MEDICINE-BY-POST
THE CHANGING VOICE OF ILLNESS IN EIGHTEENTH-CENTURY BRITISH CONSULTATION LETTERS AND LITERATURE
THE WELLCOME SERIES
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Forthcoming:

*Healing Bodies, Saving Souls: Medical Missions in Asia and Africa*

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For my very special grown-up son and daughter,
Nicholas and Zoe,
with immense love and pride.

And thank you both, so much, for the years of support and enthusiasm for my career change, and the work on this book.
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Very special thanks are owed to several people who have guided and inspired the writing of this volume, who have made the experience of scholarship always challenging and fulfilling. Most particularly, I am grateful to Professor Susan Staves at Brandeis University. Her faith in her students and dedication to their work, along with her immense knowledge of the eighteenth-century world, made her the genius behind our endeavours. She, along with Professor Tom King, taught me how to allow my primary sources to speak in their own voices while helping me to find my own voice to narrate what I was discovering in those eighteenth-century texts. Both Susan and Tom were always ready to stimulate new research through questions that were critical to the final form of this work.

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Wayne Wild
Medicine-by-post, the subject of this book, refers to the eighteenth-century practice of medical consultation through an exchange of letters between patient and physician. It was an extension of the doctor’s private practice, a service provided to middle and upper class patients. As such, the doctor–patient correspondence of Drs James Jurin, George Cheyne, and William Cullen, all highly esteemed physicians in their time, offers a unique window into the doctor–patient relationship in England and Scotland, and most particularly the rhetoric of that relationship.

In the case of James Jurin and William Cullen, the majority of the private-practice letters presented here have never been published previously, and certainly there has been no equivalent thorough rhetorical analysis attempting to discover what this correspondence tells us about the eighteenth-century doctor–patient relationship (including ethics), the patient experience of illness, and the interrelationship of medical theory and societal self-image as reflected in the microcosm of private practice medicine. The collection of William Cullen’s correspondence is particularly unusual in that it contains both sides of the doctor–patient correspondence. George Cheyne’s medical practice, including his medical consultation letters, have been of interest to many authors before this study, but his letters are revisited here in a new light, placing them in the context of an evolving eighteenth-century medical rhetoric, and focusing on his role in creating and popularising that rhetoric. In this context, Cheyne’s correspondence provides an important, transitional, link between the iatromechanical rhetoric of Jurin and the Scottish Enlightenment rhetoric of Cullen. Still more, the correspondence of all three doctors, I believe, offers new insights into the metaphor of illness and the meaning of the doctor–patient encounter in the eighteenth-century novel.

In a recent edition of the Swiss journal Gesnerus, concerned with medical correspondence in early modern Europe, Piloud, Hächler, and Barras, help us appreciate the wide spectrum of doctor–patient correspondence in the eighteenth century. The authors urge scholars to recognise that this rich and complex source of medical history, which has been used primarily as background material to support studies on medical theory and practice, is a genre that deserves full attention in its own right. Not only must scholars examine the professional correspondence network of the
physician–correspondent at any given moment in his career, but also scholars need to consider the often-conflicting perspective of healer and patient, and the great variety in personal character of physicians in terms of sympathy with their clients. Furthermore, writes Piloud, scholars should also recognise that medical theory had little to do, in practice, with the prescription patterns of doctors – a finding generally (if not entirely) corroborated in my own work in *Medicine-by-Post*. Basic and familiar remedies (recipes) were prescribed by established physicians of all theoretical schools and speculative bent and were remarkably similar throughout the seventeenth and eighteenth centuries. Nonetheless, the strongly theoretical ‘dietetical’ advice of Dr George Cheney certainly strained against the common treatments of his time, and against his patients’ well-established food preferences, yet Cheyne achieved enormous popularity because of his theoretical ideas and the manner in which he presented his case to the public in his published medical treatises and, equally, in his private consultation letters (see Chapter 3).

This raises an important point not addressed by Piloud and his co-writers – that while medical theory may have had little influence on a patient’s reason to consult a doctor, or the physician’s standard prescription practices, yet the rhetoric of doctor and patient, as I show in this study, is affected dramatically by current medical theory and popular medical culture. *Medicine-by-Post* places a microscope on the particular rhetorical contents of the doctor–patient correspondence and the influences on that rhetoric. The influence of medical theory and popular medical culture on rhetoric is so pervasive that, as demonstrated in my final chapter, it spills over into the novel and other literary genres in distinctly recognisable patterns, colouring all aspects of the representation of illness and trauma in the literature of various decades of the eighteenth century.

In crucial ways, the experience of being sick is a social construct shaped by rhetoric. Popular conceptions about illness conjoin with prevailing medical discourse to generate a common language – a rhetoric that shapes the patient’s experience as much as it describes it. Furthermore, the patient’s endorsement of an established medical rhetoric is a precondition to acquiescence in therapeutic intervention and can profoundly influence the outcome of such intervention.

David Harley, in ‘Rhetoric and the Social Construction of Sickness and Healing’, has argued cogently for the key role of rhetoric in medical historiography. He emphasises that in science of any kind, ‘[w]henever a new style of enquiry is developed, a rhetorical campaign is required to legitimate it and differentiate it from earlier styles.’ But in medicine, ‘the objects of enquiry’ are ‘alert to the rhetoric’ and, indeed, ‘most patients can answer back or walk away, so persuasion is crucial, not only as a market strategy but
for the very process of healing.’ Harley concludes, ‘it is the rhetorical engagement, based on trust in the system and the practitioners, that is at the heart of the healing process.’

While in Harley’s construction rhetoric retains its classical meaning as an art of persuasion, it is equally a process of negotiation. The propagation of a particular medical rhetoric – whether originating with an elite of ‘established’ physicians or popularised by a fringe of ‘unorthodox’ healers – is only half the story. Eighteenth-century patients of the upper classes and upper-middle class were well-informed clients who, as patients today, challenged their physicians with alternative and often antagonistic medical rhetorics; they probed the knowledge and competence of their doctors by engaging them in current medical jargon, thereby declaring their determination to play a role in therapeutic decisions. Any study of rhetoric in doctor–patient letters must be sensitive to the tensions and the vying for authority that describe this complex relationship.

A common doctor–patient rhetoric also establishes the parameters of acceptable behaviour in the medical dialogue, the operating ethics of private practice: what may be said, what should be said, the implied obligations of both parties to one another. Until the first attempts at codification of a modern medical ethics in the late-eighteenth and early-nineteenth century in the works of John Gregory and Thomas Percival, it was almost entirely the gentleman’s code of behaviour and its associated rhetoric that defined the moral character of the physician. Carey McIntosh, in The Evolution of English Prose, 1700–1800: Style, Politeness, and Print Culture, underscores the important ties between, on the one hand, standards of rhetoric and politeness and, on the other hand, societal and individual moral virtues. Indeed, a doctor’s good character, as revealed in manner and language, was the cornerstone of the established physician’s credibility and authority. A kind of private practice aesthetic served to support patient confidence in the healer even through the trials of therapeutic disappointment. Only in the latter part of the century, when the public grew more sceptical about the gentleman’s code of conduct, did doctors begin to develop an independent and more formal code of medical ethics.

A proper medical rhetoric not only served to instil patient trust in the doctor but, equally, lent credibility to patients’ version of their medical history. Doctor–patient negotiation depended on the trustworthiness of the patient’s account of clinical detail, including response to medications; and in this regard, the patient’s character mattered greatly. So in the context of this study of doctor–patient correspondence, I use the term rhetoric to signify what McIntosh defines as those language ‘skills’ that ‘produce belief’ for a particular culture within a particular historical period. Eighteenth-century doctor–patient rhetoric must be viewed as intimately concerned with
matters of trust and with the social and moral obligations that comprised the roots of an emerging modern medical ethics. Contained within the decorum of this epistolary relationship, absent the physical body, are the seeds of modern medical ethics.

Eighteenth-century medicine-by-post reveals several paradigm shifts in doctor–patient rhetorical modes; in particular, it reveals that eighteenth-century medicine was not dominated by a single rhetoric of sensibility. Nevertheless, it is true that the language of sensibility, most brilliantly ushered into medical private practice parlance by George Cheyne, signalled a major alteration in the way patients and doctors described disease and the experience of being sick. In the first decades of the eighteenth century, the rhetoric of doctor–patient correspondence had been hugely influenced by the impersonal and objective language adopted from the ‘new science’ rhetoric of Royal Society, which viewed the human body as a hydraulic mechanism, applying Newtonian principles to human physiology. But in the years approaching mid-century, ‘new science’ rhetoric was supplanted by a rhetoric of sensibility, based on a physiology that gave pre-eminence to the role of the nervous system in control of overall body functions. The rhetoric of sensibility encouraged patients’ narration of their case histories as experiential, not merely as a compendium of exact physical symptoms. The vocabulary and expression of medicine-by-post letters was in keeping with the cultural vogue that held ultra-refined feeling to be the mark of civilised society, but it also complemented a growing eighteenth-century acceptance of the idea of personal identity as experiential, distinct from identity based primarily on one’s societal role, social rank or religious affiliation. This new paradigm encouraged the idea of feeling, and of self-expression, subjectivity, and a metaphorical view of illness by the patient – of illness as a sign of moral habits. But even the new medical rhetoric of sensibility, though extroverted and dramatic (and frequently characterised by irritability and melancholy) was itself as predictable, even formulaic, as ‘new science’ rhetoric had been. And it was not until the final decades of the eighteenth century that the rhetoric of sensibility was joined to utilitarian purpose, derived largely from the Scottish Enlightenment, to produce a more varied, less self-conscious and individual patient voice. Thus, in the rhetoric of doctor–patient correspondence there is an ongoing dialectic between medical speculation and cultural beliefs.

At a period in medical history in which therapeutic success was highly unpredictable, and in which patients were indifferent to the institutional affiliations of the physician, a doctor’s professional stature with patients finally depended on his professional demeanour and skill in matching his rhetoric to prevailing social expectations – expectations derived, in turn, from prevailing medical theories. However, physician authority also was
greatly served through attention to whatever was the prevailing medical rhetoric. In the early decades of the eighteenth century, medicine’s emulation of the so-called ‘plain’ rhetorical style authorised by Bacon, Boyle, and the Royal Society, and the application of Newtonian principles to medical physiology, announced to the public that the medical profession was following in the footsteps of natural philosophy and was a branch of an unassailable empirical tradition. With the advent of a culture of sensibility, physician authority rested even more on the demonstration of exemplary moral character as manifested by a rhetoric which proclaimed the doctor to be a man able to combine a rigorous rational judgment with the utmost in compassion. In the eighteenth century, medical science and cultural refinements crisscross regularly.

The rhetorical paradigm shifts I describe in medicine-by-post letters are equally recognisable in the eighteenth-century novel (and other literary genres, even poetry) and contribute to our understanding of the role of illness as a measure of character in these texts (both physician and patient character), and of the precise metaphorical intention of the eighteenth-century authors in introducing medical matter into their work. Illness, doctors, doctor–patient encounters, and the patient’s response to injury and illness reflect both a personal and a societal self-image.

It is the changing metaphorical meaning of medicine and medical encounters in eighteenth-century literature (as discovered in the rhetoric of medicine-by-post) that I believe has been under-appreciated in literary criticism of the period. What Defoe and Fielding conceived of as the sick body differed vastly from Richardson’s conception of illness. And even though the literature of the latter half of the eighteenth century was dominated by the idea of sensibility, still the manifestations of disease experienced by persons of sensibility changed over time. Sensibility was represented quite differently in the works of Richardson, Sterne, or Smollett if one pays attention to medical details. In common for all these authors, however, the human body and the doctor–patient relationship presented ready microcosms of larger social ideals, and the tensions between the patient’s personal needs and the doctor’s professional will were played off regularly against the backdrop of those social ideals.

One area of literature that is, in particular, influenced by a more complete view of medical rhetoric in the eighteenth century is the way in which women’s bodies were represented. Jessie Van Sant has described the creation of the ‘idealised, feminised body’ in the culture of sensibility, a composition of ultra-fine microscopic nerves joined to literary metaphor to produce a being that verged on the immaterial. But the letters of women patients to their doctors, and the written responses of those doctors, reveal a view of women as having substantive bodies that experience physiological
distress in ways not so different from the experience of male patients. While the mid-to-late eighteenth-century woman was regarded by her society (in both medical and non-medical writings) as a being of heightened sensibility, and therefore more delicate and subject to certain ills such as hysteria, women patients wrote explicitly to their physicians about physical disorders (even of the most private kind) relatively unfettered by ideals of sensibility. Rather, the rhetoric of sensibility seems to have served an increasingly liberating role by encouraging the female patient to convey to the doctor the full drama of being sick. Persons of great sensibility were ‘entitled’ to intense feelings, that became inextricably linked to the narrative of being sick. Equally important, doctor consultation letters show that physicians did not dismiss the drama of illness but regarded the complaints of women patients seriously, without shying away from necessary regimens that were often inconvenient or even painful. The many letters from Dr George Cheyne to the Countess of Huntingdon, or between Dr William Cullen and his female patients, confirm that women were frank about their bodies and only conformed to the rhetoric of sensibility as it served their purpose: to express the urgency of their situation, or to describe specific medical conditions associated with nervous disorders that might be alleviated by specific remedies. The study of medicine-by-post, thus, enlarges our panorama in respect to the representation of women’s physicality in the eighteenth century.

Indeed, the larger representation of both male and female bodies in eighteenth-century fiction is given an extra vividness through the experience of medicine-by-post letters. Samuel Richardson’s understanding of ‘nervous sensibility’, formed by his friendship with Dr Cheyne, went hand in hand with a concept of illness as an opportunity for revealing individual moral integrity, for turning physical distress into metaphor, whereas men’s and women’s bodies in Defoe and Fielding – writers more influenced by the iatromechanical school of medicine – suffer very real bumps and bruises and physical decline as a function of daily life and serving, incidentally, as a commentary on societal ills. In the latter part of the century, influenced by the character of Scottish Enlightenment medicine, with its combination of refined sensibility and utilitarian philosophy, authors as different as Frances Burney and Tobias Smollett are similar in being able to conjoin the stark descriptions of pain and discomfort with the rhetoric of sensibility. As I describe in my conclusion, Frances Burney’s epistolary account of her mastectomy is a particularly rich example of vivid physical detail enveloped within a novel-like portrait of the fine sensibility of her doctors, friends, and family. Smollett celebrates his own incessant physical discomfort as the natural consequence of irritable nerves, enwrapping his very real physical miseries in a blanket of irascibility woven out of the fabric of
‘hypersensibility’, like Matthew Bramble, the fictional protagonist in Smollett’s *The Expedition of Humphrey Clinker* (1771).

*Medicine-by-Post*, therefore, is an interdisciplinary study intended both for readers whose main interest is the social history of medicine and readers of eighteenth-century literary criticism. The aim of this work is threefold: first, to contribute to a new and growing body of eighteenth-century medical historiography, that of medical correspondence, and to enlarge on that corner of medical history by the addition off an important corpus of doctor–patient letters and a close look at the rhetoric of that genre of letter writing; second, through rhetorical analysis, to discover the strategies of self representation by eighteenth-century healers; and third, to reinterpret the meaning of illness and the doctor–patient encounter in eighteenth-century literature in the light of actual medical experience as reflected in medical correspondence of the period. All of these purposes serve to enlarge and clarify our sense of the interplay between culture, medicine, and literature.

The structure of this study remains largely chronological. I chose this organisation for two reasons: first, such an approach is appropriate for an argument that describes changes in the doctor–patient relationship over time; second, from the medical–historical point of view, it is most useful to have the letters of a specific doctor grouped together to form a picture of that individual physician and his practice over specific decades of the eighteenth century. Chapter 1 describes some of those common themes of medicine-by-post that remained constant over the century and against which the changes in rhetoric can be measured. For this purpose I take examples from letters and the epistolary fiction of various canonical authors, but especially the correspondence of Samuel Johnson. The foundations of eighteenth-century medical ethics are also described in the first chapter; understanding the pre-eminence of physician character in any discussion of Enlightenment medical ethics explains the important role of medicine-by-post as a means for doctors to reveal their moral integrity and, at the same time, to define their expectations of patient behaviour in the doctor–patient collaboration. The subsequent three chapters focus on the correspondence of three physician practices from different decades of the century, each representing the predominant medical theory and rhetorical strategies of their time. Chapter 2 considers the influence of New Science rhetoric in doctor–patient correspondence in the early part of the century as evidenced in the private practice correspondence of James Jurin (1684–1750), physician, and secretary to the Royal Society from 1721–27. Jurin was a Newtonian and follower of iatromechanical medical theory. Chapter 3 re-examines, but in a new light, the previously published correspondence of Dr George Cheyne (1671–1743) to the Countess of Huntingdon over the period 1730–39, and to Samuel Richardson from 1733–43. Cheyne brilliantly popularised the