational grasp of the issues around the differential qualities of spa water which are sufficient to impress his apothecary colleague (p. 242) and establish the basis of a business relationship with him. Likewise, his mode of practice in treating his fashionable patients meets their expectations as to how a doctor should behave and what he should prescribe. Crucially, Ferdinand avoids unnecessary risks by eschewing any treatments that might have anything other than a benign effect on the patient, knowing that anything too dramatic in its action might leave him exposed. All of his strategies exploit an environment in which the gravitation of empiricism towards the mainstream had contributed to flexibility in modes of medical practice and treatment regimens.

The reason why empiricism in medicine gained such authority lay not only with the proven worth of surgery, which in its training and work practices offered an archetypal example of ‘the primacy of sensory experience’ after Locke, but also with the influence of eminent physicians like Boerhaave, who built on existing empirical tenets derived from, for example, Thomas Sydenham and Isaac Newton.⁷⁷ In addition, the cleric and theologian, John Wesley (1703-1791), explored the medical applications of electricity in his endeavours to help the poor and was inspired by the work of Joseph Priestley (1733-1804) and Benjamin Franklin (1706-1790), whilst also following the lead of ‘medico-electrical

⁷⁶ Porter, *Quacks*, pp. 39 and 61.

⁷⁷ Gelfand, *Professionalizing Modern Medicine*, p. 11; Waddington, *An Introduction*, p. 107.

entrepreneurs' of the period.⁷⁸ In his emphasis on the utility of practical learning and his endorsement of empiricism in medicine, which emanated from his Glasgow training, Smollett was reflecting a current trend typical of the Scottish Enlightenment. He was close enough to the issue to be sensitive to the overlapping of labels and types of practice in contemporary medicine so that to him the association and potential confusion between the term 'empiric', derived from empiricism, with the toxic word 'quack' would have been irksome.⁷⁹ This surfaces in his ironic reference to the 'trite empirical method' in his simple yet convincing defence of its use: 'Even the most speculative practitioners' he argued 'are forced to treat a number of alarming disorders in the trite empirical course, and to apply medicines for which they cannot offer the shadow of a reason.'⁸⁰

One of the most defining characteristics of quackery was its exploitation of consumer choice in a competitive market, which manifested itself in various ways. Entrepreneurialism and advertising in various forms such as printed handbills, showy presentation and eye-catching performance were perhaps the first resort. But in a commercial environment trending towards fragmentation and specialisation, there was also a tendency for quacks or empirics to gravitate towards newly developing specialist areas of medicine of which man-midwifery and ophthalmology were notable examples.⁸¹ Specialist medicine may have been subject to less broad-based scrutiny, and it also offered a less exacting entry threshold to the profession in terms of breadth of knowledge. But most crucially it

⁷⁸ Paola Bertucci, 'Revealing Sparks: John Wesley and the Religious Utility of Electrical Healing', *BJHS*, 39 (2006), 341-362.

⁷⁹ Jones, *Smollett in the Enlightenment* pp. 3-5 and 30.

⁸⁰ *Ibid.*, p. 30: Jones cites a review by Smollett in 1761 of William Battie's *Aphorismi de Cognoscendis & Curandis Morbis* (1760).

⁸¹ Waddington, *An Introduction*, p. 180.

allowed a concentration of resources to fall on the most potentially lucrative areas of practice and those where patients could be relied upon to pay. By way of example, in Chapter One, I discussed Wilson's ideas on the convergence of the demands of fashion and the need to assert a differentiated status on the part of literate and leisured women, with the rise of the specialism of man-midwifery in just this way (see page 128 above). Smollett's novel engages with this issue in the sense that the fictional quack, Ferdinand, whilst he does not overtly specialise in any one disease area when he embarks on a medical career, does however focus his efforts on one customer group. He targets wealthy hypochondriac patients until eventually his acting skills prove insufficient in the context of the destruction he has left in his wake and the enemies he has made. As his career takes a final downward trajectory, he tries to corner the market in venereal disease. Whilst there is an abundance of desperate patients, he learns that they tend to be less reliable in respect of payment. His experience confirms that, in this social environment, medical specialism works as a strategy for those aiming to assume the role of doctor but only if it is in the context of a disease or disorder that afflicts the wealthy and well-connected (p. 264).

The ubiquity of disease in the eighteenth century and the scale of its impact was another factor in the vibrant 'medical pluralism' of which quackery was such a prominent part.⁸² The desperately ill were willing to seek help anywhere they could get it and there was no stigma attached to doing so, fostering ideal conditions for their exploitation.⁸³ At the other end of the spectrum there was a huge increase in moneyed patients suffering from chronic nervous complaints and

⁸² Porter, *Quacks*, p. 48.

⁸³ *Ibid.*, p. 57.

their interactions with their doctor were governed by different mutual expectations as a result of changes in medical philosophy.⁸⁴ By mid-century the concept of sensibility, and its significance in terms of its visible effects on body function, had entered the public consciousness and given rise to a way of thinking about illness by both patient and doctor that broke with earlier discourses.⁸⁵ The new shared rhetoric, which associated internal complaints with the social and physical environment, altered the doctor-patient relationship and fostered an individual approach to medical care which required interpretive skills of a patient's bodily signs and the perceived quality of 'sensibility' to administer.⁸⁶ In *The English Malady, or a Treatise of Nervous Diseases of all Kinds* (1733), the Bath physician George Cheyne suggested that nervous disease was, as David Shuttleton has put it, a reflection of the 'inherently superior sensibility of the newly affluent Hanoverian middling classes.'⁸⁷ Cheyne was the leading medical writer of the period and this potent idea, which was bound to be welcomed by the wide sector of the populace who were potential paying patients, resonated widely.⁸⁸ The umbrella of nervous disorder served as a means to give a diagnosis which was acceptable to both the doctor and the patient without risk of offending or losing the custom of the patient.⁸⁹ It also bolstered the status of doctors as masters of rarefied/specialist skills based on up-to-date specialist knowledge and so offered another means to differentiate themselves from other practitioners and quacks.⁹⁰

⁸⁴ G. S. Rousseau, 'Strange Pathology: Nerves and the Hysteria Diagnosis in Early Modern Europe', in *Nervous Acts*, pp. 297-338. See also Wild, *Medicine-by Post*, p. 179.

⁸⁵ *Ibid.*, p. 19: specifically earlier notions of a 'hydraulic concept of the body' (iatromechanism).

⁸⁶ *Ibid.*, p. 185.

⁸⁷ David Shuttleton, 'Not the Meanest Part of my Works and Experience': Dr George Cheyne's Correspondence with Samuel Richardson', in *Medicine and Narration*, ed. by Vasset, pp. 65-83 (p. 68).

⁸⁸ Wild, *Medicine-by-Post*, p. 185.

⁸⁹ Rousseau, 'Strange Pathology', p. 309.

⁹⁰ *Ibid.*, p. 311.

As Rousseau has summed it up, 'nerves became fashionable'.⁹¹

The participation of *FCF* in this discourse emerges most clearly in the main protagonist's ability to exploit the popular disease model, or the prevailing medical paradigm, for his own ends. Ferdinand is characteristically attuned to this medical trend and his talent for insinuating himself into the trust of others is well served by it. Able to absorb sufficient information to convincingly perform whatever role is required, he adopts the required rhetoric and conducts himself in the appropriate way to tactically target wealthy patients with chronic complaints. He tailors his care to coincide with their expectations and aspirations so as to gain their favour and acceptance. The treatment is a part of his performance. By presenting himself as a fashionable, sought-after physician whom only those with wealth and taste can afford, he taps into the drive for conspicuous consumption and luxury, and adopts a nuanced, sympathetic demeanour which supposedly signals his own acute sensibility as a professional doctor.⁹² In this revised disease rubric, the excess and indulgence which characterised the lives of the affluent middling classes of the period were thought to make this group vulnerable to nervous disorders which were rooted in the social disorder in their environment. 'Life in the fast lane' was fraught with risks not only to health but also in terms of crime, exploitation and corruption, of which a notable example was quackery.⁹³ Ironically therefore, Ferdinand the quack is a by-product of social disorder, but at the same time masquerades as a healing and alleviative force against some of its worst effects. Smollett's use of a third person perspective in the novel – a

⁹¹ Rousseau, 'Towards a Semiotics of the Nerve', p. 254.

⁹² Wild, *Medicine-by-Post*, p. 186.

⁹³ Rousseau, 'Strange Pathology', p. 318.

narrative strategy of the novel form – places a distance between the author and his fictional antihero which invites the reader to pick up on the irony of Ferdinand’s success and to decry the credulity of his victims. ‘The English are in general upright and honest, therefore unsuspecting and credulous’ (p. 145).

The cultural prominence of the quack provides evidence of the perception of quackery as a widely-acknowledged phenomenon of eighteenth-century society. Quackery features in medical controversies in contemporary journals and in the satirical prints of William Hogarth, the latter indicating its close association with accelerated social mobility.⁹⁴ Hogarth singled out two famous and very successful quacks of the period, Dr Joshua Ward and Dr John Misaubin for particular ridicule.⁹⁵ They both achieved celebrity but were, in different senses, both outsiders (note the echoes of the *picaro*) and hence more open to suspicion and name-calling in the public sphere.⁹⁶ The quack oculist (or ophthalmologist) John ‘Chevalier’ Taylor (1703-1772), with his robust attitude to risk, his persuasive charm and his equally impressive talent for self-promotion, gained a precarious access to courts throughout Europe and offers a potential prototype for the protagonist of *FCF*, although he differs from Smollett’s character in that he acquired genuine expertise and formidable proficiency in his chosen specialism from performing many eye operations over some years.⁹⁷ Rousseau has considered

⁹⁴ See ‘Fog’s Journal, When a Man’s Name’s up, he may lie a-bed; or, the Grand Quack’, *Gentleman’s Magazine*, 21 Dec 1734, p. 668. It means that once a man ‘of front’ has made a name for himself, he need not acquire any ‘Knowledge in the Business’ because his future is secured.

⁹⁵ See William Hogarth, *The Company of Undertakers*, 1736, etching, National Portrait Gallery and *A Harlot’s Progress*, 1732, etching, Royal Collection. They feature caricatures of Ward and Misaubin.

⁹⁶ T.A.B. Corley, ‘Ward, Joshua (1684/5-1761)’, *Oxford Dictionary of National Biography*, Oxford University Press, September 2004; online edn, September 2004

<<http://www.oxforddnb.com.oxfordbrookes.idm.oclc.org/view/article/28697>> [accessed 9 May 2015] and Norman Moore, ‘Misaubin, John (1673-1734)’, *Oxford Dictionary of National Biography*, Oxford University Press, September 2004; online edn, May 2015

<<http://www.oxforddnb.com.oxfordbrookes.idm.oclc.org/view/article/18819>> [accessed 9 May 2015].

⁹⁷ Porter, *Quacks*, pp. 102-125.

the evidence that Ferdinand Count Fathom was actually modelled on Count Saint-Germain (d. 1784) who, according to Horace Walpole, was a hugely successful confidence trickster in the courts of Europe who arrived in England in 1743. The similarities are striking. He was a flamboyant character of mysterious origins who spoke several languages, was accomplished in gentlemanly pursuits and was vocal in his views on medicine. As in *RR*, Smollett may have deliberately drawn on real-life people like Saint-Germain to lend verisimilitude to the narrative and authenticity to his premise that questionable characters like Ferdinand were able to achieve a shocking and disturbing degree of success in contemporary society.⁹⁸

What is a Novel and What is a Doctor? *FCF* as an Intersection

Between Two Discourses

In this section, I discuss how Smollett's ambitions for the novel as a genre relates to the ways in which *FCF* engages with discourses pertaining to the status of the medical profession during the period. However, I refer not only to his declared aims for the novel, cited below, as a potential interpretative framework, but also the ways in which the author reveals and employs both his Scottish Enlightenment sympathies and his own professional status as an author and a doctor in its pages.

To expand on this last point, Smollett's Boerhaavian medical education provided him with a hydraulic model of the body and its functioning – i.e. based on the nature and movement of fluids according to Newtonian laws – which he applied to

⁹⁸ Rousseau, 'Quackery and Charlatanry', in *Essays of Two Decades*, pp. 124-137 (p. 132); Helge Jordheim comments on the privileged circles in which some oculists moved: '[b]y gaining access to the courts and making private and intimate acquaintances with those in power, the oculists entered into a world which at the end of the eighteenth century was still closed to almost everyone but princes and nobles: the world of politics': see 'Oculist Narratives in Late-Eighteenth-Century Germany: From Cataract Surgery to Political Conspiracy in Jean Paul's *Hesperus*', in *Medicine and Narration*, ed. by Vasset, pp. 183- 210 (p. 201).

societal issues in a wider context. He was not alone in applying medical theories in this way, indeed the idea that disparate cognitive domains were potentially subject to the same ordering principles stemmed from the interplay of different cultural perspectives in the English Enlightenment.⁹⁹ As Douglas Duhaime has argued, ‘the cross-fertilisation of political economy and medical philosophy’ was an established discourse by mid-century, reflected in the work of Francois Quesnay (1694-1774) and others.¹⁰⁰ Duhaime has emphasised the significance of the seventeenth-century ‘circulation physiologies’ to Smollett’s world view, and how he used them to understand and interpret the health of the body politic (a metaphor dating back to Plato which aligns the human body with political structures and systems) with a view to identifying lurking problems and recommending a remedy.¹⁰¹ If an individual’s health depended on the free circulation of bodily fluids and blockages were the cause of malignity, treatable by techniques like ‘bleeding’ or ‘purging’ – but not to excess – then it followed under this model that the structure and functioning of society at large was subject to similar analysis and treatment. So in political and economic terms, if the free circulation of wealth and opportunity was obstructed, then again a measured form of remedial action was required to restore an overall balance. To Smollett, London represented a kind of tumour swollen by the accumulation of wealth and commerce which was to the detriment of the body as a whole, and especially to

⁹⁹ Douglas Duhaime, ‘Between Excess and Inanition: Tobias Smollett’s Medical Model of the State’, *Eighteenth-Century Fiction*, 26 (2014), 565-591 (pp. 567-573).

¹⁰⁰ Quesnay was an eighteenth-century French economist and physician, who published the *Tableau Oeconomique* in 1758, and was a founder of the economic ideas of the physiocrats. See Walter Eltis, ‘The Grand Tableau of François Quesnay’s Economics’, *The European Journal of the History of Economic Thought*, 3 (1996), 21-43.

¹⁰¹ *Ibid.*, pp. 569, 570 and 581: Duhaime cites William Harvey and the circulation of the blood (1628), Olaus Rudbeck’s account of the lymphatic system (1653) and Alfonso Borelli’s understanding of the respiratory system (1680).

Scotland.¹⁰² Smollett's participation in this discourse resonates with the concept of an eighteenth-century epistemological transition which altered conceptions of modern subjectivity. In Foucault's assessment, the epistemological transition manifested itself in shared modes of thinking, rather than direct causal connections, across cognitive domains (see Chapter One, pages 146-147 above).¹⁰³ Duhaime has explained that, in Smollett's case, medical principles informed 'not only the medical content of his novels but also his mature political orientation'. But whilst other commentators in the debate adopted medical analogies to validate commercial practices and ends, Smollett used his to further his conservative agenda and rail against all that was undesirable about commercialisation. What emerges is the strength and consistency of his belief that establishing a balance between luxury and deprivation or 'excess and inanition' was what mattered in both contexts. In the next section, I argue that Smollett's propensity for displaying his own medical and literary credentials in the text enriches the novel's engagement with debates around medical education, knowledge and practice as they pertain to medical professionalisation. The extent to which Smollett's didactic and artistic aims in *FCF* were shaped by his medical knowledge is striking: they led him to diagnose society with an avoidable degenerative disease that it had brought upon itself and which needed urgent attention.

An Approach via Smollett's Concept of the Novel

Smollett's ideas about what form the new literary genre should take is presented

¹⁰² Smollett also applies his medical model to the state of Anglo-Scottish fiscal affairs, and to the 'unnecessary aggression' of British foreign policy in the Seven Years War: Duhaime, 'Between Excess and Inanition', pp. 566 and 590.

¹⁰³ Rodgers, "Life", p. 3.

to the reader in a prescriptive and unambiguous way in the preface to *FCF* (see above page 206). His detailed recipe, with accompanying ingredients, invites a close comparison with definitions of the *picaresque* form. G. S. Rousseau's discursive and insightful working definition of the *picaresque* offers a particularly useful benchmark, but I draw on others too as part of this exploration. Over and above an assumption that it refers to a work of prose written in the first person by a *picaro*, Rousseau cites the *picaro's* extensive social mobility as a defining factor, and his tendency to hold a distorted view of both himself and the world which effectively marginalises him from society. In addition he is prone to spending much of his time ambling erratically through a diversified landscape dealing with various challenges before finally realising that life is a sort of game from which he should retire.¹⁰⁴ Other definitions home in on the *picaro's* unchanging character throughout the narrative, his likely servant status, and the pettiness of his exploitative traits as opposed to a propensity for serious crime. The centrality of the *picaro* in terms of bringing coherence to the whole structure, and his role as a means to satirise institutionalised forms of power, also come to the fore.¹⁰⁵

According to the above definitions, Smollett draws on the *picaresque* in key respects, so that Ferdinand operates to 'unite the incidents' and the 'characters of life' provide satirical fodder, but a comparison with Rousseau's synopsis leads to parallels which are especially forceful.¹⁰⁶ The diversity of the social landscape is

¹⁰⁴ Rousseau, 'Smollett and the Form of Picaresque', p. 58.

¹⁰⁵ Philip Stevick, 'Smollett's Picaresque Games', in *Bicentennial Essays*, ed. by Rousseau and Boucé, pp. 111-130 (p. 116); also Spector, *Tobias Smollett*, p. 37.

¹⁰⁶ Rousseau, however, opines that *FCF* is one of the least *picaresque* of Smollett's novels: 'Smollett and the Form of Picaresque', p. 61; in contrast, Boucé believes Ferdinand is the only one of Smollett's main characters to resemble the *picaro*; *Novels of Tobias Smollett*, p. 72.

striking, as is the fact that Ferdinand's exploits stretch across four countries.¹⁰⁷ The effect of a panoramic view of the world is enhanced by Smollett's use of a mock-heroic style – 'he was likened unto Hercules in the cradle' (p. 12) – which lends a satirical distance between him and his low characters.¹⁰⁸ Ferdinand's social adaptability – proven in his ability to convincingly perform different roles in a range of different settings – is extraordinary and he does eventually withdraw from this life of his own volition. Finally, his different identities – despite his periodic spectacular social success – tend to position him as an outsider, not least in his spell as a quack outside of regular medicine. Perhaps the most obvious departure from the *picaresque* tradition is Smollett's substitution of the first person perspective with the third, meaning that he does not aspire to temporarily inhabit the character of Ferdinand to engage the reader. As a result, the reader is accordingly spared from any compunction to empathise with the eponymous scoundrel. Also, unlike the Spanish *picaro*, Ferdinand is not merely an opportunistic adventurer able to outsmart his betters, but a predator and a despoiler too.¹⁰⁹

Other influences and ambitions also emerge in *FCF*. Smollett's use of the *picaresque* form to lay out a 'large diffused picture' draws a direct parallel between graphic art and literary expression (p. 4).¹¹⁰ Hogarth's satirical prints,

¹⁰⁷ They are Venice, Paris, Holland and England and he inhabits the role of soldier, musician, aristocrat, jeweller and physician: Spector, *Tobias Smollett*, p. 71.

¹⁰⁸ The use of this idiom is not sustained throughout the whole narrative, but used strategically.

¹⁰⁹ The *picaro* 'outwits those he serves' to survive: Blewett, *RR*, p. xii; there are similarities with Henry Fielding's villainous character based on a real criminal called Jonathan Wild in *The Life of Mr Jonathan Wild the Great* (1743). According to Peter Ackroyd, it is a satire of 'greatness' at the expense of Robert Walpole among others: 'Foreword', *Jonathan Wild the Great* (London: Hesperus Press, 2004), pp. vii-ix (p. ix). Smollett is making a similar point to Fielding about the gullibility of the public to bold claims and celebrity in *FCF*; Spector, *Tobias Smollett*, p. 74: 'he is never so happy as when he has completely defiled his victims'.

¹¹⁰ In addition, his use of the word 'group' in 'the characters of life, disposed in different groupes' (see above) relates to 'a painterly term'. To Smollett 'effective narrative composition' resembled 'dramatic painting': see Beasley, 'Ferdinand Count Fathom for the Defense', p. 168.

such as *A Rake's Progress* (1735), which carry a similarly cautionary message about society's ills, are an obvious reference point, as Hogarth was by far the most famous English artist of the time.¹¹¹ In addition, Smollett divulges an important part of his 'uniform plan' at the outset, which is to stir the reader's emotions, especially fear, in the cause of his educative message. To him, fear represents 'the most violent and interesting of the passions' and the most long-lasting in its effects (pp. 4-5), so is especially worthy of didactic investment. By selecting a main character of unremitting iniquity, who has an uncanny talent for 'penetrating into the temperament of others' and then subjecting him to a 'deplorable fate', he seeks to alert the credulous and inexperienced to the exploitative traps that lie in wait in contemporary life, and also contrive an effective deterrent to adopting a similar path of villainy.¹¹² Ferdinand's ability to 'fathom' other people's needs in depth verges on the supernatural and it renders him ideally equipped to exploit human weaknesses, whether in the role of a doctor or in other personas. Aileen Douglas has emphasised Ferdinand's 'lack of physicality' which contrasts with Smollett's detailed portrayal of the physical indignities suffered by Roderick Random. He has an almost sublime presence – which has been described as a 'proto-romanticist' element – to make him more unknowable and sinister. His relentless sexual exploitation of women, which he achieves by exercising his 'uncanny' talent, and the opportunities for intimacy that life as a doctor grants, also defines him and echoes the eighteenth-century prejudices about the underlying motives of man-midwives discussed in Chapter One (see 'A Closer Look

¹¹¹ Ronald Paulson, 'Smollett and Hogarth: the Identity of Pallett', *Studies in English literature*, 4 (1964), 351-59 (p. 351); Beasley, *Tobias Smollett, Novelist*, p. 234, note 44: Beasley believed Smollett admired Hogarth and did not mock him.

¹¹² McAllister, 'Conversion, Seduction', p. 321.

at Dr Slop' above). Smollett's portrayal of the main protagonist's motives draws on a range of narrative techniques to do so in the blackest possible terms, even likening the moment when he first sees England to John Milton's Satan on first seeing earth in *Paradise Lost* (p. 127).¹¹³ Smollett's experimentalism with textual strategies, in this respect and others, serves to underscore the strength of his conviction that society is fostering extremes of amorality as represented by this charlatan. To drive home the moral message, Ferdinand's multi-faceted career is doomed to end badly and the end of the novel takes on the traits of romance. His destitution, succeeded by a supposedly harrowing near-death scene, is followed – rather incongruously given the earlier, *picaresque*-inspired narrative technique – by his penitence, redemption and finally by a renewal beyond the confines of the plot.¹¹⁴

The construction of verisimilitude is a priority for Smollett. As discussed earlier with regard to *RR* – in which Smollett signalled his deviation from the Spanish tradition whilst admiring its satirical bite – he again singles out 'probability' or formal realism as one of the factors on which the success of the novel is dependent. Smollett's adaptation of the *picaresque* to convey verisimilitude has been explored by Richard Jones with reference to Smollett's partiality for the theatre. Unpacking his use of the word 'adventures', which features in the title of four of his novels, Jones has drawn links between the lack of structure in Smollett's novels and his aim to convey more effectively how life is experienced. In this respect, Smollett's novels have some synergies with Sterne's *Tristram*

¹¹³ Douglas, *Uneasy Sensations*, p. 104.

¹¹⁴ A remorseful Ferdinand exits the narrative at this point but makes an appearance as a reformed character in Smollett's later novel: see *Humphry Clinker*, p. 190.

Shandy.¹¹⁵ To Smollett, life could be perceived as a series of ‘accidents’ over which one has limited control, but also as a performance wherein these unforeseen events become adventures in the telling of them only after they have been survived. In other words, Smollett’s characters are ‘seen in the act of performing their own stories, reconciling their actions with other people’s (impartial) words’ so that Ferdinand is as ‘the young pretender’ or like ‘another Moses reconnoitring the land of Canaan’ (pp. 135 and 127).¹¹⁶ Mikhail Bakhtin’s concept of the theatrical multi-vocal nature of discourse correlates with this interpretation, and Jones has argued that Smollett’s novels exhibit traits of the ‘carnavalesque’ in a way that is especially consistent with Bakhtin’s analysis. Bakhtin describes the carnival as ‘in reality it is life itself, but shaped according to a certain pattern of play [...] it does not acknowledge any distinction between actors and spectators’.¹¹⁷ So in the carnivalesque, real life is portrayed as the game-like temporary subversion of roles, of which the *picaro*, in his appropriation of ‘higher languages than his own’ as Jones says, is a notable exponent.¹¹⁸ In Smollett’s novels, carnivalesque performances take place in various ‘theatres’ or public spaces such as ‘coffeehouses, inns, coaches and baths’ and in *FCF*, they feature prominently in episodes where the main character appropriates the language and behaviours of whatever role he is playing.¹¹⁹ When playing the role of a doctor, this strategy consistently works to Ferdinand’s advantage; witness his use of

¹¹⁵ Beasley also makes this point. ‘For Smollett, [...] life itself was far from orderly, regular [and] predictable. It was nearer to chaotic’: ‘*Ferdinand Count Fathom for the Defense*’, p. 174; Smollett wrote to David Garrick in 1761, ‘I am old enough to have seen and observed that we are all playthings of fortune’: *The Letters of Tobias Smollett*, p. 98.

¹¹⁶ Jones, *Smollett in the Enlightenment*, p. 84.

¹¹⁷ Mikhail Bakhtin, *Rabelais and his World*, trans. by Helen Iswolsky (Bloomington: Indiana University Press, 1984), p. 7.

¹¹⁸ Jones, *Smollett in the Enlightenment*, p. 13.

¹¹⁹ *Ibid.*, p. 101.

inflated medical language to explain the warmth of the spa water whilst in a discussion with an arrogant old doctor in the Bristol pump room: ‘fire was the sole vivifying principle that pervaded all nature’ he asserts (p. 164). In this public forum, potential customers respond to his performance by affecting to understand, and favour his theory because that of his competitor is so dull. In other words they participate in the game. Alternately, the episode evokes a Foucauldian interpretation of social realities. Ferdinand’s claim to medical knowledge is sufficiently suggestive of expertise – note his use of well-judged language – that those whom he seeks to exploit or subjugate are consensual in their acceptance of its legitimacy. Either way the heightened importance of theatrical role-playing in eighteenth-century society emerges as the keystone of his success.

Medical quackery features within this *picaresque* plot as a form of microcosm representative of wider social changes, which Smollett judges as profoundly deleterious. By aligning Ferdinand’s chaotic and questionable lineage with his inborn traits, the novel reinforces an aristocratic ideology that quality of character is inherited and is ultimately impossible to feign, despite the social fluidity of the period. The son of an unknown father and a murderous camp-following mother, he has inherited his dubious talents ‘from his mother’s womb’ (p. 23). Moreover, the fact that he was born in transit between two countries implies that he is devoid of meaningful roots or loyalties, a detail which also prefigures his subsequent itinerant lifestyle, so typical of the quack: as Rousseau has commented, ‘sudden departures are an occupational hazard of a career in charlatany’.¹²⁰ But quackery is contextualised not only as a parasitic element in relation to society but also as a

¹²⁰ Rousseau, ‘Quackery and Charlatany’, p. 131.

product of it. Reflecting this interdependency, the few chapters which feature Ferdinand's adventures in the guise of a physician showcase the pretensions and duplicity that characterise not only his own behaviour but also that of the medical community and the social circles in which he moves. To Ferdinand, other people are predictable and display similar weaknesses that characterise society as a whole. In *FCF*, there is a similar critique of the instability of identity and how the senses are an unreliable means of identifying a true gentleman, to that portrayed in *RR*. Whilst Roderick's true gentlemanly credentials go undetected – despite his efforts to assert them on the world – Ferdinand succeeds in obscuring his own low-born origins, as he courts celebrity in the guise of a foreign aristocrat. By drawing on his experience of living as the adopted son of a count and using his talent for social ingratiation and role-playing, he easily dupes others into believing he is a man of wealth and rank. His next move into medicine reveals much about the perceived status and potential earning power of the medical profession at the time. To Ferdinand, a medical career offers an achievable contingency plan when he encounters a setback to his ambitions of either establishing himself as a nobleman in society and marrying into money, or alternatively getting rich via some criminal ruse.

In fact, the move to medicine is quantified by Ferdinand as 'descending (only) one step in the degrees of life' (p. 241); an assessment which is surprisingly positive and perhaps revealing of the acknowledged upward trajectory of a career in medicine at the time and the lack of equivalent options. Medicine is represented as a sphere in which the hero's (assumed) status as a gentleman is of great consequence, even if the markers of that status were undergoing revision. For example, the 'gentleman's code of conduct', disseminated via the popular

literature of the early 1700s, acted as a signifier of social rank but was losing currency during the period because of the increasingly empty value attached to manners, which came to be seen merely as indicators of social experience rather than proof of good character.¹²¹ As discussed, the concept of sensibility, which was founded on insights into human physiological function, emphasised fine feeling as a measure of gentility. It gained authority as a means of social differentiation but also as a means of social mobility and was itself disseminated via print to a wide audience.¹²² As a paradigm with medical overtones, it too undermined the repressive ‘birth makes worth’ hierarchy and supplied a mechanism by which the lower social orders could emulate their superiors and potentially better their social position.¹²³ Rousseau has asserted that nervous illness and fashion (as in clothing) became the two external signifiers which allowed the reaffirmation of social distinction at a time when rank was obscured by the social melting pot resulting from class and geographical mobility.¹²⁴ The status and income of the medical profession was inextricably tied to the credence attached to the rhetoric associated with the former. In addition, Rousseau’s observation that there was ‘virtually no opposition [to the new nervous disease model] from the medical profession, which considered itself an intrinsic part of the newly-defined rich’ speaks volumes. From a modern perspective it is hard not to view the ready assimilation of the model of sensibility by a profession under threat as a form of collusion forged through mutual interest.¹²⁵

¹²¹ Wild, *Medicine-by-Post*, p. 48.

¹²² *Ibid.*, pp. 147-148: Cheyne ‘used a particularly effective rhetoric’ in his popular medical tracts.

¹²³ Rousseau, ‘Semiotics of the Nerve’, p. 255.

¹²⁴ *Ibid.*, p. 255; Pierre Dubois commented on the importance attached by Smollett to clothes as a ‘true index of his or her inner personality’ along with countenance: ‘Perception, Appearance and Fiction in *The Adventures of Roderick Random* by Tobias Smollett’, *Études Anglaises*, 62 (2009), 387-400 (p. 388).

¹²⁵ Rousseau, ‘Semiotics of the Nerve’, p. 257.

In a similar vein, the novel engages satirically with the growing convergence of perceived medical expertise and genteel behaviour in socio-cultural terms. So, for example, when Ferdinand is acting the part of a mysterious foreign count who has studied medicine at leisure as one of his gentlemanly pursuits, fashionable society accepts and admires his (supposed) medical expertise. His opinions on medicine are well received and courted because they are also ‘so plausible and well-adapted to the understanding of his hearers’ (p. 164). But when he returns to the same company reduced to a doctor who must draw on the same knowledge base to earn a living because his fortunes have declined, he is treated with disdain. Ferdinand descends from ‘the noble graduate’ to occupying the same ambiguous status as the other members of his profession, a status that is besmirched by an inescapable association with trade, and his temporary ‘celebrity’ status evaporates with his novelty value.¹²⁶ Likewise medical discourses around sensibility as a measure of gentility and as a means for achieving upward social advancement feature in the novel’s portrayal of Ferdinand at the peak of his performance in his medical career. For example, one of Ferdinand’s triumphs over a competitor derives from his perceptive and nuanced understanding of the doctor’s role in the light of the cultural importance of sensibility. ‘In your English universities, there is no opportunity of studying the art [of medicine]’, he says, going on to scold, ‘your behaviour on this occasion is [...] [an] outrage upon good manners and humanity’ (pp. 249-250). As Wayne Wild has made clear, the pivotal word here is ‘art’. Ferdinand the quack knows better than the licenced doctor the value of adopting the necessary professional manner in front of patients and the importance of being

¹²⁶ *FCF*, p. 165. When he was thought to be a mysterious Count, his patients had shown their gratitude by means of gifts rather than risk insulting a nobleman with ‘a fee’.

seen to care for the patient's welfare above everything else, even if it is a pretence.¹²⁷ Ferdinand succeeds because he has the trust of the patient and carers, and Smollett gives an insight into the complexity of changing perceptions of medical knowledge and how it is displayed and recognised. The language of sensibility, as the manifestation of a doctor-patient consensus about what constituted medical knowledge at the time, gave the doctor a form of Foucauldian authority or legitimate social power over the patient, perhaps not as structured as that delivered by clinical medicine, but nevertheless one that enhanced the doctor's status in the exchange. These changes to the skills required from the professional doctor, and the different approaches to medical education in Europe and Scotland had far-reaching effects, and the novel points out that there were winners and losers caught up in those changes.

Different perceptions of the medical profession emerge and vie with each other in the text and range from a general scepticism of all the professions to a defence of the learning and investment in education that professional status has come to imply. By exposing many of the methods used by quacks of the period to convincingly fulfil the role of a physician, the membership of the profession itself is lampooned. The profession's posturing, greed, sycophancy and its impotence in the face of undiagnosed disease are all laid bare.¹²⁸ Similar treatment is dispensed to both lawyers and the clergy, consistent with Smollett's polemical views (pp. 172 and 262). One striking example is the hero's donning of 'the uniform of Aesculapius', which consisted of 'suit, full-trimmed, with a voluminous tie-periwig'

¹²⁷ Wild, *Medicine-by-Post*, p. 40.

¹²⁸ For example, when Ferdinand feigns disease the doctors administer treatments that actually make him ill, and he only recovers when he stops taking their medicines, *FCF*, p. 29.

(p. 241), and his investment in a ‘chariot’ (carriage) to parade through the streets pretending to be an important doctor and in demand (p. 254). Smollett’s broad-based scepticism about the professions has a long lineage from commentators such as Ben Jonson (1572-1637) through to Swift and Fielding.¹²⁹ But *FCF* also argues the case in their favour. When the pompous Bristol doctor is upstaged by Ferdinand’s more populist theory about spa water, turning public opinion against him in the process, the narrator defends the professions against the ‘stream of prejudice’ of the ill-informed who resent their (earned) social distinction: ‘...there is a continual war carried on against the learned professions, by all those who, conscious of their own ignorance, seek to level the reputation of their superiors with their own’ (pp. 164-165).

Smollett’s ‘characters of life’, with whom Ferdinand interacts whilst in the medical profession, include other practitioners, most notably the apothecaries who supply some of the ‘low’ characters. For example, the London apothecary, with whom Ferdinand strikes up a business relationship, is easily impressed with Ferdinand’s superficial knowledge of balneology and bogus claims to a university education because he has no depth of medical knowledge himself; a vignette that substantiates the lower status of the apothecary in the medical hierarchy (p. 242). But as Rousseau has pointed out, Smollett describes, over no less than three paragraphs, how practitioners, as in the above example, cooperated with each other to share out the benefits by forming ‘confederacies’ of practitioners to which the entry point might vary from one practitioner to another depending on

¹²⁹ Porter, *Quacks*, p. 27; see also Corfield, *Power and the Professions*, pp. 42-69: for example, the justice system is satirised in Jonson’s *Bartholomew Fair* (1614), as are scientists in Swift’s *Gulliver’s Travels* (1726); see also T. Brown, *Physick Lies a Bleeding: or, The Apothecary turned Doctor — a Comedy, Acted Every Day in most Apothecary Shops in London* (London: Printed for E. Whitlock, 1697).

the circumstances (pp. 255-257). A 'knot' would typically include a nurse, apothecary, surgeon, and a physician. Whilst the potential for abuse of this system was clear, as the novel elucidates, it made practical use of different skills and resources, and represented a strategy that dealt with the moral issues caused by luxury and consumerism by taking action to make changes to daily life in line with Smollett's 'utilitarian Enlightenment' values.¹³⁰ Smollett's belief that public benefit should triumph over private interest was characteristic of the Scottish Enlightenment which formed part of his identity, and it helped shape the professionalisation of medicine in the long term.¹³¹

Throughout the narrative, Smollett consistently apports blame to English society for the downward trend in moral standards of which quackery is merely a symptom. In an attack on its lax attitudes and its tolerance of exploitative forces, Ferdinand is encouraged by his criminal sidekick to see English society as a land of opportunity compared to other parts of Europe:

So jealous are the natives of their liberties that they will not bear the restraint of necessary police, and an able artist may enrich himself with their spoils without running any risque [...] this metropolis is a vast masquerade, in which a man may wear a thousand different disguises, without danger of detection. [...] Another exhibits himself to the public, as an empiric or operator for the teeth [...] bearing testimony to wonderful cures that were never performed, [...] and lays the town under contrition (pp. 145).

The expansive critique is here clearly aimed at English society en masse, as opposed to individuals, and its inclination as a group, perhaps after Bernard

¹³⁰ Lester King, *The Medical World of the Eighteenth Century* (Chicago: University of Chicago Press, 1958), pp. 3-18; G. S. Rousseau, 'Political Gout: Dissolute Patients, Deceitful Physicians and other Blue Devils', *Notes and Records of the Royal Society of London*, 63 (2009), 277-296 (p. 280).

¹³¹ Wild, *Medicine-by-Post*, pp. 178-80.

Mandeville, to accommodate a character like Ferdinand.¹³² It singles out London for particular criticism – ‘a vast masquerade’ – which is where our protagonist hopes later to establish his medical practice because it is ‘the only soil in which he could [...] rise to any degree of prosperity and independence’ (p. 253). He even aspires to found a hospital in the capital, not for the good of his fellow man but to further his career ‘upon the carcasses of the poor’ (p. 256), a biting comment on the greed of Smollett’s medical peers.¹³³ Smollett also portrays London as the death knell for genuine human relationships:

this reflection was grounded upon a maxim [...] among the English people, namely, to overlook and wholly neglect, on their return to the metropolis, all the connexions they may have chanced to acquire during their residence at [...] the medical wells (p. 253).

To Smollett, Fielding, and many commentators, London, with its dangerous anonymity, vast range of ways to spend money and obscuration of social rank and identity was inextricably associated with the menace of luxury and its morally debilitating effects.¹³⁴

The indiscriminating public was also a prominent feature of contemporary discourse about literary standards and the increasing commercialisation of the literary world. To Smollett, the proliferation of inferior forms of fiction was a threat to the survival of the novel genre, which in his view had become established

¹³² Bernard Mandeville (1670-1733). To Mandeville, man was not naturally kind but actually only cooperative in groups. Goldberg makes the point that the evil in *FCF* is rooted in Hobbs and Mandeville, not Milton’s Satan: *Smollett and Scottish School*, p. 91.

¹³³ For example, Sir Richard Manningham, mentioned in *Tristram Shandy*, founded the first, but short-lived lying-in Infirmary in 1739. Richard Mead resigned from his hospital position at St Thomas’s in 1714 once his private practice had become successful: W. F. Bynum, ‘Physicians, Hospitals’, in *Hunter and the Medical World*, ed. by Bynum and Porter, pp. 105-128 (p. 118).

¹³⁴ Wahrman, *Making of the Modern Self*, p. 203.

as a discrete and important literary form.¹³⁵ As Basker has said, Smollett ‘had a continuing sense of the novel’s stature and tradition’, which surface in his articles in *The Critical Review* and also in his anxiety that authors ‘of merit’ who published a novel in the current climate ‘[ran] the risque of being seen and confounded with those who are condemned by the lump, to the gulph of oblivion’.¹³⁶ His mission to reignite ‘the true spirit of criticism’ by means of *The Critical Review* was linked to his belief that a credulous reading public lacked the objectivity and critical acumen required to both value the liberal arts and advance the cause of ‘Genius and science’.¹³⁷ In his view, the literary world was dominated by booksellers producing periodicals of poor quality dedicated to promoting their own commercial interests.¹³⁸ As Lee F. Kahan has argued, Smollett held that the unprecedented explosion in newspapers and periodicals was yet another manifestation of the excess of superfluous consumer goods, produced to prey on consumer gullibility in the interests of making a profit. News or ‘intelligence’ had taken on the semblance of a commodity and medical discourse was a prominent, disputative and emotionally-charged feature of this particular commodity.¹³⁹ As Geoffrey Holmes asserted, ‘from the avalanche of writings issuing from the leading polemicists among the physicians, apothecaries and surgeons of Augustan England, one might well conclude that the pen was [...] mightier than the prescription, the powder and the poultice’.¹⁴⁰ In *FCF*, one of the explanations for Ferdinand’s credibility as a

¹³⁵ The idea of ‘asserting neoclassical notions of authority, rules and standards [...] in the republic of letters’ had a tradition that went back to the Restoration: Basker, *Smollett: Critic and Journalist*, p. 18.

¹³⁶ *Ibid.*, p. 90. Basker quotes Smollett in a book review of 1751 in the *Monthly Review*.

¹³⁷ *Ibid.*, pp. 31-32. Basker quotes Smollett’s ‘Proposals’ for the *Critical Review*, published in several newspapers in 1755.

¹³⁸ A particular target for Smollett in this regard was the bookseller Ralph Griffiths and his *Monthly Review*: *ibid.*, p. 36.

¹³⁹ Kahan, ‘Fathoming intelligence’, pp. 229-57.

¹⁴⁰ Geoffrey Holmes, *Augustan England: Professions, State and Society, 1680-1730* (London: George Allen and Unwin, 1982), p. 167.

performer, in all of his incarnations, stems from his habitual assimilation of the commodity of news, or information that is current. Ferdinand's ability to package superficial medical knowledge in an attractive way so as to dazzle and persuade the consumer is therefore representative of a serious threat to the value attached to in-depth specialist knowledge and, it follows, to the medical profession itself. Paradoxically this critique echoes the anti-novelistic discourses which characterised the novel as a form of literary charlatanism or quackery earlier in the century.¹⁴¹ Drawing on Kahan's work, I would argue that Ferdinand the quack uses information and his knowledge of trends, as opposed to medical knowledge, to wield power over his patients and to impress his peers. He employs his exceptional language skills in the process, (as per Foucault's theories) to draw on shared ideas of what form medical knowledge should take, in his case regardless of how facile his medical knowledge actually is. Kahan's explanation as to how Smollett endows the novel with epistemological significance – note he describes it as not only a species of 'invention' but also a conduit for 'information' – have a particular resonance for my argument that the early novel genre was especially well appointed to host medical debate. Kahan equates Ferdinand's brother (i.e. brother by adoption), with the higher aims and integrated form of the novel, and in contrast he aligns Ferdinand with the throwaway, biased and unreliable form of knowledge offered by the periodical. Renaldo, the brother, is aristocratic, virtuous and steadfast and only takes centre stage as Ferdinand recedes from the plot. Up until this juncture, and whenever their paths have crossed, Ferdinand has

¹⁴¹ Swift's *Gulliver's Travels* was written as a form of anti-novel. Pope also attacked contemporary prose fiction by ridiculing Eliza Haywood in *The Dunciad* (1728). During the period, there was a widely-held view that the novel form was 'worthless', corrupting and ignoble; the latter because novels were written to make money rather than for the betterment of the reader: Hammond and Regan, *Making the Novel*, pp. 62-84.

consistently attempted to usurp or undermine his brother's position in what might constitute an extension of the literary analogy. Within the framework of this thesis, I extend Kahan's literary analogy to an eighteenth-century medical context. I argue that *FCF* apparently pitches the knowledgeable, considered and authentic doctor – notably only one appears in the text – as an equivalent of the novel form, against the ubiquitous, superficially-informed, flighty and deceptive quack, represented by the less worthy periodical. At the same time Smollett points out the shortcomings of those medical men on the spectrum between.¹⁴²

An Approach via the Expression of Smollett's Professional Status in *FCF*

In his role as a novelist, critic and journalist, Smollett consistently engaged in debate in both literature and medicine, with a noticeable commitment to displaying his professional mastery of both. His desire to establish his literary pedigree – and hence pedagogic authority – by placing himself as one in a long line of writers in the *picaresque* tradition, including not only Cervantes, but also the author of *Guzmán de Alfarache* (1599-1602), is revealing (p. 9).¹⁴³ His declared aim to educate his readers and stem the further degeneration of social order via the 'moral of the whole' (p. 5) in the novel is a lofty one, but not so surprising in the context of the scale of his Enlightenment aspirations. There was in England in the 1750s a widely acknowledged need for the establishment of a public body to promote the progress of 'learning and the arts', and Smollett was vocal and enthusiastic about setting up an English Academy with a view to fostering better

¹⁴² Monima's physician is knowledgeable, 'humane' and waives his fee, *FCF* pp. 237- 238. Other doctors are portrayed as economically motivated.

¹⁴³ The author was Mateo Alemán who wrote this earlier representative of the Spanish *picaresque* romance which was enduringly popular in England in the seventeenth century: Beasley, 'Notes to the Text', in *FCF*, pp. 361-440 (p. 365).

powers of discrimination in the public.¹⁴⁴ Although his plans never reached fruition his commitment to this goal is evidenced by his founding of *The Critical Review* in 1756 which he envisaged as the future Academy's journal. In Smollett's view, literary standards influenced the quality of all learning.¹⁴⁵

Smollett's defensiveness about professional status vis-à-vis gentlemanly status may in part be derived from his own experience, as Ian Campbell-Ross has intuited.¹⁴⁶ As the younger son of a younger son of a member of the Scottish gentry, he was from the outset in a socially and economically precarious position. Cadet sons of the period had to make a living through the military, the professions, or through trade. Smollett's claim to be a 'gentleman by birth, education and profession' proclaims his membership of the medical profession as an integral part of his gentlemanly status and identity. William Cullen showed a similar concern to assert his status as a 'gentleman physician needing to impress high-status patients' through attention to his choice of words and 'penmanship'.¹⁴⁷ The ambiguity of the doctor's rank against the sliding sands of social differentiation and the threat of quackery is exposed by this shared and earnest necessity to exhibit, as Anne Digby has said, 'not just professional status, but genteel status' in the written as well as the spoken word.¹⁴⁸

As Jones has argued, although Smollett's medical practice in London and

¹⁴⁴ Basker, *Smollett: Critic and Journalist*, p. 17; Kahan has highlighted Smollett's identification with an exclusive 'literati' who felt threatened by the reading preferences of an indiscriminating public; he hoped to encourage healthier consumer practices in all areas including literature: 'Fathoming Intelligence', pp. 242 and 257.

¹⁴⁵ Basker, *Smollett: Critic and Journalist*, pp. 17-29.

¹⁴⁶ Ian Campbell Ross, 'Tobias Smollett: Gentleman by Birth, Education and Profession', *BJECS*, 5, (1982), 179-90, (p. 185).

¹⁴⁷ *Ibid.*, p. 179. Ross quotes a letter from Smollett to Alexander Hume Campbell, 1753; David E. Shuttleton, "'Please put a date to your letters...': The Textual Evidence for William Cullen's Management of his Epistolary Practice', *JECs* 29 (2016), pp. 59-79 (p. 69).

¹⁴⁸ Digby, *Making a Medical Living*, p. 6.

elsewhere was short-lived, he succeeded in forging a professional medical career by way of his writings, whilst at the centre of an illustrious medical circle.¹⁴⁹ For example, Smollett was an advocate of the therapeutic benefits of water and his (only) medical monograph *On the External use of Water* (1752) extolls the virtues of the mechanical action of cold water, i.e. its ‘coldness, pressure and moisture’ as opposed to any hidden qualities or impregnated ‘mineral particles’.¹⁵⁰ He also wrote reviews of many medical studies, such as John Pringle’s *Observations on the Diseases of the Army in Camp and Garrison* (1752), Richard Manningham’s *Latin Medical Aphorisms on Midwifery* (1756), and David d’Escherney’s *An Essay on the Causes and Effects of the Gout* (1760) among many others.¹⁵¹

Smollett’s engagement with the so-called ‘sulphur controversy’ is consistent with his intolerant attitude towards quack practices and pretension in different professional and social contexts, as reflected in his novels. In real life, the ‘sulphur controversy’ – which was just one part of a lively discourse on spa water that had a long history and had amassed its own literature – was particularly critical of the exaggerated claims made about the powers of the Bath spa waters, and of the suspect motives of the hospital governors in promoting their mystique.¹⁵² In *FCF*, discourses around the quality of the waters serve as a hook from which Ferdinand is able to hang his so-called medical knowledge for public view. In addition, the spa towns of Bristol and Tunbridge feature as fertile grounds for the hero’s

¹⁴⁹ The circle included Scottish physicians such as John Armstrong (1709-1779); John Clephane (d. 1758); Thomas Dickson (1726-1784); William Pitcairn (1711-1791) and William Smellie: Jones, *Smollett in the Enlightenment*, p. 18.

¹⁵⁰ Tobias Smollett, *Essay on the External Use of Water* (London: M. Cooper, 1752), pp. 3-4.

¹⁵¹ See Claude E. Jones, ‘Tobias Smollett (1721-1771) — the Doctor as Man of Letters’, *Journal of the History of Medicine and Allied Sciences*, 12 (1957), 337-348 (p. 342); Valerie Wainwright, ‘Smollett’s Journalism: New Attributions for *The Critical Review*, 1757-1766’, *Notes and Queries*, 57 (2010) 524-545 (p. 535).

¹⁵² Mason, ‘The “Political Knight Errant” at Bath’, p. 68; Rousseau, ‘Smollett and the Eighteenth-Century Sulphur Controversy’, in *Essays of Two Decades*, pp. 144-157 (p. 154).

developing medical practices and, like many other doctors of the mid-century, Ferdinand is fully prepared to travel to be of service to wealthy patients. The trend is so pronounced that in *Peregrine Pickle* Smollett graphically describes the gathering of doctors in Bath as ‘like so many ravens hovering over a carcass’.¹⁵³ In Smollett’s later novel, *The Expeditions of Humphry Clinker*, Matt Bramble offers a prime example of an affluent patient – a gout-sufferer and valetudinarian – who travels to spas in far-flung areas of the country in pursuit of better health.¹⁵⁴ Matt Bramble’s disillusionment about the power of supposed medical advances is revealed in his complaint about medical academia: ‘the more you study the less you know’. The sense of disillusionment echoes Smollett’s critical depiction of the sulphur controversy, which in his estimation amounted to a laughable example of an overblown battle between entrenched egos.¹⁵⁵

Smollett again signals his professional stature in his conspicuous use of cutting-edge medical knowledge, via his engagement with the area of nervous physiology.¹⁵⁶ William Cullen conceptualised a system of ‘sensibility and irritability’, derived from Albrecht von Haller’s theories, which offered a comprehensive account of health and illness rooted in laws governing the relationship between the organism and the environment.¹⁵⁷ Smollett, like Sterne, was one of those writers who in accordance with this conceived of illness as

¹⁵³ Tobias Smollett, *The Adventures of Peregrine Pickle*, ed. by James L. Clifford (Oxford: Oxford University Press, 1983), p. 373.

¹⁵⁴ Annick Cossic-Pericarpin has noted how ‘Anstey, Smollett and Austen textualize fashionable diseases with different strategies, yet they all debunk fashionable therapy’: see ‘Fashionable Diseases in Georgian Bath’, *JSECS*, 40 (2017), 537-553 (p. 542). Christopher Anstey published the popular satirical poem *The New Bath Guide* in 1766.

¹⁵⁵ Smollett, *Humphry Clinker*, p. 29; Rousseau, ‘Smollett and the Sulphur Controversy’, pp. 144-157 (p. 154).

¹⁵⁶ Wild, *Medicine-by-Post*, p. 134.

¹⁵⁷ *Ibid.*, p. 191; Budge, ‘Smollett and Irritability’, pp. 139-158 (p. 150).

inseparable from the patient's social and physical environment.¹⁵⁸ Muscular irritability was different from sensibility in that it was perceived as a system of inherent processes of the body localised to different muscles and independent of an external stimulus, such as the beating of the heart. This meant it was independent of conscious sensation and of the will.¹⁵⁹ Ildiko Csengei has described irritability as 'the darker side of sensibility' and Budge has emphasized that the concept carried with it the inference of an individual's disconnection with the environment beyond his or her control.¹⁶⁰ Susan Bourgeois has highlighted the 'naturally democratic' inference of Haller's notion of irritability as opposed to the 'elitist' associations of sensibility, which echoes Smollett's 'Utilitarian Enlightenment' tendencies.¹⁶¹ Smollett's main characters such as Roderick Random and Peregrine Pickle are at the mercy of an excess of irritability which accounts for their vigour, their combative natures and their sexual appetites, but which they eventually come effectively to manage.¹⁶² However Ferdinand's extreme irritability – which in this physiological model is at the root of all aspects of his bad character, and most apparent in his sexual predatoriness – presents as a disease which reaches a final crisis when Ferdinand is near death (pp. 351-352). As John McAllister has argued, this physiological crisis, brought on by emotional stress, takes the form of a kind of shock therapy in which his disease is essentially

¹⁵⁸ In Sterne's *A Sentimental Journey* Yorick is very sensitive to his environment as is Matt Bramble in *Humphry Clinker: Wild, Medicine-by-Post*, p. 256.

¹⁵⁹ Budge, 'Smollett and Irritability', p. 148.

¹⁶⁰ Budge quotes Ildiko Csengei, *Sympathy, Sensibility, and the Literature of Feeling in the Eighteenth Century* (Basingstoke: Palgrave Macmillan, 2011), p. 1. See also Budge, 'Smollett and Irritability', p. 144.

¹⁶¹ Bourgeois, *Nervous Juices*, p. 28. The 'utilitarian' element resonates with ideas characteristic of the Scottish Enlightenment, see Chapter Two, note 50 above.

¹⁶² Budge, 'Smollett and Irritability', p. 150. Smollett included himself in this group, writing to his friend John Moore in 1765 that 'My disorder is no other than weak Lungs and a Constitution [...] with an extraordinary irritability of the nervous System': see *The Letters of Tobias Smollett*, p. 126.

‘extracted’ and he is remade.¹⁶³

The sensibility-irritability spectrum provided a new dimension to characterisation and character development in literature, allied to epigenesist ideas (see Chapter One) which Smollett exploited in his portrayal of the hero and his transformation after his life-threatening illness.¹⁶⁴ Furthermore it offers an illustration of Smollett’s concerted approach to concepts in medicine and literature, and evidences a cross-disciplinary way of thinking that is consistent with the occurrence of a significant eighteenth-century cognitive transition. Ferdinand’s character is defined by an unblinking amorality, sexual predatoriness, and an unusual ability to ‘manipulate others by turning their own nervous irritability against them’. According to the irritability theory, his traits and predispositions are a manifestation of his susceptibility to the corrupting effects of his environment and his comparative immunity to its social effects.¹⁶⁵ In addition, the prevalence of ‘hysteria, hypochondria and nervous disorder’ among Ferdinand’s patients, all conditions affiliated with sensibility and irritability, is indicative of a society in which irritability is on the increase.¹⁶⁶ In this interpretation, Smollett looks once again to lay the blame for his main protagonist’s unrestrained amorality on the degeneracy of his environment; an environment in which luxury and excess

¹⁶³ McAllister, ‘Conversion, Seduction’, pp. 327-328: Smollett advocated the use of shock therapy in chronic or systemic illnesses. It was supposedly effective in disorders of the imagination and thought to work by ‘re-setting’ the body processes. Smollett believed in the effect of cold water on the imagination and drew parallels with the effect of strong emotions like fear: Smollett, *Essay on the External Use* pp. 20-21, and 63; also Jones, *Smollett in the Enlightenment*, p. 29.

¹⁶⁴ Budge has highlighted that an ‘epigenesist’ idea of character development, as opposed to a preformationist view, was emerging at the end of the eighteenth-century, and Smollett may have drawn on this: ‘Smollett and Irritability’, p. 156.

¹⁶⁵ *Ibid.*, p. 151; this has repercussions in terms of culpability which Aileen Douglas notes is inconsistent with Smollett’s professed moral lesson: Douglas, *Uneasy Sensations*, p. 110-111; Beasley has commented that Fathom’s character reflects the reality which surrounds him, ‘which is by and large as wicked as he is’: ‘Introduction’ *FCF*, p. xxxii.

¹⁶⁶ Mullan, *Sentiment and Sociability*, p. 204.

in all its forms fosters a cycle of impaired concentration through instant gratification followed by dissatisfaction, leading to increased acquisitiveness and even morbid irritability as represented by Ferdinand's distorted appetites.¹⁶⁷ To Smollett, the concept of irritability provided a theoretical basis for progressive disease, where disease is a process and 'internal to the individual.'¹⁶⁸ It offered a basis for the main character's distinctive behaviour, but also for his dislocation from the benign influences of society, the lack of which gives him a 'distorted world-view' which the *picaresque* form is well suited to convey. In foregrounding his professional insight into character formation and development, Smollett is also reflecting and responding to a contemporary expectation that a professional doctor should have an understanding of his patient's character in order to deliver an accurate diagnosis and optimal treatment.¹⁶⁹

In exhibiting his professional status in the role of an author, Smollett is more defensive in tone. *FCF* was Smollett's third novel and, as discussed, represents a departure from the physicality of his earlier novels for which he had attracted criticism.¹⁷⁰ The serious moral intent of *FCF* and his declaration that this time he planned to avoid causing any offence to the sensibilities of his readers is evidence of an attempt to enhance his literary reputation via this text (p. 10). Beasley has asserted that, in *FCF*, Smollett is seeking to experiment and innovate within this new literary form by pushing back boundaries and calling on the power of the imagination to enhance its impact, hence his apparent forays into romanticism and

¹⁶⁷ Budge, 'Smollett and Irritability', pp. 148-158.

¹⁶⁸ *Ibid.*, p. 145.

¹⁶⁹ See note 162 above: Smollett diagnosed his own ailments in these terms.

¹⁷⁰ *Smollett: The Critical Heritage*, ed. by Kelly, p. 38: in a letter of 1748 to Elizabeth Carter, poet, from Catherine Talbot, author, Talbot asks 'have you read that strange book *Roderick Random*! It is a very strange and a very low one'; *ibid.*, p. 4: on meeting Smollett in 1758, a friend of Carlyle was surprised that he was not coarse like his characters.

the gothic long before they were defined. Unlike his contemporaries, he even deliberately placed anachronistic events into a plot seemingly packed with topical allusions to ongoing wars and other events. His declared concerns about the tension between fact and fiction feed into a topical debate.¹⁷¹ To Smollett, it seems, the novel's success as an art form rests with the author who occupies the vital role of mediator, and it may actually be the author who is the 'principal personage' in his maxim (p. 4). He explains that it falls upon him as narrator to write the history of Ferdinand on his antihero's behalf, rather than to expose the reader to Ferdinand's self-interested, noxious and corrupting world-view. He therefore acts as a quality controller or guardian in this context, protecting people from their own 'impassioned credulity' by delivering the account or 'intelligence' with impartiality (pp. 7-8).¹⁷² In so doing he maintains verisimilitude as well as furthering his didactic aims, from which he does not stray throughout the work.

Conclusion

Smollett's engagement with different views and standpoints in relation to the professionalisation of medicine in the novel *The Adventures of Ferdinand Count Fathom* leads with the portrayal of quackery as a scourge of the age. He taps into a flashpoint which occurred during the middle of the century when tensions were at a height between regular and irregular medical practice. At this time, the required criteria for membership of the profession were subject to reassessment by the perceptions of an increasingly alert public and changing attitudes within the

¹⁷¹ For example, early on in the plot Ferdinand is mistaken for Bonnie Prince Charlie, which is not credible given the time-frame for Ferdinand's birth: Beasley, 'Introduction', *FCF*, p. xxxiv; Lennard Davis, *Factual Fictions*, p. 51.

¹⁷² Kahan, 'Fathoming Intelligence', p. 232.

profession itself.

This topical issue is set against a larger context where the volatility of eighteenth-century consumer society, fuelled by ‘the bane of luxury and excess’, was unsettling established conceptions of identity in terms of social rank, role and modes of behaviour.¹⁷³ Discourses about the professionalisation of medicine therefore serve an illustrative or analogical function in the text, explicating and crystallising larger, underlying areas of unease. Urbanisation, consumerism, changing ideas about gender, social tensions, crime and class mobility posed a range of threats to society, some of which, to Smollett, were virulent and potentially calamitous.¹⁷⁴ Deception, affectation and pretence could usurp or obscure authentic manifestations of identity, knowledge and virtue at a time when people across a broad social spectrum were on the brink of reaping the rewards of the Enlightenment.

He chose to express his anxieties about the consequences of these disconcerting shifts in a didactic form in the text – arguably assuming therefore a leadership role as an author and as a gentleman – by giving special attention to how they reveal themselves in the medical profession. This was an area where he could both exhibit his own medical and literary expertise and raise awareness by extension to the menace of quackery, affectation and pretension in all walks of life.¹⁷⁵ For maximum effect, his main character is no ordinary quack. He occupies the extreme

¹⁷³ Erasmus Jones, *Luxury, Pride and Vanity, the Bane of the British Nation* (London: Printed for J. Roberts, 1735).

¹⁷⁴ Rousseau, ‘Strange Pathology’, pp. 312-314: by changing attitudes to gender, I mean the ‘desexualisation of hysteria’ which in the new model of nervous disease after Cheyne was now no longer shameful, but did espouse that females had a weaker nervous constitution than men.

¹⁷⁵ The fictional Mr Ferret in Smollett’s novel of 1762 declares ‘we have quacks in religion, quacks in physic, quacks in law, quacks in politics, quacks in patriotism, quacks in government’: Tobias Smollett, *The Life and Adventures of Sir Launcelot Greaves*, (London: Penguin, 1988), p. 79.

end of amorality, is furnished with extraordinary, almost sublime talents and exceptional motivation as evidenced by his excessive appetites. The exploitation of others, which he achieves by appealing to their own particular self-serving weaknesses, chides the medical community in all its forms and an indiscriminating society at large for allowing themselves to be seduced and corrupted. Smollett's engagement with this debate is particularly penetrating in the way that the hero is apparently furnished with all the necessary qualities to gain acceptance and even excel as a professional physician in eighteenth-century England – all the qualities, that is, apart from any genuine depth of either medical knowledge or human sympathy.¹⁷⁶

The plotline of the novel traces how Ferdinand successfully forges his bogus medical career. The detailed portrayal of medical encounters are designed to resonate with readers' concerns and experience so as to alert them to quackery in all its forms. In the process, the novel draws on the relationship between knowledge, economics, power and language. Jewson's and Foucault's theories about eighteenth-century medicine and how it changed so radically by the century's end have a bearing on how Ferdinand negotiates his medical role. Just like the Oxbridge-educated doctor, who notably quits his 'country' patient in a hurry, Ferdinand recognises that he depends on the 'patronage' of affluent patients and he relies on the patient's narrative to make a judgement in accordance with the doctor-patient relations of the period. His medical knowledge is limited and hurriedly acquired, but his knowledge in the form of information,

¹⁷⁶ Smollett's friends Anderson and Moore significantly laid the blame for Smollett's limited medical practice on his disdain for the 'low arts of finesse' that it apparently required: Jones, *Smollett in the Enlightenment*, p. 34.

news and trends, as Kahan has argued, is apparently unrivalled. In fact, compared to medical knowledge, the latter proves just as effective in ensuring his success in an easily-impressed society where cognisance of the latest fashions and trends was of particular importance in the assertion of social status. Furthermore his clever choice of language, assessment of the patient's mood, and attentive, sympathetic manner complete the package (pp. 248-249).

Woven into the narrative is Smollett's own claim to professional status in medicine and literature. This is evidenced by his claim to educate and innovate within literature by means of the novel's form, narrative technique and attention to characterisation, all in the interests of his worthy cause, and by his display of his up-to-date medical knowledge in fields such as nervous physiology and balneology. Smollett's breadth of learning across disciplines affirms his credentials as a worldly and highly-educated gentleman, and his alignment with the pragmatic values of the Scottish Enlightenment. From a modern perspective, his flexibility in the application of different frameworks of knowledge across disciplines to further his medical (and literary) understanding is consistent with, and prefigures the arrival of, a significant eighteenth-century epistemological shift. A notable example is Smollett's interest in the concept of character and character development in the context of the theory of irritability and epigenesis as identified by Budge. Its incorporation into the narrative allows Smollett the author to enrich the plot and meaning of the narrative; it also allows Smollett the doctor to display a specialist understanding of a patient's character. Meanwhile his moral credentials are on display, rooted in noble motives to help arrest ruinous trends in contemporary society.

Smollett taps into the *picaresque* form to convey the instructive aspect, flagging up to the reader potential traps and pitfalls; he draws on the ‘carnavalesque’ to allow the vocalisation, adoption and undermining of different perspectives, and to highlight the elaborate game-playing that the competition for patients required.¹⁷⁷ Bakhtin’s observations that an abundance of voices and perspectives are a defining feature of the novel form again find ample corroboration. He works to excite a mixture of emotions in the reader such as fear, outrage, sympathy, contempt, amusement, and he uses characterisation and character development to give meaning, realism and a shape to the whole narrative. He even affects to speak for the hero so as to shield the reader from Ferdinand’s influence and to inject further realism. There are many human facets to Smollett’s moral message, and various complexities associated with a shifting and variegated social landscape that required representation. In addition, all of these are framed in an endeavour to warn and persuade the reader, and they all exploit the literary qualities of the novel genre.

The fact that Smollett homed in on controversies about the changing medical profession, within the new literary form, to tackle what he considered to be the most profound social and moral issues of the age is significant. It confirms that medical debates offered a recognisable, familiar and accessible context which would resonate with readers’ experience and concerns and amplify the effect of his didactic enterprise. The novel’s literary qualities lend themselves to Smollett’s vision of furnishing the reader with a deeper understanding and a critical perspective on the society around him in this way, with the engendering of

¹⁷⁷ Jones, *Smollett in the Enlightenment*, p. 132.

verisimilitude being a priority. Once again, along with eighteenth-century medical theory and practice, the early novel emerges as an Enlightenment knowledge system, shaped by the author's didactic aims and with his own claims to knowledge and status clearly indicated to the reader.

Conclusion

Towards the end of his life Sterne famously mocked Smollett by giving him the name of ‘Smelfungus’ in his travel narrative, *A Sentimental Journey* (1768).¹ It implied that Smollett was obsessed with seeking out disease and degradation rather than looking out for the good aspects of life. The two authors, whose works form the bedrock of my research, crossed paths in Montpellier in the 1760s. Whilst there is no record of any riposte by Smollett to this particular jibe, it serves as evidence of a lack of personal and artistic sympathy between them which found wider expression in their different creative strategies in the early novel form.²

Experimentalism and divergence characterised the novels of the middle of the eighteenth century. Sterne and Smollett, like their fellow novelists, shared an aim to capitalise on the commercial success of the new mode of fictional representation and meet the needs and appetites of the consumer. But they clearly had contrasting aspirations in terms of the impact they hoped to make, as well as different ideas about how to achieve them. Sterne was overt about his hope to become famous through his literary innovation. As I have shown, he sought to engage in, and stimulate discussion on a wide array of topical issues, including prominent aspects of medicine, without didactic intent (see pages 87, 95, 98 and 146 to this thesis). Smollett, in contrast, believed that he had a responsibility to steer the populace towards the correct moral course and develop their critical faculties in a changing world. Medical themes fed into his variegated and restless

¹ Laurence Sterne, *A Sentimental Journey and Other Writings*, ed. by Ian Jack and Tim Parnell (Oxford: Oxford University Press, 2003), p. 24.

² Jones, *Smollett in the Enlightenment*, p. 30.

plots, as part of his literary project. He was noticeably at pains to exhibit his qualifications to undertake such a task, as a gentleman but especially in a professional capacity as an author and as a doctor.

Given the landscape of conflicting and competing strategies in this new realm of fictional representation during the period, any emergent synergies acquire a greater significance. This thesis set out to focus on one of them. Using the methodology of the case study, it has demonstrated how contrasting representatives of the mid-century (or early) novel each facilitated, engaged with and explicated contemporary medical debates, by virtue of the novel form's emanant literary qualities. The analysis also shows how, by the same means, authors such as Sterne and Smollett filtered wider debates relating to philosophical, cultural and social currents through topical controversies around medical theory and practice in their novels.

Of all the literary qualities, formal realism has been identified as a dominant feature of the new genre and it denotes the collection of attributes that together lend verisimilitude to the narrative. These include particularities of setting, time and circumstance that focus on the probable and the credible and exclude any elements in which the 'laws of nature and culture' are rewritten, and people behave in unbelievable ways in unrecognisable locations.³ Another especially important attribute in respect of this thesis is the novel's capacity to deliver a multiplicity of perspectives on issues, people and events in one narrative plane. In addition, the tendency to appropriate other literary forms, the scope for different narrative strategies, modes of characterisation and non-formulaic plot structures

³ Michael Seidel, 'The Man Who Came to Dinner: Ian Watt and the Theory of Formal Realism', *Eighteenth-Century Fiction*, 12 (2000), 193-212 (pp. 194-196).

are also characteristic and surface to greater or lesser degrees in the featured texts.⁴

The responsiveness of the early novel to the concerns and appetites of eighteenth-century society has been emphasised throughout as an important context. As a form of ‘cultural instrument’, the novel was able to represent the experience and ‘life choices’ of a broad spectrum of the reading public. For example, discourses around warfare, nationalism, social mobility, crime and the effects of commercialisation are recurrent themes.⁵ Medicine in both its theoretical and practical aspects emerges as one of the most prominent and well-documented areas of concern and controversy, infused with a fresh awareness of its potential value as a source of empirical knowledge that might be relied upon, and verifiable through testing or experimentation. As well as countering disease and suffering, medical knowledge offered an effective means to elucidate the philosophical issues of the day, such as the relationship between the mind and the body, and the instability of identity. It also fed into anxieties about how to successfully navigate new social situations. In addition, (as Smollett believed) medical theory and practice might also be applied across epistemological domains to address society’s problems via medical models of health versus disease.

Nicholas Seager has argued that with regard to the eighteenth-century novel, considerations of form (i.e. its literary qualities) are inevitably entangled with those of content or theme. In his view they have a complementary role to play in accounting for the novel’s origins.⁶ In terms of this analysis, the former is given

⁴ By non-formulaic I mean original and not necessarily complying with set plot structures.

⁵ See page 6 of this thesis; J. Paul Hunter, ‘The Origins of the English Novel: Fifteenth Anniversary Edition (Book Review)’, *Restoration: Studies in English Literary Culture 1660-1700*, 27 (2003), 61-68 (p. 62).

⁶ Seager, *Rise of Novel*, p. 189.

primacy but the entanglement between form and content is conspicuous. Medical themes resonated with reader's anxieties and interests, and as a result they served as an effective means to crystallise and explicate broader issues or 'sets of problems', as per McKeon's model. The man-midwifery debates, competing conception theories, increasing concern about the welfare of fighting men on land and at sea, and the perceived escalation in medical quackery were all mid-century controversies which were made to function in this way. They lent themselves to being applied in a wider context within the new literary form.

The introduction to this thesis explored some of these wider contexts, or philosophical, cultural and social currents. By conceptualising both the early novel and eighteenth-century medicine as two parallel knowledge systems, I have drawn on how they each converged on ideas which pertained to key concepts about man's place in the cosmos, then recently destabilised by factors such as the dissemination of Lockean philosophy and extensive social change. These include timely questions about how individual identity is delineated and manifested, how to steer a moral path in a potentially corrupting commercial society and how to acquire knowledge or 'truth', however the latter may be defined. In a changing social order where the old systems of extracting meaning from life and its events or assessing one's position in society were rendered increasingly obsolete, these concerns were of towering importance.⁷

In addition, I discussed the so-called rise of clinical medicine during the eighteenth century as another relevant undercurrent, drawing on Ackerknecht's influential account as a baseline. Placing *Paris Medicine* in a chronology of medical

⁷ The undermining of religious precepts is an example: see Chapter One, note 86 above.

progress, he credited the Paris School of the late 1700s with a series of innovations or developments in medical theory and practice which had a far-reaching transformative effect on medicine. Foucault and Jewson have argued that shifts in power relations and social dynamics followed in their wake. The medical debates in the early novels under investigation point to initiatives and developments thought to be characteristic of (later) Paris Medicine. This substantiates the views of Keel, Brockliss, Rieder and others that many of these changes were actually rooted in ideas and practices circulating as early as mid-century in other European centres.

A discussion of medical narration in the period highlights the parallels between the novel form and different kinds of medical narration, such as the case history and consultations by letter. Rieder has described the case history as ‘a vehicle of knowledge’ from which knowledge may be harvested, and this is the sense in which Sterne (or Tristram) adopts this form of medical narration in *TS*.⁸ He attempts to convey knowledge of his father’s character through close observation but significantly finds that this method is inadequate to the task. The importance of rhetoric emerges in medical correspondence of the period, and reflects prevailing medical paradigms. For example, the rhetoric of sensibility (grounded in contemporary models of nervous physiology) allowed the doctor to forge an interactive relationship with the patient based on shared values and positioned his own social status alongside his wealthy patient. Smollett’s novels engage with discourses around sensibility as a quality aligned with virtue and social distinction. The fact that the fictional character of Ferdinand is able to adopt the rhetoric of

⁸ See Chapter One, page 87 above.

sensibility to pose as a sympathetic doctor, and pedal bogus knowledge in the process, feeds into contemporary anxieties about the instability of identity, social mobility and moral standards.

In the case studies which form the chapters above, the literary attributes of the early novel feature as key ingredients which cohere to portray verisimilitude and evoke a reader response. Sterne's innovative narrative strategy, which is propelled by the association of ideas in the mind of the narrator, gives rein to a multitude of discursive opportunities in *TS*. But the debates around man-midwifery and those relating to human reproduction and conception, to which they are closely affiliated, stand out. The choice of the theme of man-midwifery is an indication or even a declaration of Sterne's sensitivity to current cultural trends. The controversies which it precipitated are situated within the novel in such a way as to ensure that all perspectives are accommodated and voiced, and each is given validity in the absence of an authoritative narrative voice. The comic and derogatory portrayal of the man-midwife in the shape of the pompous and insensitive Dr Slop draws on Rabelaisian satire and embraces discourses around the use of interventions such as the forceps and the status anxiety of the man-midwife with reference to his female counterpart. The issue of sexual propriety is also addressed, as Uncle Toby suggests that Mrs Shandy might be averse to having a man like Dr Slop so close to her private parts. But the contribution made by characterisation in terms of involving the reader in the debate is inestimable. The flawed, responsive and vulnerable characters breathe life into the different views on this new cultural phenomenon, so that when Walter's elaborate plans for the birth of his son are thwarted so utterly, the mood descends from mirth into pathos. By evoking such empathetic responses the novel draws the reader into

exploring different perspectives in a greater depth and so entering the discourse whilst emphasising the difficulties of choosing between competing ideas.

Furthermore, *TS* foregrounds perceived parallels between conception, gestation and childbirth and the creative process through the use of shared metaphorical language. In this way, the novel reflects or anticipates an eighteenth-century epistemological shift in its portrayal of a developing organicist approach to life and its processes, which includes the processes involved in artistic endeavour.

The two case studies which centre on Smollett's novels show how each excavated the established literary tradition of the picaresque, whilst modifying its form on the way. Smollett also experiments with contrasting satirical approaches: Roderick Random is given a satirical eye which, for the benefit of the reader, he casts over the decadent society around him, whilst Ferdinand Count Fathom is an instrument of satire. This means that in *FCF* the threats to social and moral order emanate not from the social environment, but are personified in Ferdinand himself.

Significantly, in his predatory world view and for his purposes, society everywhere is corrupt, predictable and essentially the same.⁹ The performative and game-like quality of social interaction emerges through a carnivalesque portrayal of Ferdinand's adoption of different identities. In terms of the medical discourses with which they engage, this means that in the former case the deficiencies of naval medical care are contextualised as a problem within a callous dysfunctional society. In the latter, medical quackery is presented as a parasitic threat which has adapted to thrive on the weaknesses of society. Smollett's intention in *FCF* to use fear to heighten the impact on the reader is indicative of a belief that

⁹ Beasley, 'Introduction', *FCF*, p. xxxii.

desperate measures are required to address a crisis situation. But both novels share a didactic tone which is in keeping with Smollett's notion of the author as an opinion leader charged with a duty to the public (see pages 149 and 211 above). In this sense, Smollett overtly asserts his identity and professional status in the two novels in a way that Sterne, who is more concerned to position his text at the cutting-edge of literary and epistemological endeavour, does not. This lends a different nuance to their engagement with medical controversies. In terms of the prominence of medical themes, both novelists cater, consciously or unconsciously, to the cultural and social pertinence of medical issues to eighteenth-century readers. But Smollett's participation in debates around the shortcomings of naval healthcare and medical quackery as a social scourge has a specific educative agenda. The medical discourses here serve an illustrative function in a wider debate about what Smollett believed was ailing eighteenth-century society.

In *RR*, the discourses around the inadequacies of living conditions and medical care in the navy are embedded in a novel which opens up new vistas to the reader. Descriptions of foreign climes and the hazards of warfare are representative of one element. The reader also gains an insight into the functioning of surgeons as part of a shipboard community populated by men from different parts of the British Isles and of mixed social status. Whilst the novel rarely strays from a satirical tone, the passages which portray the treatment of the sick and injured during the expedition to Cartagena are journalistic, detailed and devoid of satirical playfulness. The fragility of the human body is uncompromisingly depicted throughout and is a recurring motif which adds to the verisimilitude and credibility of the whole work. It formed part of Smollett's engagement with ongoing debates around identity and the relationship between the mind and the body, in which he

presented the human body as an obtrusive, uncontainable and unnegotiable fact of life. A sense of indignance and outrage at how the commanders of the army and navy had so needlessly exposed men to death and suffering is palpable and is a theme to which he returned repeatedly in his later life.¹⁰ Smollett's novel not only engaged vociferously with this medical issue but, according to Martz and others, played a part in changing public opinion and led to the implementation of corrective measures.¹¹ In terms of prevailing medical theory and practice in relation to the issue of inadequate standards of care, the novel engages with discourses rooted in the latest models of disease. These attached a new significance to environmental factors in the spreading and arresting of disease outbreaks. *RR* also highlights the importance of practical skills and an empirical approach in medicine, especially in a war setting, and it points to the rising status of surgery in the navy at the time. In this context, changing perceptions of what qualifies as valid medical knowledge persist throughout as an underlying discourse. The course of Roderick's life takes a significant turn for the better the moment he becomes a surgeon's mate on board ship; as a vehicle for social mobility, a surgical career in the navy during this period would seem to resemble a catapult. This particular plot strand enters a discourse around the role played by the acquisition of medical knowledge in reconfigurations of the social order. Roderick's frustration that no efforts are taken to maintain health and prevent disease by regulating diet and cleanliness anticipates changes which were later implemented and widened the remit of the naval surgeon to one of imposing required standards and systems in a Foucauldian sense.¹² Roderick's medical knowledge on board ship enhances his

¹⁰ See Chapter Two, pages 169, 195 and 197 above.

¹¹ See Chapter Two, note 5 above.

¹² Lawrence, 'Disciplining Disease', p. 85.

social capital, and his chances of staying alive, allowing him to eventually claim his birthright at the end of the novel.

In the final case study, Smollett engages with debates relating to changing ideas of what defined a member of the medical profession. *FCF* portrays the deception and greed which underpinned medical quackery as well as its exploitative elements, as a microcosm of society's wider ills. It is one of a number of corrupt practices which feature in the novel, but Ferdinand's excursion into medicine is sustained over several chapters and takes his manipulative skills and predatory appetites to new heights. Ferdinand's success is a measure of the state of moral deprivation and paucity of critical acumen of the society around him. Smollett's decision to tap into the theme of medical quackery to deliver such a broad critique reinforces its prominence in the public consciousness and the level of anxiety about its pervasiveness. As in *RR*, the discourse is situated within overarching debates about the instability of identity and, particularly in this novel and later in *Humphry Clinker*, the role of luxury and consumerism in moral decline. Smollett's medical conceptualisation of London as a site of localised infection or malignancy informed his ideas as to how corrective treatment should be administered, and he would seem to advocate a regimen of a simpler life in which everyone had little doubt about their place in the social strata.¹³ His insights into the way that the different factions within medicine cooperated pragmatically with each other, ostensibly for the benefit of the patient but more so for the benefit of their own pocket, are illuminating. Changing expectations with regard to how and where doctors should

¹³ Smollett's conservative attitude, despite his Scottish Enlightenment sympathies, are evident in the value he attaches to patronage in the production of literature and the arts rather than allowing market forces to set standards (see Chapter Three, pages 253-254 above).

be educated surface in a confrontation between the main character and a member of the medical faculty. Smollett's exhibition of his own medical and literary prowess within the text throws light not only on his view of the author's social role, but also his assimilation of the latest ideas in medicine which he applies to enrich the narrative. For example, medical theories about the formation of character surface in his portrayal of Ferdinand's rise, fall and physiological crisis. The episode foreshadows an epistemological shift in which identity or 'the self' is conceptualised as subject to evolution and development. Ferdinand uses knowledge as a form of power to inhabit the role of a doctor in a way which invokes Foucault's ideas. In a society in which fashion carries such weight, Ferdinand has a talent for acquiring and then packaging superficial knowledge in a form of language that appeals to and reassures the patient in a medical consultation.

The case studies in the chapters above illustrate the diversity and multiplicity of the novelists' creative strategies to participate in and explicate contemporary medical debates and elicit a response from the reader. They also throw light on the nature of the response to their strategies, as in the lively and sustained critical reaction to *TS*, and the possible mobilisation of eighteenth-century public opinion by *RR*.¹⁴ The fact that they also elucidate the web of beliefs, meanings, attitudes and priorities that fed into the prevailing medical paradigms of the time on both sides of the medical encounter enriches the findings of this thesis. Whilst these examples of the early novel discursively explored how best to mediate issues of major concern to the eighteenth-century reader, medical discourses demonstrably

¹⁴ As discussed, the latter offers a possible example of the reciprocal influence of literature on medicine in an eighteenth-century context.

played a significant, illustrative role in this endeavour.¹⁵ By using the methodology of the case study, this thesis has executed a necessarily limited, but nevertheless broad-based analysis to substantiate a more general claim pertaining to the epistemological status of the novel. It reinforces John Bender's view that the early novel functioned as an Enlightenment knowledge system. This thesis demonstrates how the novel form fulfilled this role, and it does so by using a range of medical discourses (man-midwifery and childbirth practices, naval medicine and professionalisation of medicine) as representative of the host of discourses on topical themes with which the early novel engaged. However, as discussed, it is also clear that medical themes were especially productive and lent themselves as an effective tool to illuminate issues beyond medical theory and practice.

Finally, future research along similar lines could deliver further insights into the relationship between the novel and contemporary medicine over the course of the eighteenth century. A comparable methodology examining different medical discourses, in relation to theories pertaining to the history of ideas, could be used in a cross section of novels in the beginning and end of the period. Examples might include the controversies around the inoculation against smallpox, or the medical and social perceptions of gout or fevers.¹⁶ Such a project could also throw light on how the disciplines of literature and medicine came to eventually diverge from the

¹⁵ McKeon categorised these as anxieties about 'Truth and Virtue' or knowledge and morality.

¹⁶ Suggested texts for future projects include: Sarah Fielding, *The Adventures of David Simple* 1744; Sarah Scott, *A Description of Millenium Hall* (1762); Frances Burney, *Camilla: A Picture of Youth* (1796); David E. Shuttleton, *Smallpox and the Literary Imagination 1660-1820* (Cambridge: Cambridge University Press, 2007); Nicole Pohl, *The Letters of Sarah Scott*, 2 vols (London: Pickering and Chatto, 2014); Rosemary Leadbetter, 'Experiencing Smallpox in Eighteenth-Century England' (unpublished doctoral thesis, Oxford Brookes University, 2015); Tobias Smollett, *The Expedition of Humphrey Clinker* (1771); Richardson, *Pamela*; George Rousseau and Roy Porter, *Gout: The Patrician Malady* (New Haven: Yale University Press, 1998); Daniel Defoe, *The Fortunes and Misfortunes of the Famous Moll Flanders* (1722); Frances Sheridan, *Memoirs of Miss Sidney Bidulph* (1761); Candace Ward, *Desire and Disorder: Fevers, Fiction and Feeling in English Georgian Culture* (Lewisburg: Bucknell University Press, 2007).

close entanglement that characterised their relationship during the period on which this study has focused.

Bibliography

Primary Sources

Anonymous, *The Harangues, or Speeches, of Several Celebrated Quack Doctors in Town and Country [...] Concluding with the Character of a Quack, Several Merry receipts, and Three Mountebank Songs* (London: Printed for J. Thomson, 1762)

Anonymous, *Lazarillo de Tormes* (1554, Madrid: Cátedra, 1987)

Anstey, Christopher, *The New Bath Guide* (London: J. Dodsley; J. Wilson and J. Fell, 1766)

Armstrong, John, *The Art of Preserving Health; A Poem* (London: Printed for A. Millar, 1744)

Atkins, John, *The Navy Surgeon; or, A Practical System of Surgery. Illustrated with Observations [...] Also an Appendix* (London: Published for Caesar Ward and Richard Chandler, 1734)

— *The Navy Surgeon; or, A Practical System of Surgery. With a Dissertation on Hot and Cold Mineral Springs [...]* (London: Printed for J. Hodges, 1742)

Aristotle (pseudonym), *Aristotle's Master-piece, or, The Secrets of Generation* (London: J. How, 1684)

Baillet, Adrien, *Des Enfants devenu Célèbres par les études ou par les écrits: Traité Historique* (Paris: Antoine Dezallier, 1688)

Bailey, N., *An Universal Etymological English Dictionary* (London: Printed for E. Bell, 1721)

Barbauld, Anna Laetitia, *The British Novelists: With an Essay and Prefaces, Biographical and Critical*, 50 vols (1810, Melbourne: Leopold Classic Library, 2016)

Battie, William, *Aphorismi de Cognoscendis & Curandis Morbis [...] accommodati* (London: J. Whiston & B. White, 1760)

Boswell, James, *The Life of Samuel Johnson LL. D.*, 3 vols (1791, London: J. M. Dent, 1906)

Brown, T., *Physick Lies a Bleeding: or, The Apothecary turned Doctor – a Comedy, Acted every Day in most Apothecary Shops in London* (London, Printed for E. Whitlock, 1697)

Buffon, Georges Louis Leclerc, *Histoire Naturelle, Général et Particulière*, 36 vols (Paris: Imprimerie Royale, 1749-1789)

Bunyan, John, *Grace Abounding to the Chief of Sinners* (1666, London: Cassell, 1899)

— *The Pilgrim's Progress from This World, to That which is to come: Delivered under the Similitude of a Dream* (1678, London: David Bogue, 1857)

Burton, John, *An Essay towards a Complete New System of Midwifery, Theoretical and Practical* [...] (London: Printed for James Hodges, 1751)

— *A Letter to William Smellie, M.D. Containing Critical and Practical Remarks Upon his Treatise on the Theory and Practice of Midwifery* (London: Printed for W. Owen, 1753)

Burney, Frances, *Camilla: or, A Picture of Youth*, ed. by Edward A. Bloom and Lillian D. Bloom (1796, Oxford: Oxford University Press, 1983)

— *The Journals and Letters of Fanny Burney, (1791-1840)*, ed. by Joyce Hemlow and others, 12 vols (Oxford: Clarendon Press, 1972-1984)

Burton, Robert, *The Anatomy of Melancholy* (Oxford: J. Lichfield and J. Short for Henry Cripps, 1621)

Campbell, R., *The London Tradesman* (London: T. Gardner, 1747)

Cervantes Saavedra, Miguel de, *Don Quixote*, trans. by Edith Grossman (1605-1615, London: Vintage, 2005)

Chapman, Edmund, *A Reply to Mr Douglas's Short Account of the State of Midwifery in London and Westminster* (London: Printed for T. Cooper, 1737)

Cheyne, George, *The English Malady, or a Treatise of Nervous Diseases of all Kinds*, ed. by Roy Porter (1733, London: Routledge, 1991)

Compleat List of Regular Physicians, *An Address to the College of Physicians and to the Universities of Oxford and Cambridge; Occasion'd by the late Swarms of Scotch and Leyden Physicians, etc.* (London: Printed for M. Cooper, 1747)

(Coventry, Francis), *An Essay on the New Species of Writing Founded by Mr Fielding with a Word or Two upon the Modern State of Criticism* (London: Printed for W. Owen, 1751)

Cullen, William, *Synopsis Nosologiae Methodicae* (Edinburgh [n. pub.], 1769)

Culpeper, Nicholas, *The Compleat Midwife's Practice Enlarged, In the most weighty and high Concernments of the Birth of Man . . . With a further Discovery [sic] those Secrets kept close in the Brest of Mr. Nich Culpepper . . .* (London: Nathaniel Brook, 1663)

Defoe, Daniel, *The Fortunes and Misfortunes of the Famous Moll Flanders* (1722, London: J. M. Dent, 1930)

— *The Life and Strange Surprising Adventures of Robinson Crusoe, Of York, . . . Mariner* (London: Printed for W. Taylor, 1719)

— *Some Considerations on the Reasonableness and Necessity of Encreasing and Encouraging the Seaman* (London: Printed and sold by J. Roberts, 1728)

Descartes, René, *A Discourse of a Method for the Well Guiding of Reason, and the Discovery of Truth in the Sciences* (London: Thomas Newcombe, 1649)

Descartes, René, *Discourse on Method and Other Writings*, trans. by F. E. Sutcliffe (Harmondsworth: Penguin, 1968)

- Deventer, Henrick van, *The Art of Midwifery Improv'd* (London: Printed for E. Curll, J. Pemberton, and W. Taylor, 1716)
- Douglas, John, *A Short Account of the State of Midwifery in London, Westminster, &c.* (London: Printed for the author, 1736)
- Douglas, William, *A Second Letter to Dr Smelle [sic] and An Answer to his Pupils* (London: Printed for S. Paterson, c. 1748)
- D'Escherney David, *An Essay on the Causes and Effects of the Gout* (London: R. Griffiths, 1760)
- Fielding, Henry, *Amelia*, ed by Martin C. Battestin (1751, Oxford: Oxford University Press, 2014)
- *The History of the Adventures of Joseph Andrews, and of his Friend Mr Abraham Adams: And An Apology for the Life of Mrs Shamela Andrews*, ed. by Judith Hawley (1742 and 1741, London: Penguin, 1999)
- *The History of Tom Jones, A Foundling*, ed. by John Bender and Simon Sterne (1749, Oxford: Oxford University Press, 1996)
- *The Life of Mr Jonathan Wild the Great*, foreword by Peter Ackroyd (1743, London: Hesperus Press, 2004)
- Fielding, Sarah, *The Adventures of David Simple: Containing an Account of his Travels through the Cities of London and Westminster in the Search of a Real Friend* (London: Printed for A. Millar, 1744)
- Haller, Albrecht von, *A Dissertation on the Sensible and Irritable Parts of Animals* (London: J. Nourse, 1755)
- Handley, James, *Colloquia Chirurgica: or the Art of Surgery Epitomiz'd and made Easy, according to Modern Practice* (London: C. Hitch, 1743)
- Hawkins, William, *The Statutes at Large, from Magna Charta to the Seventh Year of King George the Second, Inclusive*, 6 vols (London: Printed for John Baskett, 1735)
- Hume, David, *A Treatise of Human Nature: Book One*, ed. by D.G.C. Macnabb (1738-40, London: Collins, 1962)
- Johnson, Samuel, *A Dictionary of the English Language* (London: printed by W. Strahan for J. and P. Knapton and others, 1755) [on CD]
- Jones, Erasmus, *Luxury, Pride and Vanity, the Bane of the British Nation* (London: Printed for J. Roberts, 1735)
- Jonson, Ben, *The Alchemist*, ed. by J. B. Bamborough (1610, London: Macmillan, 1967)
- *Bartholomew Fair*, ed. by Susan Gossett (1614, Manchester: Manchester University Press, 2000)
- Lesage, Alain-René, *The Adventures of Gil Blas de Santillaine*, trans. by Tobias Smollett (1715-35, Oxford: Oxford University Press, 1937)

- Lind, James, *A Treatise of the Scurvy* (Edinburgh: Printed by Sands, Murray and Cochrane for A. Millar, 1753)
- Locke, John, *An Essay Concerning Human Understanding*, ed. by Peter H. Nidditch (1690, Oxford: Oxford University Press, 1975)
- Mackenzie, Henry, *The Man of Feeling* (Dublin: Printed for W. Sleater, D. Chamberlaine, J. Hoey and others, 1771)
- Mandeville, Bernard, *A Treatise of the Hypochondriack and Hysterick Diseases 1730* (1711, Delmar, NY: Scholars' Facsimiles and Reprints, 1976)
- Manguin, The Rev. Edward, 'An Essay on Light Reading: As it may be supposed to influence Moral Conduct and Literary Taste' (London: Printed for James Carpenter, 1808)
- Manningham, Richard, *An Abstract of Midwifry for the Use of the Lying-in Infirmary* (London: Printed for T. Gardiner, 1744)
- *Latin Medical Aphorisms on Midwifery* (London: J. Robinson, 1756)
- Moreau de Maupertuis, Pierre Louis, *Dissertation Physique à L'Occasion du Nègre Blanc* (Leiden: [n. pub], 1744)
- Maydman, Henry, *Naval Speculations and Maritime Politicks: Being a Modest and Brief Discourse of the Royal Navy of England, of its Oeconomy and Government* (London: William Bonny, 1691)
- Mead, Richard, *De Variolis et Morbillis Liber* (London: J. Brindley, 1747)
- Montaigne, Michel de, *The Complete Essays*, ed. by M. A. Screech (1580, London: Penguin, 1987)
- Mortimer, T., *The Universal Director; or, The Nobleman and Gentleman's True Guide to the Masters and Professors of the Liberal and Polite Arts and Sciences, and of the Mechanic Arts, Manufactures and Trades in London and Westminster* (London: J. Coote, 1763)
- Needham, John Turberville, 'A Summary of Some Late Observations upon the Generation, Composition, and Decomposition of Animal and Vegetable Substances', *Philosophical Transactions of the Royal Society of London*, 45 (1748), 615
- Newcombe, Thomas, *The Woman of Taste, Occasioned by a Late Poem, Entitled, The Man of Taste* (London: J. Batley, 1733)
- Nihell, Elizabeth, *A Treatise on the Art of Midwifery: Setting Forth Various Abuses therein, Especially as to the Practice with Instruments* (London: A. Morley, 1760)
- Petty, William, *Political Arithmetick, or, A Discourse concerning The Extent and Value of Lands, People [...] and France* (London: R. Clavel and H. Mortlock, 1690)
- Pottle, Frederick A., ed., *Boswell's London Journal, 1762-1763* (London: Heinemann, 1950)
- Pope, Alexander, *The Dunciad*, ed. by James Sutherland (1728-43, London: Routledge, 1993)

Pringle, John, *Observations on the Diseases of the Army, in Camp and Garrison* (London: A. Millar, 1752)

Quesnay, François, *Tableau Oeconomique* (1758, London: Macmillan, 1894)

Richardson, Samuel, *Clarissa, or, The History of a Young Lady*, ed. by Angus Ross (1747-48, London: Penguin, 1985)

— *The History of Sir Charles Grandison*, ed. by Jocelyn Harris (1753-54, London: Oxford University Press, 1972)

— *Pamela; or, Virtue Rewarded*, ed. by Thomas Keymer and Alice Wakely (1740, Oxford: Oxford University Press, 2001)

Scott, Sarah, *A Description of Millenium Hall And The Country Adjacent. Together with the Characters Of The Inhabitants And Such Historical Anecdotes And Reflections As May excite In the Reader proper Sentiments Of Humanity, and lead The Mind to the Love of Virtue. By 'A Gentleman on his Travels'*, ed. by G. Kelly (1762, Peterborough, Ontario: Broadview Press, 1995)

Sheridan, Frances, *The Memoirs of Miss Sidney Bidulph*, ed. by Heidi Hutner and Nicole Garret (1761, Toronto: Broadview, 2011)

Smellie, William, *A Treatise on the Theory and Practice of Midwifery*, 3 vols (London, Printed for D. Wilson, 1752-64)

Smith, Adam, *An Inquiry into the Nature and Causes of the Wealth of Nations* (London: Printed for W. Strahan and T. Cadell, 1776)

Smollett, Tobias, 'An Account of the Expedition against Carthagene, in the West Indies, besieged by the English in the year 1741', in *A Compendium of Authentic and Entertaining Voyages, Digested in a Chronological Series. The whole exhibiting A clear View of the Customs, Manners, Religion, Government, Commerce, and Natural History of most Nations in the Known World. Illustrated and adorned with a Variety of genuine Charts, Maps, Plans, Heads, &c. Curiously Engraved*, 2nd edn, 7 vols (London: Printed for W. Strahan and others, 1766), V, pp. 313-342

— *The Adventures of Ferdinand Count Fathom*, ed. by Jerry C. Beasley (1753, Athens, GA: University of Georgia Press, 1988).

— *The Adventures of Peregrine Pickle*, ed. by James L. Clifford (1751, Oxford: Oxford University Press, 1983)

— *The Adventures of Roderick Random*, ed. by Paul-Gabriel Boucé (Oxford: Oxford University Press, 1979)

— *The Adventures of Roderick Random*, ed. by David Blewett (1748, London: Penguin Group, 1995)

— *The Adventures of Roderick Random*, ed. by James G. Basker, Paul-Gabriel Boucé, and Nicole A. Seary; text ed. by O. M. Brack, Jr (1748, Athens, GA: University of Georgia Press, 2012)

— *Advice, and Reproof: Two Satires* (London: Printed for R. Owen, 1748)

— *A Complete History of England*, VII (London: Printed for James Rivington and

James Fletcher, 1758)

— *Don Ricardo Honeywater Vindicated* (London: J. Cobham, 1748)

— *Essay on the External Use of Water* (London: M. Cooper, 1752)

— *The Expedition of Humphry Clinker*, ed. by Shaun Regan (1771, London: Penguin, 2008)

— *The Life and Adventures of Sir Launcelot Greaves*, ed. By David Evans (1760, London: Penguin, 1988)

— *The Present State of All Nations*, VIII (London: Printed for R. Baldwin and others, 1769)

— *The Tears of Scotland* (Edinburgh:[n. pub.], 1746)

— *Thomsonus Redivivus* (London: J. Robinson, 1746)

— *Travels Through France and Italy* (Dublin: Printed for J. Hoey, A Leathly and others, 1766)

Sterne, Laurence and Lydia Sterne de Medalle, *The Letters of the late Laurence Sterne to his Most Intimate Friends, with a Fragment in the Manner of Rabelais* (London: Printed for A. Millar, W. Law and R. Carter, 1794)

Sterne, Laurence, *The Life and Opinions of Tristram Shandy, Gentleman*, ed. by Melvyn New and Joan New (1759-67, London: Penguin, 2003)

— *A Political Romance* (London: J. Murdoch, 1769)

— *A Sentimental Journey and Other Writings*, ed. by Ian Jack and Tim Parnell (1768, Oxford: Oxford University Press, 2003)

— *The Sermons of Mr Yorick* (London: R. and J. Dodsley, 1760)

Stewart, Duncan, 'The Caesarean Operation Done with Success by a Midwife', in *Medical Essays and Observations*, 5 (Edinburgh: A Society in Edinburgh, 1752), pp. 360-362

Swift, Jonathan, *A Tale of A Tub* (London: Printed for John Nutt, 1704)

Swift, Jonathan, *Travels into Several Remote Nations of the World. In Four Parts. By Lemuel Gulliver*, ed. by Robert Demaria, Jr (1726, London: Penguin, 2001)

Thackery, William Makepeace, *The History of Pendennis*, 2 vols (London: Bradbury and Evans, 1850)

Thicknesse, Philip, *Man-Midwifery Analysed: And the Tendency of That Practice Detected and Exposed* (London, Printed for R. Davis, 1764)

Torriano, Nathaniel, *Compendium Obstetricii, or, A Small Tract on the Formation of the Foetus, and the Practice of Midwifery* (London: E. Comyns and J. Robinson, 1753)

The Trial of a Cause between Richard Maddox, Gent Plaintiff, and Dr M-y, Defendant, Physician and Man-Midwife (London: H. Jefferys, 1754)

Turner, D., *De Morbis Cutaneis: A Treatise of Diseases Incident to the Skin*

(London: Printed for R. and J. Bonwicke, J. Walthoe, R. Wilkin, and T. Ward, 1726)

Walpole, Horace, *The Castle of Otranto: A Gothic Story* (1764, London: Penguin, 2001)

Ward, Edward (Ned), *The Wooden World Dissected: In the Character of a Ship of War: As also, The Characters of all the Officers, From the Captain to the Common Sailor* (London: Printed for J. Robinson, J. Fuller, junior, 1749)

Watts, Giles, *Reflections on Slow and Painful Labours and other Subjects in Midwifery* (London: Printed for G. Keith, 1755)

Watts, Isaac, *Doctrine of the Passions, Explain'd and Improv'd: or, A brief and comprehensive Scheme of the Natural Affectations of Mankind [...] to which are subjoin'd, Moral and Divine Rules for the Regulation and Government of them* (London: Printed for Richard Hett and James Brackstone, 1739)

Wesley, John, *Primitive Physick: or, An Easy and Natural Method of Curing Most Diseases* (London: T. Trye, 1747)

Whytt, Robert, *An Essay on the Vital and other Involuntary Motions of Animals* (Edinburgh: Hamilton, Balfour, and Neill, 1751)

— *Physiology Essays* (Edinburgh: Hamilton, Balfour, and Neill, 1755)

Willis, Thomas, *Cerebri Anatome* (London: Printed for T. Roycroft, J. Martyn and J. Allestry, 1664)

Wiseman, Richard, *A Treatise of Wounds* (London: R. Norton for Richard Royston, 1672)

— *Severall Chirurgicall Treatises* (London: Printed for E. Flesher and J. Macock, 1676)

Wollstonecraft, Mary, *A Vindication on the Rights of Women: with Strictures on Political and Moral Subjects* (Dublin: J. Stockdale, 1793)

Eighteenth-Century Newspapers and Periodicals

The Adventurer (1752-54)

The Briton (1762-63)

Critical Review (1756-63)

General Evening Post (1733-1824)

Gentleman's Magazine or, Monthly Intelligencer (1731-1868)

London Daily Post and General Advertiser (1734-44) and also called *General Advertiser* (1744-52)

Monthly Review (1749-1825)

The Rambler (1750-52)

The Spectator (1711-1712 and 1714)

Visual Materials

Hogarth, William, *The Company of Undertakers*, 1736, etching, National Portrait Gallery

— *A Harlot's Progress*, 1732, etching, Royal Collection

— *Industry and Idleness*, 1747, engraving, British Museum

— *Marriage à-la-Mode* 1743-1745, oil on canvas, National Gallery

— *A Rake's Progress*, 1733-35, oil on canvas, Sir John Soane's Museum

Secondary Sources

Ackerknecht, Erwin, H., *Medicine at the Paris Hospital 1794-1848* (Baltimore: John Hopkins Press: 1967)

Albury, W. R., 'Corvisart and Broussais: Human Individuality and Medical Dominance', in *Constructing Paris Medicine: Perspectives Past and Present*, ed. by Caroline Hannaway and Ann La Berge (Amsterdam: Editions Rodopi B. V., 1998), pp. 221-250

Armstrong, David, 'Bodies of Knowledge: Knowledge of Bodies', in *Reassessing Foucault: Power, Medicine and the Body*, ed. by Colin Jones and Roy Porter (Abingdon: Routledge, 1994), pp. 17-27

Armstrong, Nancy, *Desire and Domestic Fiction: A Political History of the Novel* (Oxford: Oxford University Press, 1987)

Aveling, J. H., *English Midwives: their History and Prospects* (London: Churchill, 1872)

Bakhtin, M. M., *The Dialogic Imagination: Four Essays*, trans. by Caryl Emerson and ed. by Michael Holsquist (Austin: University of Texas Press, 1981)

— *Problems of Dostoevsky's Poetics*, ed. by Caryl Emerson (Manchester: Manchester University Press, 1984)

— *Rabelais and his World*, trans. by Helen Iswolsky (Bloomington: Indiana University Press, 1984)

Barrell, John, 'A Diffused Picture, an Uniform Plan: Roderick Random in the Labyrinth of Britain', in *The English Novel Volume II: Smollett to Austen*, ed. by Richard Kroll (London: Longman, 1998), pp. 97-127

Basker, James G., *Tobias Smollett: Critic and Journalist* (Newark: University of Delaware Press, 1988)

Beasley, Jerry C., *Tobias Smollett, Novelist* (Athens, GA: University of Georgia Press, 1998)

Beier, L. McCray, *Sufferers and Healers: The Experience of Illness in Seventeenth-Century England* (London: Routledge and Kegan Paul, 1987)

Belanger, Terry, 'Publishers and Writers in Eighteenth-Century England', in *Books and their Readers in Eighteenth-Century England*, ed. by Isabel Rivers (New York: Leicester University Press, 1982), pp. 5-25

Bender, John, *Ends of Enlightenment* (Stanford, CA: Stanford University Press, 2012)

— with David E. Wellbury, 'Rhetoricity: On the Modernist Return of Rhetoric', in *Ends of Enlightenment* (Stanford, CA: Stanford University Press, 2012), pp. 203-236

Berg, M. and E. Eger, *Luxury in the Eighteenth Century* (Basingstoke: Palgrave Macmillan, 2003)

Berg, Maxine, *Luxury and Pleasure in Eighteenth-Century Britain* (Oxford: Oxford University Press, 2005)

Bivens, Roberta and John V. Pickstone, eds., *Medicine, Madness and Social History: Essays in Honour of Roy Porter* (Basingstoke: Palgrave Macmillan, 2007)

Bouc , Paul-Gabriel, *The Novels of Tobias Smollett* (London: Longman, 1976)

Bourdieu, P., *Distinction: A Social Critique of the Judgement of Taste*, trans. by R. Nice (London: Routledge Kegan and Paul, 1984)

— *The Logic of Practice*, trans. by R. Nice (Cambridge: Polity, 1990)

— *Sociology in Question*, trans. by R. Nice (London: Sage, 1993)

Bourgeois, Susan, *Nervous Juices and the Feeling Heart: The Growth of Sensibility in the Novels of Tobias Smollett* (New York: P. Lang, 1986)

Briggs, Peter M., 'Laurence Sterne and Literary Celebrity in 1760', in *Laurence Sterne's Tristram Shandy: A Casebook*, ed. by Thomas Keymer (Oxford and New York: Oxford University Press, 2006), pp. 79-107

Brockliss, L. W. B., 'Before the Clinic: French Medical Teaching in the Eighteenth Century', in *Constructing Paris Medicine: Perspectives Past and Present* (Amsterdam: Editions Rodopi B. V., 1998), pp. 71-115

— 'Medical Education and Centres of Excellence in Eighteenth-Century Europe: Towards an Identification', in *Centres of Medical Excellence? Medical Travel and Education in Europe, 1500-1789*, ed. by Ole Peter Grell, Andrew Cunningham and Jon Arrizabalaga (Farnham: Ashgate Publishing, 2010), pp. 17-46

Brockliss, L. and C. Jones, *The Medical World of Early Modern France* (Oxford: Oxford University Press, 1997)

Budd, Adam, *John Armstrong's The Art of Preserving Health: Eighteenth-Century Sensibility in Practice* (Farnham: Ashgate, 2011)

Budge, Gavin, 'Smollett and the Novel of Irritability', in *Medicine and Narration in the Eighteenth Century*, ed. by Sophie Vasset (Oxford: Voltaire Foundation, 2013), pp. 139-158

Butt, John, 'Smollett's Achievement as a Novelist', in *Tobias Smollett:*

Bicentennial Essays Presented to Lewis M. Knapp, ed. by G. S. Rousseau and P. -G. Boucé (New York: Oxford University Press, 1971), pp. 9-24

Bynum, W. F. and Roy Porter, eds., *William Hunter and the Eighteenth-Century Medical World* (Cambridge: Cambridge University Press, 1985)

Bynum, W. F., 'Physicians, Hospitals and Career Structures in Eighteenth-Century London', in *William Hunter and the Eighteenth-Century Medical World*, ed. by W. F. Bynum and Roy Porter (Cambridge: Cambridge University Press, 1985), pp. 105-128

Calhoun, Craig, *Habermas and the Public Sphere*, ed. by Craig Calhoun (Cambridge, MA: MIT press, 1993)

Cardwell, John M., 'Royal Navy Surgeons, 1793-1815: A Collective Biography', in *Health and Medicine at Sea, 1700-1900*, ed. by David Boyd Haycock and Sally Archer (Woodbridge: Boydell Press, 2009), pp. 38-62

Charon, Rita, *Narrative Medicine: Honoring the Stories of Illness* (Oxford: Oxford University Press, 2006)

— *The Principles and Practice of Narrative Medicine* (Oxford: Oxford University Press, 2017)

Charters, Erica, *Disease, War, and the Imperial State: The Welfare of the British Armed Forces during the Seven Year's War* (Chicago: University of Chicago Press, 2014)

— '“The Intention is Certain Noble”: The Western Squadron, Medical Trials, and the Sick and Hurt Board during the Seven Years War (1756-63)', in *Health and Medicine at Sea, 1700-1900*, ed. by David Boyd Haycock and Sally Archer (Woodbridge: Boydell Press, 2009), pp. 19-37

Chilton, Leslie A., 'Smollett, the Picaresque, and Two Medical Satires', in *New Contexts for Eighteenth-Century British Fiction: “Hearts Resolved and Hands Prepared”: Essays in Honor of Jerry C. Beasley*, ed. by Christopher D. Johnson (Newark: University of Delaware Press, 2011), pp. 219-231

Cody, Lisa Forman, *Birthing the Nation: Sex, Science and the Conception of Eighteenth-Century Britons* (Oxford: Oxford University Press, 2005)

Cook, Harold, *The Decline of the Old Medical Regime in Stuart London* (Ithaca, NY: Cornell University Press, 1986)

Corfield, Penelope J., *Power and the Professions in Britain 1700-1850* (London: Routledge, 2000)

Crimmin, Pat, 'The Sick and Hurt Board: Fit for Purpose?', in *Health and Medicine at Sea, 1700-1900*, ed. by David Boyd Haycock and Sally Archer (Woodbridge: Boydell Press, 2009), pp. 90-107

— 'British Naval Health, 1700-1800: Improvement over Time?', in *British Military and Naval Medicine, 1600-1830*, ed. by Geoffrey L. Hudson (Amsterdam: Rodopi, 2007), pp. 183-200

Csengei, Ildiko, *Sympathy, Sensibility, and the Literature of Feeling in the*

- Eighteenth Century* (Basingstoke: Palgrave Macmillan, 2011)
- Cunningham, Andrew, *The Making of Modern Medicine* (BBC: London, 2007) [on CD]
- and Roger French, eds., *The Medical Enlightenment of the Eighteenth Century* (Cambridge: Cambridge University Press, 1990)
- Davis, Lennard, *Factual Fictions: The Origins of the English Novel* (New York: Columbia University Press, 1983)
- Deutsch, Helen and Mary Terrall, eds., *Vital Matters: Eighteenth-Century Views of Conception, Life and Death* (Toronto: University of Toronto Press, 2012)
- Digby, Anne, *Making a Medical Living: Doctors and Patients in the English Market for Medicine, 1720-1911* (Cambridge: Cambridge University Press, 2001)
- Dingwall, Helen, 'The Importance of Edinburgh: The Rise and Fall of the Edinburgh Medical School in the Eighteenth Century', in *Centres of Medical Excellence? Medical Travel and Education in Europe, 1500-1789*, ed. by Ole Peter Grell, Andrew Cunningham and Jon Arrizabalaga (Farnham: Ashgate, 2010), pp. 305-324
- Douglas, Aileen, *Uneasy Sensations: Smollett and the Body* (Chicago: University of Chicago Press, 1995)
- Drabble, Margaret, ed., *The Oxford Companion to English Literature*, 6th edn (Oxford: Oxford University Press, 2000)
- Drucker, Peter F., 'Works and Tools', in *Technology and Culture: An Anthology*, ed. by Melvin Kranzberg and William H. Davenport (New York: Schocken Books, 1972)
- Duffin, Jacalyn, 'Laennec and Broussais: The "Sympathetic" Duel', in *Constructing Paris Medicine Perspectives Past and Present*, ed. by Caroline Hannaway and Ann La Berge (Amsterdam: Editions Rodopi B. V., 1998), pp. 251-274
- Eagleton, Terry, *The English Novel: An Introduction* (Oxford: Blackwell Publishing, 2005)
- Ebeling, F., *Secret History of Hermes Trismegistus: Hermeticism from Ancient to Modern Times*, trans. by D. Lorton (New York; Cornell University Press, 2007)
- Ellis, Markman, *The Coffee House: A Cultural History* (London: Weidenfeld & Nicholson, 2004)
- Emerson, Roger L., *Essays on David Hume, Medical Men and the Scottish Enlightenment: 'Industry, Knowledge and Humanity'* (Farnham: Ashgate, 2009)
- Erickson, Robert E., *Mother Midnight: Birth, Sex and Fate in Eighteenth-Century Fiction (Defoe, Richardson and Sterne)* (New York: AMS Press, 1986)
- Evenen, D., *The Midwives of Seventeenth-Century London* (Cambridge: Cambridge University Press, 2000)
- Fissell, Mary E., 'The Disappearance of the Patient's Narrative and the Invention of Hospital Medicine', in *British Medicine in an Age of Reform*, ed. by Roger French and Andrew Wear (London: Routledge, 1991), pp. 92-109

- ‘The Marketplace of Print’, in *Medicine and the Market in England and its Colonies, c 1450-c 1850*, ed. by Mark S. R. Jenner and Patrick Wallis, pp. 108-132
- Flather, Amanda, *Gender and Space in Early Modern England* (Woodbridge: Boydell Press, 2007)
- Foucault, Michel, *The Birth of the Clinic*, trans. by A. M. Sheridan (London: Routledge Classics, 2003)
- *Discipline and Punish: The Birth of the Prison* (London: Penguin Social Sciences, 1975)
- *The Order of Things: An Archaeology of the Human Sciences* (New York: Vintage Books, 1994)
- Fuchs, Thomas, *The Mechanisation of the Heart: Harvey and Descartes*, trans. by Marjorie Grene (Rochester: University of Rochester Press, 2001)
- Gelfand, Toby, ‘Invite the Philosopher, as well as the Charitable’: Hospital Teaching as a Private Enterprise’, in *William Hunter and the Eighteenth-Century Medical World*, eds. W. F. Bynum and Roy Porter (Cambridge: Cambridge University Press, 1985), pp. 129-153
- *Professionalizing Modern Medicine: Paris Surgeons and Medical Institutions in the 18th Century* (Westport CT: Greenwood Press, 1980)
- Goldberg, M. A., *Smollett and the Scottish School* (Albuquerque, University of New Mexican Press, 1959)
- Goring, Paul, *The Rhetoric of Sensibility in Eighteenth-Century Culture* (Cambridge: Cambridge University Press, 2005)
- Gowing, L., *Common Bodies: Women, Touch and Power in Seventeenth-Century England* (New Haven, CT: Yale University Press, 2003)
- Habermas, Jürgen, *The Structural Transformation of the Public Sphere* (Cambridge, MA: Blackwell, 1989)
- Hammond, Brean and Shaun Regan, *Making the Novel: Fiction and Society, 1660-1789* (Basingstoke: Palgrave Macmillan, 2006)
- Hannaway, Caroline and Ann La Berge, eds., *Constructing Paris Medicine: Perspectives Past and Present* (Amsterdam: Editions Rodopi B. V., 1998)
- Harvey, Joy ‘Faithful to its Old Traditions?’, Paris Clinical Medicine from the Second Empire to the Third Republic (1848-1872)’, in *Constructing Paris Medicine: Perspectives Past and Present*, ed. by Caroline Hannaway and Ann La Berge (Amsterdam: Editions Rodopi B. V., 1998)
- Hauser, Gerard A., *Vernacular Voices: The Rhetorics of Publics and Public Spheres* (Columbia: University of South Carolina, 1999)
- Hawley, Judith, ‘The Anatomy of Tristram Shandy’, in *Literature and Medicine During the Eighteenth Century*, ed. by Marie Mulvey Roberts and Roy Porter (London: Routledge, 1993), pp. 84-100
- Haycock, David Boyd and Sally Archer, eds., *Health and Medicine at Sea, 1700-*

1900 (Woodbridge: Boydell Press, 2009)

Haycock, David Boyd, 'Introduction: Health, Medicine and the Maritime World: A History of Two Centuries', in *Health and Medicine at Sea, 1700-1900*, ed. by David Boyd Haycock and Sally Archer (Woodbridge: Boydell Press, 2009), pp. 1-18

Hitchcock, Tim, *English Sexualities: 1700-1800* (Basingstoke: Palgrave Macmillan, 1997)

Hobby, Elaine, *Virtue of Necessity: English Women's Writing 1649-88* (London: Virago, 1988)

Holman, Hugh, C., ed., *A Handbook to Literature*, 4th edn (Indianapolis, IN: Bobbs-Merrill, 1980)

Holmes, Geoffrey, *Augustan England: Professions, State and Society, 1680-1730* (London: George Allen and Unwin, 1982)

Howes, Alan B., ed., *Sterne: The Critical Heritage* (London: Routledge, 1995)

Hudson, Geoffrey L., 'Arguing Disability: Ex-servicemen's Own Stories in Early Modern England, 1590-1790', in *Medicine, Madness and Social History: Essays in Honour of Roy Porter*, ed. by Roberta Bivins and John V. Pickstone (Basingstoke: Palgrave Macmillan, 2007), pp. 105-117

Hudson, Geoffrey L., ed., *British Military and Naval Medicine* (Amsterdam: Rodopi, 2014)

Hunter, J. Paul, *Before Novels: The Cultural Contexts of Eighteenth-Century English Fiction* (New York: W. W. Norton, 1990)

— 'Clocks, Calendars, and Names: The Troubles of Tristram and the Aesthetics of Uncertainty', in *Rhetorics of Order: Ordering Rhetorics in English Neo-Classical Literature*, ed. by J. Douglas Canfield and J. Paul Hunter (Newark: University of Delaware Press, 1990)

— 'The Novel and Social /Cultural History', in *The Cambridge Companion to The Eighteenth-Century Novel*, ed. by John Richetti (Cambridge: Cambridge University Press, 1996)

Johnstone, R. W., *William Smellie: The Master of British Midwifery* (Edinburgh: Livingstone, 1952)

Jones, Richard J., *Tobias Smollett in the Enlightenment* (Lewisburg: Bucknell University Press, 2011)

Jordheim, Helga, 'Oculist Narratives in Late-Eighteenth-Century Germany: From Cataract Surgery to Political Conspiracy in Jean Paul's *Hesperus*', in *Medicine and Narration in the Eighteenth Century*, ed. by Sophie Vasset (Oxford: Voltaire Foundation, 2013), pp. 183- 210

Othmar Keel, *L'Avènement de la Médecine Clinique Moderne en Europe, 1750-1815: Politiques, Institutions et Savoirs* (Montréal: Les Presses de l'Université de Montréal, 2001)

— 'Was Anatomical and Tissue Pathology a Product of the Paris Clinical School or

Not?', in *Constructing Paris Medicine: Perspectives Past and Present*, ed. by Caroline Hannaway and Ann La Berge (Amsterdam: Editions Rodopi B. V., 1998), pp. 117-183

Kehler, Dorothea, *Shakespeare's Widows* (New York: Palgrave Macmillan, 2009)

Keller, Eve, *Generating Bodies and Gendered Selves: The Rhetoric of Reproduction in Early Modern England* (Seattle: University of Washington Press, 2006)

Kelly, Lionel, ed., *Tobias Smollett: The Critical Heritage* (London: Routledge & Kegan Paul, 1987)

Keymer, Thomas, ed., *Laurence Sterne's Tristram Shandy: A Casebook* (Oxford and New York: Oxford University Press, 2006)

Keymer, Thomas, *Sterne, the Moderns, and the Novel* (Oxford: Oxford University Press, 2002)

Kickel, Katherine E., *Novel Notions: Medical Discourses and the Mapping of the Imagination in Eighteenth-Century English Fiction*, ed. by William E. Cain (New York: Routledge, 2007)

King, Lester, *The Medical World of the Eighteenth Century* (Chicago: University of Chicago Press, 1958)

King, Ross, 'Tristram Shandy and the Wound of Language', in *Laurence Sterne's Tristram Shandy: A Casebook*, ed. by T. Keymer (Oxford: Oxford University Press, 2006), pp. 123-146

Klestinec, Cynthia, 'Medical Education in Padua: Students, Faculty and Facilities', in *Centres of Medical Excellence? Medical Travel and Education in Europe 1500-1789*, ed. by Ole Peter Grell, Andrew Cunningham and Jon Arrizabalaga (Farnham: Ashgate Publishing, 2010), pp. 193-220

Knapp, Lewis M., ed., *The Letters of Tobias Smollett* (Oxford: Clarendon Press, 1970)

Knoeff, Rina, 'Herman Boerhaave at Leiden: *Communis Europae praeceptor*', in *Centres of Medical Excellence? Medical Travel and Education in Europe, 1500-1789*, ed. by Ole Peter Grell, Andrew Cunningham and Jon Arrizabalaga (Farnham: Ashgate Publishing, 2010), pp. 270-286

Krake, Astrid, Hermann J. Real, and Marie-Luise Spieckermann, 'The Dean's Voyages into Germany' in *The Reception of Jonathan Swift in Europe*, ed. by Hermann J. Real (London: Bloomsbury, 2005), pp. 93-141

Kuhn, Thomas, *The Structure of Scientific Revolutions* (Chicago: University of Chicago Press, 1962)

Iser, Wolfgang, *Laurence Sterne: Tristram Shandy*, trans. by David Henry Wilson (Cambridge: Cambridge University Press, 1988)

Lamb, Jonathan, 'Sterne and Irregular Oratory', in *Laurence Sterne's Tristram Shandy: A Casebook*, ed. by T. Keymer (Oxford: Oxford University Press, 2006), pp. 213-239

- Larson, Magali Sarfatti, *The Rise of Professionalism: a Sociological Analysis* (Berkeley: University of California, 1979)
- Lawrence, Christopher, 'Disciplining Disease: Scurvy, the Navy and Imperial Expansion 1750-1825', in *Visions of Empire: Voyages, Botany and Representations of Nature*, ed. by David Philip Miller and Peter Hanns Reill (Cambridge: Cambridge University Press, 1996), pp. 80-106
- *Medicine in the Making of Modern Britain* (London: Routledge, 1994)
- Lieske, Pam, ed., *Eighteenth-Century British Midwifery*, 12 vols (London: Pickering and Chatto, 2008)
- Lincoln, Margarette, 'The Medical Profession and Representations of the Navy, 1750-1815', in *British Military and Naval Medicine*, ed. by Geoffrey L. Hudson (Amsterdam, New York: Rodopi, 2014), pp. 201-226
- Linebaugh, Peter, *The London Hanged: Crime and Civil Society in the Eighteenth Century*, 2nd edn (London: Verso, 2006)
- Loudon, I., *Medical Care and the General Practitioner 1750-1850* (Oxford: Clarendon Press, 1986)
- Lupton, Deborah, 'Foucault and the Medicalisation Critique', in *Foucault: Health and Medicine*, ed. by Alan Peterson and Robin Bunton (London: Routledge, 1997), pp. 94-110
- Lynch, Deidre, *The Economy of Character: Novels, Market Culture, and the Business of Inner Meaning* (Chicago: University of Chicago, 1998)
- Mander, Jenny, ed., *Remapping the Rise of the European Novel* (Oxford: Voltaire Foundation, 2011)
- Maton, Karl, 'Habitus', in *Pierre Bourdieu: Key Concepts*, ed. by Michael Grenfell (Stocksfield: Acumen, 2008), pp. 49-65
- McIntosh, C., *The Evolution of English Prose, 1700-1800: Style, Politeness and Print Culture* (New York: Cambridge University Press, 1998)
- McKeon, Michael, *The Origins of the English Novel 1600-1740: 15th Anniversary Edition* (Baltimore, MD: John Hopkins Press, 1987)
- *The Secret History of Domesticity: Public, Private and the Division of Knowledge* (Baltimore: John Hopkins University Press, 2005)
- McKeown, Thomas, *The Modern Rise of Population* (London: Edward Arnold, 1976)
- McLaren, Angus, 'The Pleasures of Procreation: Traditional and Biomedical Theories of Conception', in *William Hunter and The Eighteenth-Century Medical World*, ed. by W. F. Bynum and Roy Porter (Cambridge: Cambridge University Press, 1985), pp. 323-342
- McMaster, Juliet, *Reading the Body in the Eighteenth-Century Novel* (Basingstoke: Palgrave Macmillan, 2004)
- Moore, Robert, 'Capital', in *Pierre Bourdieu: Key Concepts*, ed. by Michael Grenfell (Stocksfield: Acumen, 2008) pp. 101-117

- Moretti, Franco, *Graphs, Maps, Trees: Abstract Models for a Literary History* (New York: Verso, 2005)
- Mullan, John, *Sentiment and Sociability: The Language of Feeling in the Eighteenth Century* (Oxford: Oxford University Press, 1990)
- Murphy-Lawless, Jo., *Reading Birth and Death, a History of Obstetric Thinking* (Cork: Cork University Press, 1998)
- Noggle, James, *The Temporality of Taste in Eighteenth-Century British Writing* (Oxford: Oxford University Press, 2012)
- Novak, Maximillian E., 'Satirical Form and Realistic Fiction in 'Tristram Shandy'', in *Approaches to Teaching Sterne's 'Tristram Shandy'*, ed. by Melvyn New (New York: Modern Language Association, 1989), pp. 137-145
- O'Day, Rosemary, *The Professions in Early Modern England 1450-1800: Servants of the Commonwealth* (Harlow: Pearson, 2000)
- Pelling, M., 'Medical Practice in Early Modern England: Trade or Profession', in *The Professions in Early Modern England*, ed. by W. Prest (London: Croon Helm, 1987)
- Peterson, Alan, and Robin Bunton, eds., *Foucault: Health and Medicine* (London: Routledge, 1997)
- Pickstone, John V., and Roberta Bivens, 'Introduction: *De Omni Scribili*', in *Medicine, Madness and Social History: Essays in Honour of Roy Porter*, ed. by John V. Pickstone and Roberta Bivens, (Basingstoke: Palgrave Macmillan, 2007), pp. 1-13
- Pohl, Nicole, *The Letters of Sarah Scott*, 2 vols (London: Pickering and Chatto, 2014)
- Porter, Roy, *Flesh in the Age of Reason* (London: Allen Lane, 2003)
- *The Greatest Benefit to Mankind: A Medical History of Humanity from Antiquity to Present* (London: Harper Collins, 1997)
- *Quacks: Fakers and Charlatans in Medicine* (Stroud: Tempus Publishing, 2000)
- Price, John Vladimir, 'The Reading of Philosophical Literature' in *Books and their Readers in Eighteenth-Century England*, ed. by Isabel Rivers (New York: Leicester University Press, 1982), pp. 165-196
- Raven, James, 'The Material Contours of the English Novel', in *Remapping the Rise of the European Novel*, ed. by Jenny Mander (Oxford: Voltaire Foundation, 2011), pp. 101-126
- Richetti, John, ed., *The Cambridge Companion to the Eighteenth-Century Novel* (Cambridge: Cambridge University Press, 1996)
- Rieder, Philip, 'Writing to Fellow Physicians: Literary Genres and Medical Questions in Louis Odier's (1748-1817) Correspondence', in *Medicine and Narration in the Eighteenth Century*, ed. by Sophie Vasset (Oxford: Voltaire Foundation, 2013), pp. 47-64
- Rivers, Isabel, ed., *Books and their Readers in Eighteenth-Century England* (New York: Leicester University Press, 1982)

Rodger, N.A.M., *The Command of the Ocean: A Naval History of Britain, 1649-1815* (London: Penguin, 2004)

— ‘Medicine and Science in the British Navy of the Eighteenth Century’, in *L’Homme, la Santé et la Mer: Actes du Colloque International tenu à l’Institut Catholique de Paris les 5 et 6 Décembre 1995*, ed. by Christian Buchet (Paris: H. Champion, 1997), pp. 333-344

— *The Wooden World: An Anatomy of the Georgian Navy* (London: Fontana Press, 1988)

Rose, Nikolas, ‘Medicine, History and the Present’, in *Reassessing Foucault: Power, Medicine and the Body*, ed. by Colin Jones and Roy Porter (Abingdon: Routledge, 1994), pp. 48-72

Rousseau, G. S., *Enlightenment Borders: Pre-and Post-modern Discourses: Medical, Scientific*, (Manchester: Manchester University Press, 1991)

— and Roy Porter, *Gout: The Patrician Malady* (New Haven: Yale University Press, 1998)

— *Nervous Acts: Essays on Literature, Culture and Sensibility* (Basingstoke: Palgrave Macmillan, 2004)

— ‘Science Books and their Readers in the Eighteenth Century’, in *Books and their Readers in Eighteenth-Century England*, ed. by Isabel Rivers (New York: Leicester University Press, 1982), pp. 197-255

— *Tobias Smollett: Essays of Two Decades* (Edinburgh: T. & T. Clark, 1982)

— and P. -G. Boucé, eds., *Tobias Smollett: Bicentennial Essays Presented to Lewis M. Knapp* (New York: Oxford University Press, 1971)

Scarry, Elaine, *The Body in Pain: The Making and Unmaking of the World* (Oxford: Oxford University Press, 1987)

Seager, Nicholas, *The Rise of the Novel: A Reader’s Guide to Essential Criticism* (Basingstoke: Palgrave Macmillan, 2012)

Seidel, Michael, ‘Gulliver’s Travels and the Contracts of Fiction’, in *The Cambridge Companion to the Eighteenth-Century Novel*, ed. by John Richetti (Cambridge: Cambridge University Press, 1996), pp. 72-89

Shuttleton, David, ‘“Not the Meanest Part of my Works and Experience”: Dr George Cheyne’s Correspondence with Samuel Richardson’, in *Medicine and Narration in the Eighteenth Century*, ed. by Sophie Vasset (Oxford: Voltaire Foundation, 2013), pp. 65-82

— *Smallpox and the Literary Imagination 1660-1820*, (Cambridge: Cambridge University Press, 2007)

Sill, Geoffrey, *The Cure of the Passions and the Origins of the English Novel* (Cambridge: Cambridge University Press, 2001)

Simpson, Kenneth, *The Protean Scot: The Crisis of Identity in Eighteenth-Century Scottish Literature* (Aberdeen: Aberdeen University Press, 1988)

- Spector, Robert D., *Political Controversy: A Study in Eighteenth-Century Propaganda* (Westport, CT: Greenwood Press, 1992)
- ‘Structure as a Starting Point’ in *Approaches to Teaching Sterne’s ‘Tristram Shandy’*, ed. by Melvyn New (New York: Modern Language Association, 1989), pp. 49-54
- *Tobias George Smollett* (Boston, MA: Twayne, 1989)
- Stafford, Barbara, *Body Criticism: Imaging the Unseen in Enlightenment Art and Medicine* (Cambridge: MIT Press, 1991)
- Stephanson, Raymond, ‘*Tristram Shandy* and the Art of Conception’, in *Vital Matters: Eighteenth-Century Views of Conception, Life and Death*, ed. by Helen Deutsch and Mary Terrall (Toronto: University of Toronto Press, 2012), pp. 93-108
- Stevick, Philip, ‘Smollett’s Picaresque Games’, in *Tobias Smollett: Bicentennial Essays Presented to Lewis M. Knapp*, ed. by G. S. Rousseau and P. -G. Boucé (New York: Oxford University Press, 1971), pp. 111-130
- Swenson, Rivka, ‘Revising the Scottish Plot in Tobias Smollett’s *Roderick Random*’, in *New Contexts for Eighteenth-Century British Fiction: “Hearts Resolved and Hands Prepared”*: Essays in Honor of Jerry C. Beasley, ed. by Christopher D. Johnson (Newark: University of Delaware Press, 2011), pp. 177-199
- Terrall, Mary, ‘Material Impressions: Conception, Sensibility, and Inheritance’, in *Vital Matters: Eighteenth-Century Views of Conception, Life and Death*, ed. by Helen Deutsch and Mary Terrall (Toronto: University of Toronto Press, 2012), pp. 109-129
- Tuchman, Barbara, *The First Salute: A View of the American Revolution* (New York: Alfred A. Knopf, 1988)
- Turner, Bryan S., ‘From Governmentality to Risk, Some Reflections on Foucault’s Contribution to Medical Sociology’, in *Foucault: Health and Medicine*, ed. by Alan Peterson and Robin Bunton (London: Routledge, 1997), pp. ix-xix
- Vasset, Sophie, ‘Introduction: Questions of Narration in Eighteenth-Century Medicine and Literature’, in *Medicine and Narration in the Eighteenth Century*, ed. by Sophie Vasset (Oxford: Voltaire Foundation, 2013), pp. 1-14
- Vermeir, Koen and Michael Funk Deckard, ‘Philosophical Enquiries into the Science of Sensibility: An Introductory Essay’, in *The Science of Sensibility: Reading Burke’s Philosophical Enquiry*, ed. by Koen Vermeir and Michael Funk Deckard (Dordrecht: Springer, 2012), pp. 3-56
- Vickery, Amanda, ‘“Neat and Not Too Showey”’: Words and Wallpaper in Regency England’, in *Gender, Taste and Material Culture in Britain and North America (1700-1830)*, ed. by John Styles and Amanda Vickery (New Haven, CT: Yale University Press, 1998), pp. 201-222
- Waddington, Keir, *An Introduction to the Social History of Medicine: Europe Since 1500* (Basingstoke: Palgrave Macmillan, 2011)
- Wahrman, Dror, *The Making of the Modern Self: Identity and Culture in Eighteenth-Century England* (New Haven, CT: Yale University Press, 2004)

- Wall, Cecil, *The History of the Surgeon's Company 1745-1800* (London: Hutchinson's Scientific & Technical Publications, 1937)
- Wallis, Michelle, 'Communicating Credibility: Handbill Advertisements and the Medical Marketplace in the Long Eighteenth Century', *Credit, Money and the Market*, 42nd BSECS Annual Conference, St Hugh's College, Oxford UK 3-5 January 2013
- Ward, Candace, *Desire and Disorder: Fevers, Fiction and Feeling in English Georgian Culture* (Lewisburg: Bucknell University Press, 2007)
- Warren, Michael D., ed., *A Chronology of State Medicine, Public Health, Welfare and Related Services in Britain 1066-1999* (London: Royal College of Physicians, 2000)
- Watson, Katherine, *Forensic Medicine in Western Society: a History* (London: Routledge, 2011)
- Watt, Ian, *The Rise of the Novel* (London: Bodley Head, 2015)
- Watts, Carol, 'The Modernity of Sterne', in *Laurence Sterne in Modernism and Postmodernism*, ed. by David Pierce and Peter de Voogd (Amsterdam: Rodopi: 1996)
- Wild, Wayne, *Medicine-by-Post: The Changing Voice of Illness in Eighteenth-Century British Consultation Letters and Literature* (Amsterdam: Rodopi, 2006)
- Williams, Raymond, *Marxism and Literature* (Oxford: Oxford University Press, 1977)
- Wilson, Adrian, *The Making of Man-Midwifery* (Cambridge, MA: Harvard University Press, 1995)
- 'Midwifery in the "Medical Marketplace"', in *Medicine and the Market in England and its Colonies, c. 1450-c. 1850*, ed. by Mark S. R. Jenner and Patrick Wallis (Basingstoke: Palgrave Macmillan, 2007), pp. 153-174
- 'The Politics of Medical Improvement in Early Hanoverian London', in *The Medical Enlightenment of the Eighteenth Century*, ed. by Andrew Cunningham & Roger French (Cambridge: Cambridge University Press, 1990), pp. 4-39
- 'Porter versus Foucault on the "Birth of the Clinic"', in *Medicine, Madness and Social History: Essays in Honour of Roy Porter*, ed. by Roberta Bivins and John V. Pickstone (Basingstoke: Palgrave Macmillan, 2007), pp. 25-35
- 'Varieties of Man-Midwifery', in *William Hunter and the Eighteenth-Century Medical World*, ed. by W. F. Bynum and Roy Porter (Cambridge: Cambridge University Press, 1985), pp. 347-353
- Wenger, A., 'From Medical case to Narrative Fiction: Diderot's *La Religieuse*', in *Medicine and Narration in the Eighteenth Century*, ed. by Sophie Vasset (Oxford: Voltaire Foundation, 2013), pp. 17-30
- Wootton, David, *Bad Medicine: Doctors Doing Harm Since Hippocrates* (Oxford: Oxford University Press, 2007)

Yallop, Helen, *Age and Identity in Eighteenth-Century England* ((London: Pickering and Chatto, 2013)

Journal Articles

Adamson, Glenn, 'The Secret History of Domesticity: Public, Private and the Division of Knowledge (Book Review)', *Studies in the Decorative Arts*, 16 (2009), 179-181

Beasley, Jerry C., 'Smollett's Novels: *Ferdinand Count Fathom* for the Defense', *Papers on Language and Literature*, 20 (1984), 165-184

Bent, J. Theodore, 'The English in the Levant', *The English Historical Review*, 5 (1890), 654-664

Bertucci, Paola, 'Revealing Sparks: John Wesley and the Religious Utility of Electrical Healing', *BJHS*, 39 (2006), 341-362

Blackwell, Bonnie, '*Tristram Shandy* and the Theater of the Mechanical Mother', *ELH*, 68 (2001), 81-133

Blackwell, Mark, 'Disjecta Membra: Smollett and the Novel in Pieces', *The Eighteenth Century*, 52 (2011), 423-442

Bynum, Bill, 'The McKeown Thesis', *The Lancet*, 371 (2008), 644-645

Carpenter, Mary Wilson, 'The Patient's Pain in Her Own Words: Margaret Mathewson's 'Sketch of Eight Months a Patient in the Royal Infirmary of Edinburgh, A.D. 1877'', *Interdisciplinary Studies in the Long Nineteenth Century*, 19 (2012), 1-21

Charon, Rita, 'Narrative Medicine: 'A Model for Empathy, Reflection, Profession and Trust'', *JAMA*, 286 (2001), 1897-1902

Charters, Erica, 'The Caring Fiscal-Military State during the Seven Years War 1756-1763', *The Historical Journal*, 52 (2009), 921-941

Condrau, Flurin, 'The Patient's View Meets the Clinical Gaze', *Social History of Medicine*, 20 (2007), 525-40

Cook, Harold, 'Practical Medicine and the British Armed Forces after the "Glorious Revolution"', *Medical History*, 34 (1990), 1-26

Cossic-Pericarpin, Annick, 'Fashionable Diseases in Georgian Bath', *JSECS*, 40 (2017), 537-553

Dabhoiwala, Faramerz, 'The Appropriation of Hogarth's Progresses', *Huntington Library Quarterly*, 75 (2012), 577-595

Davenport, Romola, Leonard Schwarz and Jeremy Boulton, 'The Decline of Adult Smallpox in Eighteenth-Century London', *Economic History Review*, 64 (2011), 1289-1314

Deutsch, Helen, 'Symptomatic Correspondences: The Author's Case in Eighteenth Century Britain', *Cultural Critique*, 42 (1999), 35-80

Downie, J. A., 'The Making of the English Novel', *Eighteenth-Century Fiction*, 9

(1996-97), 249-66

Dubois, Pierre, 'Perception, Appearance and Fiction in *The Adventures of Roderick Random* by Tobias Smollett', *Études Anglaises*, 62 (2009), 387-400

Duffin, Jacalyn, 'L'Avènement de la Médecine Clinique Moderne en Europe, 1750-1815 (Book Review)', *History and Philosophy of the Life Sciences*, 25 (2003), 421-422

Duhaime, Douglas, 'Between Excess and Inanition: Tobias Smollett's Medical Model of the State', *Eighteenth-Century Fiction*, 26 (2014), 565-591

Eltis, Walter, 'The *Grand Tableau* of François Quesnay's Economics', *The European Journal of the History of Economic Thought*, 3 (1996), 21-43

Ennis, Daniel J., 'Naval Impressment in Tobias Smollett's "Roderick Random"', *Albion: A Quarterly Journal Concerned with British Studies*, 32 (2000), 232-247

Fanning, Christopher, 'On Sterne's Page: Spatial Layout, Spatial Form and Social Spaces in *Tristram Shandy*', *Eighteenth-Century Fiction*, 10 (1998), 429-445

— 'The Scriblerian Sublime', *Studies in English literature 1500-1900*, 45 (2005), 647-667

— 'Small Particles of Eloquence', *Modern Philology*, 100 (2003), 360-392

Fish, Stanley, E., 'Interpreting the "Variorum"', *Critical Inquiry*, 2 (1976), 465-485

Fraser, Nancy, 'Rethinking the Public Sphere: A Contribution to the Critique of Actually Existing Democracy', *Social Text*, 25/26 (1990), 56-80

Harley, David, 'Rhetoric and the Social Construction of Sickness and Healing', *The Social History of Medicine*, 12 (1999), 407-435

Heller, Benjamin, 'Leisure and the Use of Domestic Space in Georgian London', *The Historical Journal*, 53 (2010), 623-645

Hunter, J. Paul, 'The Origins of the English Novel: Fifteenth Anniversary Edition (Book Review)', *Restoration: Studies in English Literary Culture 1660-1700*, 27 (2003), 61-68

Jewson, N. D., 'The Disappearance of the Sick-Man from Medical Cosmology, 1770-1870', *Sociology*, 10 (1976), 225-44

— 'Medical Knowledge and the Patronage System in 18th Century England', *Sociology*, 8 (1974), 369-385

Jones, Claude E., 'Tobias Smollett (1721-1771) — the Doctor as Man of Letters', *Journal of the History of Medicine and Allied Sciences*, 12 (1957), 337-348

Kahan, Lee F., 'Fathoming Intelligence: The Impartial Novelist and the Passion for News in Tobias Smollett's *Ferdinand Count Fathom*', *Eighteenth-Century Fiction*, 21 (2008-9), 229-57

Klein, Lawrence, 'Gender and the Public/Private Distinction in the Eighteenth Century: Some Questions about Evidence and Analytic Procedure', *Eighteenth-Century Studies*, 29 (1999), 97-109

- Koschorke, Albrecht, 'Physiological Self-Regulation: The Eighteenth-Century Modernization of the Body', *MLN*, 123 (2008), 469-484
- Kozaczka, Edward J. 'Another ride on Tristram's Hobby-Horse (Book Review)', *Eighteenth-Century Studies*, 45 (2011), 150-152
- Landry, Donna and Gerald MacLean, 'Of Forceps, Patents, and Paternity: *Tristram Shandy*', *ASECS*, 23 (1990), 522-543
- Lupton, Christina, 'Naming the Baby: Sterne, Goethe and the Power of the Word', *MLN*, 118 (2003), 1213-1236
- Martz, Louis L., 'Smollett and the Expedition to Carthage', *PMLA*, 56, No. 2 (June 1941), 428-46
- Mason, Adam, 'The "Political Knight Errant" at Bath: Charles Lucas's Attack on the Spa Medical Establishment in *An Essay on Waters* (1756)', *JECs* 36 (2013), 67-85
- Matuozzi, Jessica, 'Schoolhouse Follies: Tristram Shandy and the Male Reader's Tutelage', *ELH*, 80 (2013), 489-518
- McAllister, John, 'Conversion, Seduction and Medicine in Smollett's *Ferdinand Count Fathom*', *Eighteenth-Century Fiction*, 1 (1989), 319-330
- McKeown, Thomas and R. G. Brown, 'Medical Evidence Related to English Population Changes in the Eighteenth Century', *Population Studies*, 9 (November 1955), 119-141
- Moore, Wendy, 'Medical Classics', *BMJ*, 343 (2011), 591
- Mottolese, William C., 'Cyborg and Toby Toolmaker: Body, Tools, and Hobbyhorse in "Tristram Shandy"', *Studies in English Literature 1500-1900*, 47 (2007), 679-701
- Park, Julie, 'Introduction: The Drift of Fiction', *The Eighteenth Century: Theory and Interpretation*, 52 (2011), 243-248
- Paulson, Ronald, 'Smollett and Hogarth: the Identity of Pallett', *Studies in English literature*, 4 (1964), 351-59
- Pethes, Nicolas, 'Telling Cases: Writing against Genre in Medicine and Literature', *Literature and Medicine*, 32 (2014), 24-45
- Pomata, Gianna, 'The Medical Case Narrative: Distant Reading of an Epistemic Genre', *Literature and Medicine*, 32 (2014), 1-23
- Porter, Roy, 'Lay Medical Knowledge in the Eighteenth Century: The Evidence of the *Gentleman's Magazine*', *Medical History*, 29 (1985), 138-168
- Regan, Shaun, 'Translating Rabelais: Sterne, Motteux and the Culture of Politeness', *Translation and Literature*, 10 (2001), 174-199
- Richardson, John, 'Sterne's Patriotic Shandeism', *Essays in Criticism*, 58 (2008), 20-42
- Rieder, Philip, 'La Médecine Pratique: une activité heuristique à la fin du 18e siècle?', *Dix-Huitième Siècle*, 47 (2015), 135-148
- and Micheline Louis-Courvoisier, 'Enlightened Physicians: Setting Out on an

Elite Academic Career in the Second Half of the Eighteenth Century', *Bull. Hist. Med.*, 84 (2010), 578-606

Rodgers, James S., "'Life" in the Novel: *Tristram Shandy* and Some Aspects of Eighteenth-Century Physiology', *Eighteenth Century Life*, 6 (1980), 1-20

Roe, Shirley A., 'John Turberville Needham and the Generation of Living Organisms', *Isis*, 74 (1983), 158-184

Ross, Ian Campbell, 'Tobias Smollett: Gentleman by Birth, Education and Profession', *BJECS*, 5 (1982), 179-90

Rousseau, G. S., 'Literature and Medicine: The State of the Field', *Isis* 72 (1981), 406-424

— 'Literature and Medicine: Towards a Simultaneity of Theory and Practice', *Literature and Medicine*, 5 (1986), 152-181

— 'Political Gout, Dissolute Patients, Deceitful Physicians and Other Blue Devils', *Notes Rec. R. Soc.*, 63 (2009), 277-296

Seidel, Michael, 'The Man Who Came to Dinner: Ian Watt and the Theory of Formal Realism', *Eighteenth-Century Fiction*, 12 (2000), 193-212

Shuttleton, David E., "'Please put a date to your letters...": The Textual Evidence for William Cullen's Management of his Epistolary Practice', *JECS*, 29 (2016), 59-79

Vickery, Amanda, 'An Englishman's Home is his Castle? Thresholds, Boundaries and Privacies in the Eighteenth-Century London House', *Past and Present*, 199 (2008), 147-173

Wainwright, Valerie, 'Smollett's Journalism: New Attributions for *The Critical Review*, 1757-1766', *Notes and Queries*, 57 (2010), 524-545

Warner, John Harley, 'The History of Science and the Sciences of Medicine', *Osiris*, 10 (1995), 164-193

Wetmore, Alex, 'Sympathy Machines: Men of Feeling and the Automaton', *Eighteenth-Century Studies*, 43 (2009), 37-54

Whyman, Susan E., 'Letter Writing and the Rise of the Novel: The Epistolary Literacy of Jane Johnson and Samuel Richardson', *Huntingdon Library Quarterly*, 70 (2007), 577-606

Woods, Robert, 'Medical and Demographic History: Inseparable?', *Social History of Medicine*, 20 (2007), 483-503

Online Sources

Ceasefire Magazine < <https://ceasefiremagazine.co.uk/> > [accessed 10 April 2018]

The Cullen Project < <http://www.cullenproject.ac.uk> > [accessed 1 April 2017]

The Encyclopedia of Diderot & d'Alembert Collaborative Translation Project, translated by Stephen J. Gendzier < <https://quod.lib.umich.edu/cgi/t/text/text->

[idx?c=did;cc=did;rgn=main;view=text;idno=did2222.0001.309](#) [accessed 20 January 2018]

H-France Review <<http://www.h-france.net/reviews/list.html>> [accessed 19 April 2018]

Johns Hopkins University Press <https://www.press.jhu.edu/journals/literature_and_medicine/guidelines.html> [accessed 2 February 2018]

Measuring Worth Service

< <https://www.measuringworth.com/calculators/ukcompare/>> [accessed 17 April 2018]

National Institute for Health and Clinical Excellence < <https://www.nice.org.uk>> [accessed 17 April 2018]

Oxford Dictionary of National Biography
<<http://www.oxforddnb.com.oxfordbrookes.idm.oclc.org/>> [accessed 2 April 2018]

Oxford English Dictionary online
<<http://www.oed.com.oxfordbrookes.idm.oclc.org/>> [accessed 28 February 2018]

The Oxford Research Centre in the Humanities <<http://torch.ox.ac.uk>> [accessed 5 March 2018]

The Oxford Research Centre in the Humanities, ERC supported Diseases of Modern Life <<https://diseasesofmodernlife.org/>> [accessed 3 March 2018]

Robinson, Andrew, 'Bakhtin: Dialogism, Polyphony and Heteroglossia', *Ceasefire* (Posted July 29, 2011) < <http://ceasefiremagazine.co.uk/in-theory-bakhtin-1/>> [accessed 18 April 2018]

University of Aberdeen, *Medical Humanities*
<<https://www.abdn.ac.uk/medical/humanities/course/view.php?id=25>> [accessed 5 February 2018]

University of Georgetown, *Literature and Medicine*
<<https://www.georgetownliteratureandmedicine.com/syllabi>> [accessed 6 February 2018]

Watts, Rebecca, 'The Authentic Life', *Special Collections Spotlight*, January 2014
< <https://www.joh.cam.ac.uk/authentic-life> > [accessed 20 May 2019]

Unpublished Doctoral Theses

Leadbetter, Rosemary, 'Experiencing Smallpox in Eighteenth-Century England' (unpublished doctoral thesis, Oxford Brookes University, 2015)

Minou, Paschalina, 'The Role and Relevance of Negative Passions in the Conception of Eighteenth-Century Sensibility' (unpublished doctoral thesis, University of Loughborough, 2013)

Herrle-Fanning, Jeanette, 'Of Forceps and Folios: Eighteenth-Century British Midwifery Publications and the Construction of Professional Identity' (unpublished doctoral thesis, City University of New York, 2004)

Appendix

Selective Chronology

	Literary Publishing Events	Medical Publishing Events & Developments	Wars and Political and Social Events
1700-09	1704, Jonathan Swift's satire in prose, <i>A Tale of a Tub</i>	1703, Prescribing for Apothecaries sanctioned (they could only charge for medicines not advice)	1701, War of the Spanish Succession begins 1702, Queen Anne ascends the throne 1704, Duke of Marlborough defeats the French at Blenheim 1707, The Act for the Union of England and Scotland
1710-19	1711, Joseph Addison and Richard Steele's <i>Spectator</i> is first published 1711, Anthony Ashley Cooper, third Earl of Shaftesbury, <i>Characteristics of Men, Manners, Opinions and Times</i> 1715, Alain-René Lesage's first two volumes of <i>Gil Blas</i> published 1719, Daniel Defoe's <i>Robinson Crusoe</i>	1711, Bernard Mandeville, <i>A Treatise on Hypochondriak and Hysterical Passions</i> 1716, Henrick van Deventer, <i>The Art of Midwifery Improved</i> c.1718, Lady Mary Wortley Montague introduces inoculation for smallpox 1719, Westminster Hospital founded	1711, South Sea Company founded 1712, The Stamp Act means that disseminators of false news can face prosecution 1713, Treaty of Utrecht ends war of Spanish Succession 1714, George I ascends to the throne 1715, Jacobite Rising 1718-20, War of Quadruple Alliance
1720-29	1722, Defoe, <i>Moll Flanders</i> 1724, Lesage's third volume of <i>Gil Blas</i> published 1726, Swift, <i>Gullivers Travels</i> 1729, Alexander Pope, <i>Dunciad</i>	1720s, Sustained dispute in print between Drs D. Turner and J. Blondel on the role of the mother's imagination on the foetus 1723, William Cheselden, <i>A Treatise on a High Operation for the Stone</i> 1725-6, Guy's Hospital, London founded 1726, Controversy over claims that Mary Toft is delivered of rabbits 1726, Medical Faculty and First Chair of Obstetrics established at Edinburgh University 1729, Edinburgh Infirmary founded	1720, Collapse of 'South Sea Bubble' 1721, Robert Walpole becomes First Lord of the Treasury, first to be called Prime Minister 1727, George II ascends to the throne

	Literary Publishing Events	Medical Publishing Events & Developments	Wars and Political and Social Events
1730-39	<p>1731, <i>The Gentleman's Magazine; or, Monthly Intelligencier</i> first published</p> <p>1732, <i>The London Magazine; or, Gentleman's Monthly Intelligencier</i> first published</p> <p>1733, George Cheyne, <i>The English Malady</i></p> <p>1735, Lesage's fourth volume <i>Gil Blas</i> published</p> <p>1735, William Hogarth, <i>A Rake's Progress</i></p> <p>1739, David Hume, <i>Treatise on Human Nature</i></p>	<p>1730, Long-standing dispute between Drs D. Turner and J. Blondel on role of mother's imagination on foetus ceases</p> <p>1733, Design of the forceps published after Hugh Chamberlen the Younger's death</p> <p>1734, Bristol Infirmary founded</p> <p>1737, Royal Medical Society of Edinburgh founded</p> <p>1739, Richard Manningham founds first lying-in hospital in London</p> <p>1739, Foundation of maternity hospital in London, later to become Queen Charlotte's Hospital</p>	<p>1735, Conjuraton and Witchcraft Act makes those claiming to have such powers liable to punishment</p> <p>1737, Theatrical Licensing Act passed, enhancing government control and censorship in the theatre</p> <p>1739, 'War of Jenkins' Ear' with Spain begins</p> <p>1739, Vice-Admiral Edward Vernon captures the port of Porto Bello in Panama</p>
1740-49	<p>1740, Samuel Richardson, <i>Pamela</i></p> <p>1741, Henry Fielding, <i>Shamela</i></p> <p>1741, <i>Memoirs of Martin Scriblerus</i> published (as part of Pope's <i>Works in Prose</i>)</p> <p>1742, Fielding, <i>Joseph Andrews</i></p> <p>1743, Fielding, 'The Life of Jonathan Wild, the Great' published in <i>Miscellanies</i></p> <p>1744, John Armstrong's poem <i>The Art of Preserving Health</i></p> <p>1744, Sarah Fielding, <i>The Adventures of David Simple</i></p> <p>1745, William Hogarth's <i>A Harlot's Progress</i> featuring satirical portrait of John Misaubin</p>	<p>1740, London Hospital (later Royal) founded</p> <p>1741, Abraham Trembley discovers the regenerative powers of the freshwater polyp</p> <p>1742, Aberdeen Infirmary (later Royal) founded</p> <p>1744, Pierre Louis Maupertuis, epigenesis theorist, <i>Dissertation physique à l'occasion du nègre blanc</i>, which became part of <i>Vénus physique</i> of 1745</p> <p>1745, Company of Surgeons founded and separated from the barbers</p>	<p>1740, George Anson undertakes a voyage around the globe to raid and plunder Spanish colonies on the pacific coast</p> <p>1740, War of the Austrian Succession</p> <p>1741, Battle of Carthagena, major defeat for British Army and Navy, led by Edward Vernon (navy) with Charles Knowles as principal surveyor and engineer, and Thomas Wentworth (army)</p> <p>1742, Robert Walpole resigns</p> <p>1743, Battle of Dettingen delivers victory for George II against French</p>

<p>1740-49 ctd.</p>	<p>1746, Tobias Smollett publishes <i>The Tears of Scotland</i> and <i>Advice</i> 1747-8, Smollett translates Le Sage's <i>Gil Blas</i> and publishes <i>Reproof</i>, sequel to <i>Advice</i> 1747, John Wesley's <i>Primitive Physick</i> 1747/8, Samuel Richardson, <i>Clarissa</i> 1748, Smollett, <i>The Adventures of Roderick Random</i> 1749, Smollett publishes <i>The Regicide</i> after failing to get it staged 1749, Fielding, <i>Tom Jones</i> 1749, <i>The Monthly Review</i> first published</p>	<p>1745, Ban lifted on dissection of human bodies leading to rise in private medical schools and anatomy classes 1745, Middlesex Hospital, London Smallpox Hospital, the Lock Hospital and the Haslar (Naval) Hospital founded 1746, Robert James appoints publisher and bookseller, John Newbery to promote his Fever Powders which become widely used and endorsed 1747, Richard Mead endorses inoculation for smallpox in <i>De Variolis et Morbillis Liber</i> 1748, John Turberville Needham, epigenesis theorist, publishes <i>A Summary of some late Observations upon the Generation, Composition and Decomposition of Animal and Vegetable Substances</i> 1748, Clinical teaching of medicine (with emphasis on observation, physical examination and morbid anatomy, influenced by Boerhaave's model) begins in Edinburgh 1749, Georges Louis de Buffon, epigenesis theorist, <i>Histoire Naturelle, Générale et Particulière</i></p>	<p>1743, <i>An Account of the Expedition to Carthagera</i> is critical of role played by army and thought to be by Admiral Knowles 1744, George Anson returns with great wealth but only 145 of the original 1500 members of the expedition against Spanish interests. 1745, Bonnie Prince Charlie, the 'Young Pretender', arrives in Scotland 1745-1746, George Anson and colleagues create the Western Squadron to protect against invasion, cover trade and monitor the enemy 1746, Battle of Culloden crushes Jacobite rising 1748, Treaty of Aix-la-Chapelle ends War of the Austrian Succession</p>
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	Literary Publishing Events	Medical Publishing Events & Developments	Wars and Political and Social Events
1750-59	<p>1750-52, Samuel Johnson, <i>The Rambler</i></p> <p>1751, Smollett, <i>Peregrine Pickle</i></p> <p>1751, Fielding, <i>Amelia</i></p> <p>1751, Denis Diderot and Jean le Rond d'Alembert's <i>Encyclopaedie</i> first published</p> <p>1752-4, Johnson, <i>The Adventurer</i></p> <p>1753, Smollett, <i>Ferdinand Count Fathom</i></p> <p>1753, William Hogarth, <i>Analysis of Beauty</i></p> <p>1753/4, Richardson, <i>Sir Charles Grandison</i></p> <p>1755, Smollett's Translation of <i>Don Quixote</i> published (begun at least 1748)</p> <p>1755, Johnson, <i>Dictionary of the English Language</i></p> <p>1755-57, Smollett, <i>A Complete History of England</i></p> <p>1756, Smollett edits <i>A Compendium of Authentic and Entertaining Voyages</i></p> <p>1756-63 Smollett launches and edits <i>Critical Review</i></p> <p>1757, Smollett's farce, <i>The Reprisal</i> staged at Drury Lane</p> <p>1759, Sterne writes <i>A Political Romance</i>, published posthumously in 1769</p>	<p>1751, St Luke's Hospital for mental patients founded in 1751.</p> <p>1751, Robert Whytt, <i>An Essay on the Vital and other Involuntary Motions of Animals</i></p> <p>1751, John Burton writes <i>An Essay towards a Complete System of Midwifery</i> to pre-empt Smellie's <i>Treatise</i></p> <p>1752, William Smellie, <i>Treatise on the Theory and Practice of Midwifery</i></p> <p>1752, John Pringle's <i>Observations on the Diseases of the Army</i></p> <p>1752, Manchester Infirmary (later Royal) established</p> <p>1752, Smollett, <i>An Essay on the External Use of Water</i></p> <p>1753, James Lind, naval physician, <i>A Treatise of the Scurvy</i></p> <p>1755, Albrecht von Haller, <i>A Dissertation on the Sensible and Irritable Parts of Animals</i></p> <p>1755, Robert Whytt, <i>Physiology Essays</i> published</p> <p>1756, Charles Lucas's attack on medical faculty at Bath, <i>An Essay on the Waters</i> published. The so-called 'sulphur controversy' reaches height in late 1750s</p>	<p>1751, 'Gin Act' imposes additional duties on 'Distilled Spirituous Liquors'</p> <p>1753, Marriage Act dictates that only marriages performed by Church of England parsons are legal</p> <p>1754, Duke of Newcastle becomes Prime Minister</p> <p>1756, Duke of Devonshire becomes Prime Minister</p> <p>1756, Seven Years War with France begins</p> <p>1757, Duke of Newcastle becomes Prime Minister</p> <p>1758, The Society of Arts founded</p>

1750-59 ctd.	1759, Sterne's <i>Tristram Shandy</i> vols 1 & 2 published, vols 3 & 4 in Jan. 1761, vols 5 & 6 in Dec 1761, vols 7 & 8 in 1765 & vol 9 in 1767 1759, Voltaire, <i>Candide</i>		
	Literary Publishing Events	Medical Publishing Events & Developments	Wars and Political and Social Events
1760-69	1760, Sterne, <i>The Sermons of Mr Yorick</i> 1760-61, Smollett begins <i>British Magazine</i> , in which <i>The Adventures of Sir Launcelot Greaves</i> is serialised 1761, Frances Sheridan, <i>Memoirs of Miss Sidney Bidulph</i> 1761-65, Smollett becomes joint editor of <i>The Works of Voltaire</i> 1762, Sarah Scott, <i>A Description of Millenium Hall</i> 1762-65, Smollett, <i>Continuation of the Complete History of England</i> 1762-63, Smollett edits <i>The Briton</i> in support of Lord Bute, first prime minister from Scotland 1763, T. Mortimer, <i>The Universal Director</i> 1764, Horace Walpole's gothic novel, <i>The Castle of Otranto</i> 1766, Smollett, <i>Travels Through France and Italy</i> 1766, Sterne publishes two volumes of sermons 1768, Sterne, <i>A Sentimental Journey Through France and Italy</i>	1760, Elizabeth Nihell publishes <i>A Treatise on the Art of Midwifery</i> criticising man-midwifery and is subsequently attacked by Smollett in the <i>Critical Review</i> 1764, Philip Thicknesse, <i>Man-Midwifery Analysed</i> 1766, Christopher Anstey's popular satirical work, <i>The New Bath Guide</i> published 1767, Thomas Dimsdale, <i>The Present Method of Inoculating for the Smallpox</i> 1767, Leeds Infirmary founded 1768, William Hunter establishes the private Windmill Street School of Medicine in London 1769, George Armstrong, brother of poet John Armstrong, opens the Dispensary for Sick Children of the Poor in London 1769, Seaman's Hospital London opens 1769, William Cullen's <i>Synopsis Nosologiae Methodicae</i> published, classifying diseases based on observable symptoms	1760, George III succeeds to the throne 1762, Earl of Bute Prime Minister 1763, George Grenville Prime Minister 1763, Peace of Paris ends the Seven Years War 1765, Marquis of Rockingham Prime Minister 1766, Earl of Chatham Prime Minister 1768, Duke of Grafton Prime Minister 1768, Royal Academy opens 1768, Captain Cook's first voyage to Australia and New Zealand 1769, David Garrick, friend of Smollett, organises Shakespeare Jubilee

1760-69 ctd.	1768, Smollett's <i>The Present State of all Nations</i> published (he had worked on it since 1760) 1769, Smollett's political satire, <i>The History and Adventures of an Atom</i> published		

Books consulted: Cody, *Birth of the Nation*; Drabble, *The Oxford Companion to English Literature*; R. W. Johnstone, *William Smellie: The Master of British Midwifery* (Edinburgh: Livingstone, 1952); Jones, *Smollett in the Enlightenment*; Keymer, *Sterne, the Moderns and the Novel*; *Oxford Dictionary of National Biography*; Richetti, *The Eighteenth-Century Novel*; Spector, *Tobias George Smollett*; Rousseau, *Smollett: Essays of Two Decades*; Vasset, *Medical Narration*; Waddington, *An Introduction; A Chronology of State Medicine, Public Health, Welfare and Related Services in Britain 1066-1999*, ed. by Michael D Warren (London: Royal College of Physicians, 2000).