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0521022282 - Samuel Johnson in the Medical World: The Doctor and the Patient

John Wiltshire

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INTRODUCTION



THIS BOOK considers Samuel Johnson as a patient, as an amateur doctor, and as a writer about medicine. Everyone calls him ‘Doctor Johnson’ and the title no doubt acknowledges his scholarship, his learning and authority. But it also suggests how persistently he is thought of as a sage, and – perhaps less consciously – as a healer. To look at Johnson as a sufferer, and as physician, both of the body and the mind, becomes inseparable, then, from thinking about the sources and nature of that cultural authority.

In the first of these roles Johnson has gained some fame or notoriety among doctors. A continuous stream of articles on his melancholy and depression, his gout, his abnormal movements, his ‘alcohol problem’ (to give only some more recent examples), has appeared in the pages of medical and medical-historical journals. That Johnson was a ‘dabbler in physick’ and that he cultivated the acquaintance of doctors is almost as well-known, though neither the extent of his medical friendships, nor the nature of his medical knowledge is much recognised. You would not guess from Boswell, or from modern biographies, that at least four of his closest friends were doctors, and that three of these friendships lasted over decades. But it is in the third role, as a writer about medical matters, that Johnson is so often overlooked. As I will show, he wrote a good many pieces which touch on or discuss doctoring, medicine, hospitals and medical experimentation. Much more important, though, is the fact that medical themes – in the broadest sense, themes of suffering and its remedy or alleviation – form the core of his thought and writing. Johnson, we know, is a moralist: but the particular force of his moral writing lies in its attention to both physical and psychological suffering. I want to draw some connections between Samuel Johnson, the amateur doctor and enthusiast

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for medicine, and the Doctor Johnson who figures so largely in the cultural imagination.

Johnson's medical friends came from all walks of life, and part of my purpose is, by looking at them, to reconstruct some of the complexity of relations that characterised the medical world in which Johnson moved. Certainly, it can be shown, Johnson was surrounded by doctors all his life. He was born into a household in which Dr Samuel Swinfen, who became his godfather, was the lodger. His father sold medical preparations in his bookseller's shop and published two medical treatises by his friend, the eminent local physician Sir John Floyer, who – or so it was said – intervened early in Johnson's long and eventful medical history. Two of Johnson's companions at school later became doctors; one of them belonged to a local medical family and practised all his life in the Midlands, the other went up to London and became one of the age's most notable medical figures. The three kept up their friendship and Johnson was visiting Edmund Hector, the Birmingham surgeon, a few weeks before his death in 1784. At the other end of his life Johnson's famous household at Bolt Court, that collection of human memorabilia, included Mrs Desmoulins, the daughter of Samuel Swinfen, and the blind Anna Williams, whose father, a medical practitioner in Wales, had come to London hoping to win the reward offered by the government for an improved method of finding the longitude at sea. Francis Barber, Johnson's negro servant, had been left to his charge by Colonel Bathurst, father of Johnson's dearest friend, a physician who had struggled to make a living in London for a decade, Dr Richard Bathurst. And there was Robert Levet, whose obscure existence as one of the many uncredited doctors who must have tended the poor of London is brought into history by its proximity to Johnson's own life, and who invites us to ponder the distinction, so vigorously promoted by the profession in the eighteenth century, between the accredited doctor or surgeon and the 'quack'. During the intervening years, Johnson had spent two years living with Hector whilst he was a practising surgeon in Birmingham, and on coming to London served what was in effect an apprenticeship to Dr Robert James, his other school-companion, as they worked together planning and putting together James's major, massive, compilation of medical information, the *Medicinal Dictionary* of 1743–5. His friendship with Richard Bathurst led in turn to an introduction to the learned Thomas Lawrence, soon to become Johnson's own doctor,

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eight times elected President of the College of Physicians (1767–74), and a life-long friend.

It is not surprising then, that Johnson was very well informed on medical matters. He could write out a prescription for himself in apothecary's characters, and pass, as in the Hebrides, for a physician. He is repeatedly presented by Boswell as seeking the company and conversation of doctors, and though wary of protocol, of seeming to trespass upon professional territory, was well known to his friends as a 'dabbler in physick' – the phrase is used by both Boswell and Hawkins. One might expect that this would leave its mark, in some form or other, on his work.

Look at his life in another way. In 1712, as everyone knows, Samuel Johnson was taken by his mother to London when less than three years old to participate in an ancient magical rite. Queen Anne, who at the behest of her Tory ministers had revived a practice over 600 years old, touched with her wonder-working hands the disfiguring marks of scrofula on the child's neck. It was almost the last occasion on which this ritual was performed in England.¹ As a memento of the ceremony, the Queen presented its participants with a token, or 'touch-piece' (sometimes called an 'angel'), and this Johnson wore round his neck for the rest of his life. After his death, seventy-two years later, his diseased and mutilated body was opened by James Wilson in the presence of three physicians and two surgeons. Specimens were taken, a formal autopsy report was written, and a description of the condition of his lung, its cells 'most of them the size of a common garden pea, and some few so large as to be able to contain a small gooseberry' appears in chapter 4 on 'Diseased Appearances of the Lungs' in a classic and pioneering textbook, Matthew Baillie's *Morbid Anatomy* (1793).² Johnson, wearing his magical emblem to the end of his days, had now become the subject of what Michel Foucault has called 'anatomo-clinical' medicine, a medical stripping itself of superstition and guesswork, transforming itself into positivistic science.

The eighteenth century is rarely considered a dramatic period of medical history in England. It is a time of stagnation, whose fitful bursts of innovation tend to come from those on the fringes of the profession, the ship-surgeons and army doctors. Yet there were important new clinical initiatives during the second half of the century, and important changes in the nature and status of the medical profession, though it is difficult to see them as part of a consistent

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movement or total reorientation. A remarkable number of these events impinged upon Johnson's life, or came within the range of his activities or commentary. If we focus on the figure of Samuel Johnson, the unco-ordinated, discontinuous events of eighteenth-century medicine will seem momentarily at least to converge. He lived a life within medicine, intimate with some of the age's chief practitioners, learned in both the classical and contemporary branches of the art, receiving upon and within his body its various ingenuities and interventions. To contemplate his life and work in its medical connection is to draw together, sometimes upon a thread of irony, some of the disparate themes and topics that the general medical historian may find resistant to unity, to integration: James' fever powders and Mrs Stephens' medicines for the stone, for instance, with the discovery of digitalis, the introduction of the controlled drug trial with the coming of professional obstetrics and the 'man midwife', the origins of psychiatry, the controversy over sensibility and irritability, the founding of the great London and provincial hospitals.

Whatever changes took place in medicine in Johnson's lifetime, though, it would be a mistake to see them as a steady or concerted progress between the poles of, for instance, folklore and magic and rationalistic science. Magic did not leave the field of medicine with the demise of *les rois thaumaturges*, even if it remained, and remains, only in the diffused form of what Oliver Sacks calls the doctor's 'magic of attention and interest'.³ And if, throughout the century, we take note of a persistent, perhaps growing, interest in mensuration, tabulation and the critical analysis of experimental results in medicine, it is useful to be reminded by Lester King that technological progress does not in itself guarantee the presence of a critical attitude towards diagnosis or prescription, and that an 'empiric' cast of mind may continue to coexist alongside greatly increased expertise and resources.⁴

Johnson himself embodies a powerful illustration of what King means by the exercise of critical judgement in the field of medicine. His sceptical, La Rochefoucauldian attention to the moral life ('Will *any* body's mind bear this eternal microscope that you place upon your own so?' cried Mrs Thrale), and his unwillingness to take any geographical, historical or biographical report on trust ('Distrust is a necessary qualification of a student in history', he remarked in an early review), is replicated in his attitudes towards medicine. Johnson was no passive consumer of health care. Harassed as he was by a variety of ills throughout his life, he was a vigorous proposer and initiator of

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treatments, sometimes bullying his physicians – the most eminent men of their generation – into giving their consent to a course of action of which their judgement disapproved. He had many disagreements with his doctors over the nature and course of specific disorders, and often he was right. This and the scrupulous recording of his own condition following treatment or the testing of a new drug, is not merely the obsessiveness of the hypochondriac. ‘Thus much I have written medically’, he notes on one occasion in his diary, ‘to show that he who can fast long must have lived plentifully’.⁵ He was capable of regarding himself, as early medical amateurs, like Stephen Hales, or even physician experimenters like Floyer, so often did, with detachment as a clinical specimen, an experimental subject. An anti-romantic would, of course, have no time for panaceas or his generation’s equivalent of the ‘wonder drug’. The eighteenth-century cult of cold bathing, for instance (nothing to do with swimming, which – it’s pleasant to report – he enjoyed), he regarded with persistent scepticism. ‘I hate immersion’, he once muttered. Such slight evidences of his general attitude are reinforced by the recurrent tone of the not insignificant quantity of what I shall call his medical journalism. He wrote numerous notes, reviews and biographies in which his medical interests and scepticism about medical claims frequently come to the surface. A tiny example: in the midst of a review-article on the history of Aleppo, for instance, Johnson remarks that the recommendation of the author (a doctor) ‘to breath through a sponge wet with an infusion of rue in vinegar’ as a preservative against the ‘Aleppo disease’ would work just as well if the vinegar alone were used, adding ‘the vertues of rue to resist infection being, I fear, imaginary’.⁶

Of moderns, the two most esteemed and influential figures in eighteenth-century medicine were Thomas Sydenham and the Dutchman, Herman Boerhaave. Not long after Johnson’s arrival in London in 1737 and recruitment to the staff of the *Gentleman’s Magazine*, he produced biographical estimates of these two doctors distinguished already by medical acumen and extreme scepticism as to the provenance of historical ‘facts’. In 1743, he joined Robert James on the project of the *Medicinal Dictionary*, for which he wrote the Dedication (to Richard Mead), and co-authored a set of proposals which would, if carried out, have resulted in the *Dictionary’s* cutting a swathe through the jungle of early eighteenth-century medical folklore and the various received knowledges of classical and medieval

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medicine. Johnson proposed to penetrate the undergrowth, sort out the proliferating remedies, rescue and name the valuable, therapeutically effective plants. But the huge project was never effectively carried out, and all that can be attributed to Johnson in the *Dictionary* are a few estimates of the work of classical physicians, mostly compiled from secondary sources. Over ten years later though, his own *Dictionary* completed, Johnson is found in an editorial capacity on a new journal, the *Literary Magazine*, which like other journals of the time gave much space to 'discoveries' in natural and physical science. In the case of the *Literary Magazine* there seems to be a clear bias towards medical and physiological reviewing and reporting, and several medical associates of Johnson made contributions. Johnson was the chief, sometimes the only, reviewer of books in that 'bounteous year', as he called it, of 1756–7, and his selection included many in which the editor's interest in medicine and stern scrutiny of experimental logic is exercised. The enterprise of the *Literary Magazine* suggests that Johnson was, as he implies in the *Life of Akenside* over twenty years later, an 'acute observer' of 'the transactions of the medical world'.

This book situates Johnson within that 'world', tracing his relationships with physicians and examining his own medical theory and practice. Whilst I hope that this focus on Johnson will illuminate the medical context in which he lived and wrote, I stress that my primary intention is to illuminate his work itself by investigating its medical background and connections. And I use the word 'world' rather than, say, milieu, because of its broader meaning. I include within it the totality of questions and practices that concern both those involved in the alleviation of human suffering and those suffering themselves. In a sense I have used Johnson as the focus – the occasion – for the raising of medical issues. Illness has from ancient times been conceived as punishment, as a derivative of sin (with venereal disease providing the obvious paradigm), and even when this nexus is broken or disavowed by the conscious mind, it is always creeping back in less conscious forms – in the insistent public demand, for instance, to connect illness with some misdemeanour (cancer and emphysema with smoking), or more diffusely with character, as in the production of 'asthmatic' or 'cancer-prone' personality types. Or it may take another form when a sudden 'attack' of disease is connected – to all intents and purposes arbitrarily – with some personal guilt, and thereby given a form of explanation. Some of these connections between behaviour and illness

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no doubt are valid enough, but round the core or seed of scientific truth accumulate old superstitions and fears.

A related issue is an apparently quite distinct one: how far are diseases historically specific? Until the last twenty years or so, 'Whig' medical historians have taken for granted that the same illnesses have tormented humankind throughout its history, and therefore that the history of medicine could be conceived and written as a consecutive and integrated body of thinking directed towards the elucidation of an unchanging, passive subject. But – apart from the obvious instances like the disappearance of the plague and the sudden outbreak of viral encephalitis after the First World War – it seems that different illnesses might belong to different periods. 'Hypochondriasis' is described in detail by early eighteenth-century writers, but there is no recognised modern equivalent: 'hysteria' is an equally widespread disease entity at the end of the nineteenth. The 'hyperactive child' or 'pre-menstrual tension' are late twentieth-century constructions or recognitions (choose your word). If this is plausible, it suggests that the idea of a medical entity is drawn from a pool of thought or cultural circumstances from which metaphysical or religious meanings might equally well be drawn, and that the definition of a medical condition is not an isolated act within the history of medical thought alone. It may be argued against this view that this precisely defines such constructions as misdiagnoses – specious and false diseases – since true medical entities are transhistorical and transcultural. Nevertheless, it seems an illuminating way of discussing illness to see how it occurs within a given cultural framework, and how it was performed.

These are some of the issues which lie behind the discussions in the following chapters. Such questions are present, sometimes explicitly and often implicitly in most of Johnson's most important and substantial texts. Stemming perhaps from his own personal condition, Johnson devotes much attention, in the *Rambler* series of essays, for example, to the problem of pain and tolerance of pain. 'Pain', of course, in this context means pain in its broadest possible meaning, like that which Johnson implied when he famously told Mrs Williams that 'he who makes himself a beast' (through drinking) 'gets rid of the pain of being a man'. The pain and suffering these essays discuss is mostly moral or psychological, though Johnson's metaphors insistently attribute to psychological sufferings the harrowing qualities of physical ones, and the essays that treat them borrow more than a hint in their design and approach from the medical textbook. *Rasselas*, too,

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reaches its extended climax in the depiction of the dangerous courses of two distinct, but equally common, forms of mental disease, Nekayah's mourning for the loss of her maid and friend Pekuah, in which she drifts towards a morbid cultivation of sorrow and withdrawal from life, and the solitary obsession of the astronomer – types of mental illness which may, or may not, correspond to the more modern categories of neurosis and psychosis. Johnson's review of the work of amateur philosophising, Soame Jenyns's *A Free Inquiry into the Nature and Origin of Evil*, confirms the hints in other works that the arbitrary, unpredictable cruelty of the onset of physical diseases had taken strong hold on Johnson's imagination. His biographies of doctors make a particular point of stressing, when appropriate, their Christian piety. Medicine must, Johnson declared in his life of Boerhaave, 'undoubtedly claim the second Place among those [professions] which are of the greatest Benefit to Mankind'. The doctor does not merely treat or prescribe: he is the embodiment of charity and benevolence. So the topic of medicine becomes intertwined too, with that very large strand in Johnson's thinking, his 'tenderness' towards the weaknesses of human nature and hatred of all forms of cruelty.

It was common in the eighteenth century to attribute the peculiar cast of Johnson's mind to his physical infirmities. Sir John Hawkins, for instance, thought that his poor appreciation of music, art and architecture, due to his bad eyesight and hearing, explained Johnson's opinion that life contained more to endure than to enjoy. His 'asperity of manners', Frances Reynolds suggested, was due to his 'inherent melancholy infirmities, both mental and corporeal'.⁷ It is difficult to know how one would go about answering what Sir Humphry Rolleston in 1924 called 'the interesting question of how far Johnson's infirmities influenced his view of matters and men and the style and temper of his work',⁸ yet it seems right to begin an account of Johnson's medical interests by reviewing his own medical history, particularly as an interesting and fundamental issue emerges as soon as one does so. Specialists in many different fields of medicine and psychiatry have studied aspects of Johnson's case history. Without their work the first chapter of this book could not possibly have been written. But despite their investigations many aspects of Johnson's history remain mysterious or puzzling. When one assembles together some of the diverse and conflicting explanations that have been offered about Johnson's condition one's own 'distrust' tends to be

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aroused. There is little reason, I shall suggest, to regard the latest analysis of Johnson's condition as more persuasive than the first. I have, indeed, been led by the nature of the material in the first chapter to adjudicate, to offer or imply an opinion on medical matters. (I hope I shall not for that reason be considered a quack; what is involved is not judgement about patients but about texts.) Many questions about Johnson's medical condition – as well as, heaven knows, many questions about medicine – remain open ones. Part of the purpose of this first chapter, apart from assembling as much information about Johnson's medical history as will not utterly prostrate the reader, is to induce some scepticism, relevant to the topics of the succeeding chapters, towards the premature foreclosure of medical discussion.

I introduce Johnson as a non-professional, whose medical thinking has been neglected, and I try to show that it is cogent and persuasive, more so than that of many of the medical writers who were his contemporaries. When we look, for instance, at his considered opinions on phlebotomy we find matters raised that are still controversial. His account of the astronomer's insanity, which certainly had some influence on the development of psychiatry, is of more than historical interest. Johnson's life-history intersected with the work of several men – William Withering, William Heberden, James Lind and the Hunters among them – who have honourable places in the history of medical research. I do not of course claim that Johnson made any contributions of as tangible a value as theirs. He is a patient, an observer, a commentator, on the peripheries of the medical world. The more general question which Johnson's life in medicine raises is how far one can give an adequate history of medicine by considering only the contributions of the profession itself; and the closely related topic of how far the profession can be considered as the sole repository of medical wisdom. These are controversial issues of course: they are touched upon most explicitly in the book's penultimate chapter, on Dr Robert Levett.

The backbone of the book is biographical. It begins with an account of some of the main crises in Johnson's medical history. Chapter 2 discusses his medical education and knowledge; chapter 3 sets him in the context of the medical arrangements of his day, and examines the work (most early) in which he comments on medical writings. After this I suggest that his medical interests find various dispersed and indirect forms of expression. Chapter 4 examines some of the *Rambler* essays as transmuted medical texts. Chapter 5 discusses

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the astronomer chapters in *Rasselas* as contributions to the theory of insanity. Chapter 6 concentrates on the last English poem Johnson wrote. The last chapter reviews Johnson's friendships with his doctors, and looks briefly at the wealth of medical and psychological advice Johnson offers in his correspondence. Finally, I come to terms with the role he played as doctor (and Doctor) in the life and imagination of James Boswell, whose medical problems were sometimes complementary to his own.

If a book can be said to have a backbone perhaps it can be said to have a nerve centre too. The centre of this is the belief that Johnson is pre-eminent among those writers who have spoken of the experience of pain. His sensibility – a word he rarely uses except in connection with suffering – was acutely responsive to the diverse forms of pain and cruelty in the world. I would argue too that in the face of suffering Johnson wrote with, if not unusual force, for he is almost always forceful, but with unusual agility, pungency and passion. In the review of *A Free Inquiry*, for instance, as well as in parts of his work there has been no space to discuss in this book, in the pamphlet on the Falklands Islands, in *Rambler* 112, on the cruelty of parents, in those passages of the *Lives* of Pope and Swift which concern their physical degeneration, whenever his imagination is led to contemplate pain, whether it be the pain of disease, or the wounds inflicted in social life, he writes with a depth of engagement that makes such passages quintessentially Johnsonian. Tracing this current of imagination from its origins in his response to the world through some of the textual sites through which it flows may lead us at last to pass through the heart.