IMAGINED ILLNESSES: HYPOCHONDRIA, SENSIBILITY, AND THE LIMITS OF ENGLISH MASCULINITY AND THE MALE BODY

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“Everyone who is born holds dual citizenship, in the kingdom of the well and in the kingdom of the sick. Although we prefer to use only the good passport, sooner or later each of us is obliged, at least for a spell, to identify ourselves as citizens of that other place.”

-- Susan Sontag, Illness as Metaphor

I include this quote not simply to highlight the explicit and implicit dichotomy in our society of wellness and sickness, but rather, to use in particular her conceptualization of health and sickness as locations of presence and of being, rather than identifying nomenclature only. As she continues to speak of those who might be chronically ill, those who maintain an indefinite residence in this kingdom of the sick, and what it means for those individuals to be identified or to identify themselves as holding that “bad passport,” we ourselves might begin to think about how that “kingdom of the sick,” that imagined alternate locale, could offer critical opportunities for exploring illness in literature. If literature by nature creates an imagined other “kingdom” in which its characters reside, this paradigm of sickness/health suggests that illness in literature creates spheres of conceptual existence in which the imaginary residence of its characters is multiply fractured. Just as Sontag is interested in those metaphors of illness that concern those who eternally reside in that darker kingdom, rather than the bodies that experience illness as a natural part of life, a period which “sooner or later each of us is obliged” to tolerate, I am interested in those bodies that willingly choose that darker kingdom over its fairer sister nation. I am interested in bodies that imagine themselves ill.
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Imagining Illness

“Might it not be a poetic fiction? Why may not a poet suppose himself to have the gout [?]”

--James Boswell, *The Life of Samuel Johnson*

The history of illness in literature is positively enthralling. With the rise of the sentimental novel in the eighteenth century, bodies in health and in illness became subject to a new type of scrutiny. For the first time in the history of literature, the physical particularities of the characters were of crucial importance. Facial expressions or motions of the arms, minute displays of sorrow or sweeping expressions of joy: all of these became details that the novel necessarily presented to the reader. These bodies held particular significance, both as objects of fascination in and of themselves, and as signifiers of deeper social importance. Moreover, by centralizing a person in distress, emotionally, physically, or viscerally, the sentimental novel displayed not merely bodies, but bodies in excess. These superabundant bodies spilled over the boundaries of traditional narrative, and this excess became their most prominent characteristic. As Aileen Douglas observes, “[t]o a remarkable extent, characters in the eighteenth-century are their bodies.”¹ That is, sentimental fiction displays character through the body, and through those spillages. Thus, the particular treatment of the body in eighteenth-century fiction suggests a cultural interest in the physical body as representing and being capable of representing entire matrices of ideas, ideologies, and characteristics. By
extension, this pre-occupation with the corporeal demands that the body *must* represent something greater than itself; the body never stands empty of significance.

A system of significance ultimately depends upon legibility, yet not all novels present legible bodies. Bodies that might be consider illegible, or difficult to decipher, are those which bear unstable markers of difference; bodies that are in some way disabled. Felicity Nussbaum argues that disabled figures in literature often function as “corporeal [nodes] that tellingly [reveal] social and historical tensions.”¹ That is, the disabled body is the location within which social anxieties are precariously contained and threaten to spill over. Yet what of the characters who function not as peripheral characters, figures of ridicule or amusement, but rather, exist as central to the novel itself, or indeed, the very figure upon which the novel hinges? For certain novels that centralize the disabled character (or, novels which display “disability as character”³), these figures are a veritable mine of information about cultural anxieties, and about the authors who create them. The disabled character, precisely by being unstably embodied, offers new potential for embodiment, and thus, for character. In a period with a vast history of shifting socio-medical understandings of the body, the character in eighteenth-century fiction held a particular importance as a figure in this new genre that might be capable of exploring for men in particular their very selves.

What of those figures whose disabilities might be said to be acquired not through contagion or injury, but rather, through imagination? Disabilities or conditions that we might consider imagined are those which are generally today understood to be psycho-somatic, or springing from the mind, rather than external factors. And the
penultimate psycho-somatic condition that was at once so glamorous and so
emasculating in eighteenth-century England? Hypochondria. As Antonie Luyendijk-
Elshout declares, “[h]ypochondria [was] the disease of English civilization par
excellence in Europe during the seventeenth and eighteenth centuries.”
Part of a
broader family of diseases, referred to as the Hypochondriack Melancholy,
Hypochondriasis, or a Hysterick Disorder, Hypochondria was conceived of as a
distinctly English malady (and it in fact bore that name for quite some time). It was
thought to be a particular result of the isle’s singular climate, as well as the English
cultural temperament, making the condition both circumstantially and inherently tied to
the body. Believed by opposing factions to be at once a mark of superior sensibility and
an indication of effeminacy, hypochondria was more importantly a condition that was
invariably not without significance. Hypochondria, that condition with no traceable
origin, has a multiplicity of readable significations. What better condition for the
sentimental novel, then, a novel that demands signification in excess? This condition of
plenitude spilling over the body is rife with opportunities – a novelist’s dream!

The figure of the hypochondriac was far from unproblematic. As I will discuss
in more detail later, the hypochondriac disorders are particularly gendered in the
eighteenth century: hypochondria or hypochondriack melancholy are masculine
conditions, where hysteria and related disorders are feminine. Yet the delineations
between the two were far from stable, much as the gender of any disabled body is often
blurred. Markers of gender become part of that which is corrupted in illness and in
disability, and disability for men can often be feminizing. Disabled masculinity
generated much critical anxiety during an era that saw many extremes of masculine power and authority rise and fall. By the end of the century, cultural arguments for masculinity were attempting to find a balance between the Man of Sensibility and what I am calling the Man of Too Much Sensitivity; each of which figures existed as reactions to the rakish libertines of the early part of the century. Disabled masculinity, then, is that which fluctuates too far past the Man of Sensibility and veers quite dangerously into the territory of the overly sensitive, the acutely sensitized. The hypochondriac male body teeters on the age of appropriate sensibility, and itself embodies anxieties of appropriate masculinity.

My work in particular focuses on the productions of two novelists, Tobias Smollett and Laurence Sterne. Authors of some of the most memorably disastrous and cantankerous characters in eighteenth-century fiction, both Smollett and Sterne created work that centralized excessive and disabled bodies in unique ways. Their most infamous protagonists, Matthew Bramble of *Humphrey Clinker* and the eponymous *Tristram Shandy*, embody prototypical manifestations of hypochondria in complementary spheres: Bramble is the splenetic sort, and Shandy is the ineffable melancholic. Each representative of the two extremes of English masculinity under the influence of these distorting hypochondriac disorders, these figures function in an important relation to one another as an expression of frustrated embodiment.

Although there are numerous writings about disability, about hypochondria, and about the eighteenth-century cultures of medicine and the body, what is critically lacking is a specific examination of the ways in which hypochondria – that ultimate
imagined disability – represents a specific anxiety about masculinity. Roy Porter has meticulously and brilliantly traced a history of embodiment and of the connection between mind and body as it emerged from the very beginnings of Man’s thinking of himself. He also worked quite closely with ideas of madness, or mental and bodily instability in conjunction with one another. Through his work, theorists and scholars have been able to dissect more clearly the epistemologies and critical implications of the body in sickness and in health. Yet for all of this incredible work, Porter does not venture into theorizing in particular the male body as contextualized and articulated within those mental instabilities. Felicity Nussbaum, in her seminal work *The Limits of the Human*, delves more critically into the masculine body and what it means for that body to be disabled in the eighteenth century. However, she does not particularly touch upon mental disabilities, confining her remarks almost entirely to physically crippling ailments or conditions like deafness; bodies that bear corporeal or corporeally grounded markers of disability. Numerous others have also specifically theorized hypochondria in the eighteenth century, including Aileen Douglas and Fredrik Jonsson, both of whom explored hypochondria as generic anxieties about bodily excess. However, what I wish to put forth in this project is something of an intersection of many of these theories: a specific examination of disabled masculinity as particularly manifested in the hypochondriac, and the ways in which that hypochondriac body as emblematic of a particularly enduring paradigm of fractured masculinity has been expressed as a combination of two particular extremes – the splenetic and the melancholic. I would further argue that this frustrated masculinity necessarily requires this dual expression,
these two faces of the same diseased coin. These twin maladies moreover represented
the extension of certain peculiarities of Englishness that the eighteenth century
embraced and even promoted, thus clearly indicating the continuum of health and
disability that all bodies so fluidity existed upon.

Yes, hypochondria is fascinating as a condition that perhaps could only have
been born in the eighteenth-century, that fomenting of medicine, science, sociology, and
religion. Hypochondria is physical, hypochondria is mental, but more than that,
hypochondria is cultural. Hypochondria is a cultural condition that alone is best
indicative of English anxieties about masculinity, and the work of Tobias Smollett and
Laurence Sterne are the literary representations that best illustrate these extremes.

Perhaps it is best to first review this history of embodiment, if you will, the
legacy of the mind and body that gave rise to this most notorious of imagined illnesses,
and to its famous representatives, Mssrs. Bramble and Shandy. The Enlightenment was
a period of shifting intellectual and cultural assertions. The heyday of philosophy,
mathematics, medicine, literature, and history, the Enlightenment offered its
intellectuals an unparalleled opportunity to examine the human condition; a condition
that necessarily entailed the body. This directive to “know the world” depended upon
the understanding that “to know the world it was vital first to know the knower; to look
within man was to grasp his faculties, dispositions, and potentialities; but the latter
could not be accomplished without first inquiring into the boundaries of the body, the
status of consciousness, and the interplay between the two.”⁵ Thus, the body and mind
of the eighteenth-century man were intertwined over a decade of intellectual maneuvering.
The Eighteenth Century Mind and Body

“A man’s body and his mind, with the utmost reference to both I speak it, are exactly like a jerkin, and a jerkin’s lining; rumple one – you rumple the other.”

-- Laurence Sterne, *Tristram Shandy*

“There is no part of the human body more interesting than the nerve...Life and indeed the entire harmony of the body as a machine depend on the nerves. From them come sensations and pleasures, thoughts and ideas; they constitute, briefly, the center of the whole human structure.”

-- Marquis de Sade, *Justine*

Hypochondria and its related family of diseases all depend on one particular bodily tenet: the mutually affectative relationship between the mind and body of the patient. That is, a disease of the mind in a literal sense can only exist if the mind can be said to affect the body and make manifest the conditions that it imagines. However, the connection between mind and body was far from stable in the eighteenth century. In order to best present the subtleties of the multiply imbricated mind and body in the works of Smollett and Sterne it is necessary to provide a (brief) history of embodiment in the Long Eighteenth Century. Beginning with Galenic humoral theory and ending in proto-contemporary neurological theory, the biomedical saga of the period is the long story of some of the greatest medical and scientific advances in the history of modern medicine. The philosophical arc (which is itself proto-psychological) is equally vast and complex, and it is only through tracing the intersections and divergences of both that we can arrive at a thorough understanding of the connections between mind and body, and indeed, man and soul, in the eighteenth century.
Roy Porter writes quite movingly, “…the most powerful, yet profoundly ambiguous, toehold for a mode of materialism within traditional European thought had been the discourse of medicine – a discourse as vast as it was diverse.” Indeed, the history of medicine is inestimable in its importance to the history of literature, for indeed, the novel as a genre is indubitably dependent upon the body, and it is this body that modern medicine offered up for examination to doctors and novelists alike. So first, let us re-trace the medical developments of the late seventeenth and eighteenth centuries that brought us to this interconnected state of being, this marriage of the mind and body that remained so important to Smollett and Sterne. In one of his more reflective moods, Matthew Bramble himself articulates the relationship nerves had with the body. He observes, “I find my spirits and my health affect each other reciprocally – that is to say, every thing that discomposes my mind, produces a correspondence disorder in my body; and my bodily complaints are remarkably mitigated by those considerations that dissipate the clouds of my mental chagrin.” Just as the mind and body can make one another ail, so, too, can they heal one another.

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To begin at the beginning, as it were, we must go further back in time to the century prior to the one in question. The dominant medical paradigm of the seventeenth century was humoral theory as proposed by Hippocrates and promulgated by Galen. The Galenic model depended upon four central bodily fluids or humors – black bile, yellow bile, blood, and phlegm – each of which corresponded to a particular
temperament, element, and season. For example, blood corresponded to the air, to sanguine temperaments, and to the spring. These associations themselves often served as useful cultural markers, as well as important clues for more faddish medical practices like pathogamy. Generally speaking, however, diagnostic discussions explored the connection between the viscosity and appropriate balance of the humors and the general health of the body. Each of the humors needed to be in the appropriate balance, concentration, and location in order for the body to function properly. For example, blood, being one of the primary humors, was often made stagnant by overeating or overindulgence (consequently an imbalance of blood or the sanguine humors was often attributed to gout – and blood-letting became a common treatment). In the paradigm of humoral theory, then, sickness was an overabundance or lack of the body.

Disorders like hypochondria were specifically associated with the black bile, said to originate in the spleen. The black bile corresponded with the earth, with the viscera, and with a temperament at once melancholy and irritable. (Here we note that our dear protagonists, Matthew Bramble and Tristram Shandy, themselves embody this visceral, messy, irritable and melancholic persona – more to come on this!) Thus, the splenetic personality is very deeply tied with the humoral associations of this organ itself, the organ with the most prolific and colorful history. Representative of an entire network of significations, the spleen was co-opted and parodied in everything from literature to poetry, and from periodicals to plays. The “splenetic don” was a figure of renown and notoriety, and the term today still carries the same connotations of irascibility and chronic dissatisfaction. Notably, splenetic disorders retained throughout
their varied histories the biomedical symptoms and manifestations first associated with the digestive disorders from which the condition originally evolved, and it is this continuity of symptoms that contributed most substantially to its legibility in fiction.

Perhaps it is fitting that one of the leading researchers in hypochondria and the related “bilious disorders” was best known as a social philosopher. Along with the notorious George Cheyne, Bernard Mandeville wrote some of the leading treatises on this condition. In his *Treatise of the Hypochondriack and Hysterick Diseases in Three Dialogues*, he discussed the leading assumptions about the causes and implications of these conditions, for the most part echoing the humoral theory. Mandeville explains that “the Word Spleen in its figurative Sense is made use of to express Passion, Malice, Rancour, and a perversely satirical Temple, rather than Sharpness or Sagacity: What Splenetick People are counted to be I won’t dispute; but the Epithetic it self, which is ever taken (a) *in malam partem*, is given to no Body because he is Witty or Ingenious; but for being Touchy, Waspish, and Unsociable, always denoting a Vice, and not a Virtue of the Mind.”

Unlike his contemporary George Cheyne, Mandeville dismissed the idea that hypochondria was a mark of extraordinary intelligence, and rather, attributed the condition to characters just like our dear Matthew Bramble, who were “touchy, waspish, and unsociable.”

Why would an eighteenth-century public so enjoy a medical condition with interminable duration, untraceable symptoms, and no cure in sight? Something of an ambiguous category, “hypochondria” was tactically employed just as we might use the idea of “allergies” now: a broad category capable of encompassing a vast spectrum of
conditions and symptoms, many of which are of uncertain etiology. Many have argued that these disorders reflected a superior mind (from a “Man of Sense”), which necessarily originated from a superior class. Just think of James Boswell, the consummate melancholic who so delighted in imaging himself affected with a disease of the upper class, a disease that was itself a marker of gentility, intelligence, and refinement. Ultimately, however, the persistence of these theories of hypochondria as a marker of gentility indicates two very important things about English society at this period: it indicates both the continual anxiety around marking the male body as disabled (for a disease of gentility was less of an emasculating disease), and reaffirms my earlier suspicions that the true cultural meaning of the hypochondriac is to be found in literary fiction, rather than in medical pamphlets – for it is in fiction that a culture both portrays itself as it wishes to be seen and exposes itself for that which it truly is.

However, medicine in the eighteenth century was marked by a progression away from this medieval model. A bodily paradigm that centralized a nervous system inspired ideas of bodily circulation as a process of orderly, patterned movement, rather than arbitrary churning or sloshing of humors. Moreover, and more importantly from a literary perspective, from this paradigm emerged the language of nerve theory, and with it, the imagined possibilities of a body operating with a nervous system. Smollett uses this language of a circulatory system when he explicated the socio-cultural significance of London: Matthew Bramble observes, that “there is continual circulation [of goods, money, and people], like that of the blood in the human body, and England is the heart, to which all the streams which it distributes are refunded and returned.”

Circulation in
both literal and metaphorical terms became a critical concept for English society. Circulation meant growth, newness, expansion, and wealth. However, circulation pragmatically also contained the possibility of contagion, and of course, the terror of stagnation.

While far from as sophisticated or as detailed as contemporary conceptions of the human nervous system, this first manifestation of the model still included ideas of signal transfer and communication on a minute level, wherein tiny changes or shifts might set in motion a series of reactions or universal shifts in the body as a whole. The nervous system could affect both mood and health; the twin diseases of hysteria and hypochondria were more fully articulated as nervous diseases, and began to be conceived of to some extent as capable of being “caught” through the workings of that nervous system – diseases capable of being imagined. Not only the beginnings of psychology, but also the groundwork for an entire psycho-perceptual scheme of gender, the nervous model of the body offered new possibilities of embodiment, and the language with which to articulate those possibilities.

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Early thinking about the mind and its connection to the body evolved from Platonic ideals – an understanding of the mind as accessing only representations of reality, and the flesh as inferior, corruptible, and mortal. That is, mind and the immaterial were superior and were to be valued higher precisely because they were perceived to be immutable or not subject to decay. Through the Renaissance and Early
Modern period the body and its flesh continued to be a source of discomfort, because the corporeal body was from a theological perspective the representation of all that threatened the eternity and sanctity of faith: the embodiment, if you will, of fallibility. By the eighteenth century, however, the stranglehold of theological authority had begun to loosen from the institutions of philosophy and medicine as a whole. Medical procedures such as autopsy or human dissection (procedures which themselves offered new insight into the workings of the human body, and indeed, represented a resurgence in a cultural desire to examine that body) were being practiced for the first time in centuries, and an epistemology outside of the religious was beginning to emerge.

Although no absolute origin of the concept of a discrete mind is traceable or even critically useful, it is productive to note that Descartes was the philosopher who first posited some of the most valuable assertions about the human mind. For the first time, the concept of duality was introduced in man’s way of thinking of himself; the mind and body could be understood as two separate, yet equally important, entities, each possessing different properties, potentialities, and weaknesses. This was also importantly the first prominent theory to dismiss the religious or spiritual implication of a mind; the Cartesian soul needed no deity. However, theories of bodily and character analysis like pathogamy (and even humoral theory) that depended upon the examination of the body as a point of access into the mind and personality of the individual within found their position challenged by this mechanical paradigm. From an opposing perspective, John Locke’s work in the late seventeenth century, in particular, his *Essay on Human Understanding*, first forwarded the notion of the self as dependent upon
sensations and feelings for its development. While similar to the Cartesian blank slate in that the mind at birth was open to learning, the Lockean model emphasized in particular the impact of external and internal stimuli. Roy Porter asserts that “in associating identify with consciousness – man is essentially his memory – Locke advanced a doctrine rather congenial to progressive aspirations and sensibilities,” precisely because memory (or what has been experienced and learned) could make men better. In short, experience could improve the mind; a founding principle of Enlightenment aspirations. Locke’s contributions to philosophy also hold particular importance to the patient of psychology. Where insanity had once been understood as a humoral imbalance, Locke argued that it was “essentially a question of intellectual delusion, a capture of the mind by false ideas concantenated into a logical system of unreality.” Such instabilities, then, were not biological as much as they were mental; the root of understanding a disease or condition to be imaginary. One cannot imagine a body to be ill if one does not first conceive of the imagination as capable of producing such effects. Both Smollett and Sterne’s conception of the mind/body imbrications are decidedly Lockean in heritage: one only has to read the first few pages of *Tristram Shandy* to deduce that Sterne himself advanced (in his literary world) the argument that a man’s life even from birth was irrevocably shaped by the sensations and emotions surrounding him.

From a confluence of these particular theories of mind and bodily relations emerged a concept of sensibility, that trait of masculinity that the Earl of Shaftesbury so valued, and that Sterne so parodied. What started as an early conceptualization of the
relationship between emotions and the body (and the moral or ethical implications the exercise of this relationship might hold) morphed into something far greater. G. Barker Benfield argued that this cultural fad of sensibility became a universal paradigm for reading and understanding the body; the sensitive man became the model for the “good” characters in sentimental novels, as well as those figures whose goodness often blinded them to the more practical matters of day to day life. Think of Fielding’s dear Squire Allworthy, whose name alone proclaims his suitability as the Man of Sensibility. Allworthy embodies the ideal of masculinity that balanced itself between masculine authority and strength (which inherently always contained the threat of violent excess) and effeminate sensitivity (which was differently threatening in its potential for absence or excess). Sensibility, however, was more than a tool for understanding a particular pattern of speech or self-fashioning in fictional worlds; it rendered bodies legible by bringing them into a system of signification that emphasized the visceral and emotional markers as corollaries to intellectual ones.

The creator and foremost proponent of the concept of the Man of Sensibility, the Earl of Shaftesbury, imagined the ideal man as the exact opposite of the Restoration Rake. A man of refined sensibilities might luxuriate amongst the finer things in life while expressing with sincerest sentiment how enjoyable things like good food, good wine, and good company could be to a man who was “cultured” enough to enjoy them. Barker-Benfield reminds us that the “members” of the Cult of Sensibility enjoyed their lifestyle because it often allowed them to “concentrate on their own emotional pleasures and pains in their vaunted distinction from the world.” It is perhaps unsurprising.
then, that both explicators and sufferers of psychosomatic maladies like hypochondria were of an elevated social class; refinement, gentility, and sensibility were socio-economic markers. While this schema of bodily quality and sensibility as tied to class was not a new system of relations with regards to health, it does importantly speak to the functioning of conditions like hypochondria inasmuch as it becomes clear that the ability for the mind to affect the body (and so imagine these illnesses) was dictated and limited by class.13

Both abstractly and concretely, masculinity hung in the balance between two extremes. Many saw the emphasis on refinement and luxury as itself effeminizing, as well as economically and religiously inadvisable. Moreover, indulgence itself generated poor health, making the indulgence of sensibility for the purposes of a better lifestyle a self-defeating tactic. An excess of emotion could easily overwhelm the boundaries of appropriate sensation, and the sensible might slip all too quickly into the effeminate category of the overly-sensitive. Both Smollett and Sterne position their characters on this precipice, and often delight in exploring the potentialities of this liminal space between masculinity and effeminacy. It is in fact through negotiation with this border space that the protagonists in each novel are positioned within their cultures and, ultimately, how the threat represented by their bodies was contained. And this dance of anxieties about the psychical state of the body is precisely where the imagined disability of hypochondria comes into play.
Sickness is often perceived as a weakness, as a mark of ruptured bodily and/or mental integrity. With its roots in the complex history of religious causality and accountability to an abstract outside force, illness has also been conceived of as the result of an error, or a failing. Outside of a clearly articulated religious position, that failing is often a lack of bodily integrity or strength. For male patients in particular, illness is in many ways the worst possible fate – a far cry from an injury earned in war, or even one gained under other manly circumstances (to be period-appropriate, such as a hunting accident). Note even the language with which we speak of injury both in the eighteenth century and today: we say one has “earned,” or “gained” these marks – injuries in their own way function as badges of courage. Illness, however, is another story. Illness confines a man to bed, requires that he be brought his food and drink, and in many cases, prevents him from taking care of even the most personal of bodily functions himself. A man “falls” ill, or “succumbs” to illness: clear linguistic markers of defeat. An illness of contagion epistemologically represents fragility, a weakness, a
hole or flaw in the constitution that has allowed a microscopic invader to enter. The subsequent replication and expansion of those microbes or viral strains is the colonization of the invaded body, the usurpation of control from its formerly masculine owner. Yet diseases can sometimes be cured, these invaders themselves overthrown, the battles won, and masculinity rightfully restored with this healing appropriately articulated as a victory. But what of the incurable diseases, the intangible ones?

To be specific, let us consider sickness that springs from within, rather than from without. There is something clearly horrific about the idea of a disease that breeds within the body. Not born of any contagion or viral strain, the disease of hypochondria as it was understood as such was a disease of the body attacking itself: the causal implications of this disease make its onset fictively not unlike cancer (despite the discrepancy in corporeal manifestations, and indeed, prognosis). However, the linguistic markers are unique from any other illness we have encountered thus far. One does not “fall prey” to hypochondria, nor does one “earn it,” or “catch it,” even. There is no battle, no activity, no masculine exertion, however ultimately futile. One merely “is” a hypochondriac. One is “diagnosed” as a hypochondriac, by which we mean one has been revealed to be such – the condition has been discovered. Much like contemporary paradigms of mental illness, suffering from hypochondria becomes a marker of identity, rather than a temporary categorical alignment. It is thus an epithet that is automatically disabling – the body is forever marred by this condition. A man is identified as a hypochondriac, picked out, and marked with this stigmatic sign. Small
wonder that Samuel Richardson was so eager to believe Cheyne’s assertions that the
disease was a mark of gentility!

Yet, if we are to conceptualize hypochondria as an illness that has to some
extent been imagined, then we must even conceptualize diagnosis differently. The
hypochondriac body is at one point diagnosed or identified as such. However, that body
is one that in turn will diagnose itself with various ailments and ills. So, the
hypochondriac body is one that also diagnoses itself, but is one that diagnoses
incorrectly in that it falsely assumes causality. These imbricated diagnoses function
discursively to render the body subject to both over-determination (in that it becomes
mapped with numerous fictitious conditions) and profound ambiguity (in that these
conditions themselves make manifest corporeal symptoms). If hypochondria is a
malady with no tangible cause, but a multitude of tangible symptoms and effects, then
we come to understand that the root of hypochondria is a conceptual one. The
connection between the condition of hypochondria and the body (as represented by the
spleen) is both imagined and enacted. The spleen, as the historically suggested location
of particular digestive disorders, had become in the eighteenth century the theoretical
locus for this free-floating matrix of symptoms and their significations. Any corporeal
causality that was a vestige of medieval digestive diagnosis was subsumed into this new
paradigm of a “catch-all” organ. Moreover, particular symptoms that had not been
previously tied to the spleen or the digestive systems were subsequently associated with
the condition, thus elevating its power and range. On a cultural level, the idea of
hypochondria encompassed an entire group of unknowable, untraceable conditions and linked them to this organ of mysterious function, the spleen. On an individual level, hypochondria became the name one gave to any number of particular ailments, conditions, or even sensations that might be otherwise un-diagnosable. As a disease with no pattern of prognosis, hypochondria could essentially encompass any and all symptoms: it became thus the malady *par excellence*. The condition was figured as both culturally and individually imagined, and it is through this multiple determination that certain standards of significations became associated with this condition.

The hypochondriac body was eternally marked as a weak body (although how and in what manner that weakness manifests itself varies greatly, as I hope will become evident by the conclusion of this paper, and indeed, has perhaps begun to be suspected already), and as a patient body. Hypochondria and its socio-medical milieu might be argued as the clear predecessor to the nineteenth century cult(ure) of invalidism, that widespread fascination with the ailing, the just on the edge of dying, and the lingering. However, hypochondria is a disease in which there is no threat of death or wasting away: is a lingering disease only in that it is persistent. It ebbs and recedes, or acts up and advances, but it always endures. There is no cure, despite the proliferation of miracle tonics and treatments marketed by quack and collegiate-trained physician alike – however, it might be argued that just as the literary trope of hypochondria and its star player, the hypochondriac, proved invaluable to this culture for multiple reasons, the enduring relationship between doctor and patient across the bed of this incurable disease
also had its broader value outside of sheer bio-medical efficacy.\textsuperscript{14} Hypochondria, in fact, endures as the most mutable and flexible of all diseases; some symptoms may never be made physically manifest, and a hypochondriac might be identified only through his suspicious anemia and his melancholic tone of conversation or correspondence. We do not need to identify the James Boswells of the world, erupting into fits of rage, self-indulgence, and then depression, or even the Matthew Brambles of the world, the sputtering, splenetic body that slowly cracks but never crumbles altogether. The hypochondriac body is concealable, although problematically so (which perhaps hints at its usefulness). Even Matthew Bramble was “spleenetic only with his familiars” and had a sense of humor that no one would suspect belonged to a hypochondriac. However, it is critical to remember that while hypochondria was not intrinsically fatal, the threat it presented as a disintegrator of the body made its socio-conceptual prognosis a troubling one. Thus, we must ask the question of its conceptual function in society. Indeed, much like the eternally over-signified AIDS, hypochondria itself is not fatal, but the conditions and weakness it renders the body susceptible to might be. Fictionally speaking, neither Matthew Bramble nor Tristram Shandy are in any danger of dying from hypochondria; it is rather the complications of its emasculating prognosis that threaten to destroy the body.

Then, what value is this eternal invalid, ill yet often functioning in a variety of capacities mimicking health (the hypochondriac was rarely bed-ridden – such was a privilege reserved for the hysterics), the psychologically and culturally marked yet
externally unmarked body? A hypochondriac body in a sense almost masquerades as a healthy body – and it is this deception that is most critically curious. A body that can masquerade as healthy, illness that can essentially perform as health, offers a culture its flexibility as a way of expressing anxiety. We are anxious about that which is to some degree unknown, something that is uncertain, undecided, or unclear. An apparent threat or looming disaster carries different implications; anxiety refers more specifically to something less tangible. Thus, we often use the phrase “cultural anxiety” to express a broad sort of apprehension of social fluctuations, be they class movements, political ones, or even racial ones. So the hypochondriac body, then, represents and encompasses an anxiety about something – but what?

Hypochondria takes on multiple layers of meaning in all cultural contexts. How rife with significance and signification the hypochondriac body is! On the most basic level, the body is reading itself, an act which requires the legibility of the body that is being read. For disabled bodies, legibility is complicated by the unstable markers that litter their image and conceptualization: disability can be both a transient and an interminable category, but it can also shift location. For example, while we might read a gouty (i.e., arthritic) leg as disabling in the early modern context, arthritis is usually considered a nuisance in contemporary times. That which qualifies as “disabling” shifts through time, space, culture, and individual bodies. Any given text has both culturally contingent and discursively restricted markers of disability, and they are not always legible to an outside audience. Yet, that arthritic leg remains a stably located disability
– hypochondria, on the other hand, continues to be elusive (unless, perhaps, your gout has not quite gotten that far as of yet\textsuperscript{15}). Shifting over time from the stomach, to the spleen, to the mind itself, the disabled location of hypochondria was unstable, as were its fluctuating manifestations. Whether it be a phantom gout, a temperamental stomach, or high-strung nerves, symptoms of hypochondria often became evident at different periods under particular circumstances (and in the case of Matthew Bramble, under tactically useful circumstances), in particular bodies, and at particular moments in time. Fortunately for us, hypochondria was a disease so popular, so ubiquitous, and yet so diversely manifest that there are a number of diagnostic tools by which we might read an eighteenth-century literary body as suffering from this particular condition. The socio-medical “fad” of hypochondria in the eighteenth-century has been attributed to everything from a diet overly rich with the fruits of imperial wealth to the eruption of cultural anxieties with over-consumption. Its emergence as a literary fixture has been fingered as both a culmination of new developments in neuroscience and an indication of an inextricable fascination with fashionable maladies that would later flourish in the nineteenth century. I wish to posit, however, that the true value of hypochondria as both a cultural malady and physical condition lies in its potential to explicate anxieties specifically about English masculinity.

Hypochondria is inherently a condition that refracts stable masculinity, and disrupts the integrity of the male body. If disability is inextricable from the gender of the body that is disabled, then we cannot fail to take into account subtleties of
interpretation that depend on particular codes or markers of gender. If we agree that “gender-coding relies for its legibility on coherence and predictability,” then it is simple enough to note that this orderly legibility is in distinct contrast to this “display of effeminacy which sometimes highlights and incongruity between anatomy and other indicators of identity,” such as disability.\(^{16}\) Simply put, disability problematizes and undermines the legibility of gender. Hypochondria, as the disability \textit{du jour}, blurs the legibility of gender in multiple ways. The hypochondriacal man is first ill, a poor indication of robustness and true Englishness of the Beefeater sort. He is further impotent and rendered no longer virile, perhaps the worst and greatest strike against a culture’s conception of a particular gender. He is finally, and worst of all, not possessed of all of his faculties; unable to correctly diagnose his own illnesses – the literary hypochondriac with whom we are concerning ourselves cannot correctly read his own body.

Anxieties about diet and consumption and their relation to masculinity lie in the conflation of the Earl of Shaftsbury’s Man of Sensibility, who displayed his manly sensitive side through enjoyment of the finer things in life, and George Cheyne’s corpulent patient, upon whom all the ills of the digestive system could imagine have fallen because of his overindulgence in the finer things. Masculinity was not strictly about health, but it was about a balance between excess and moderation. Before we err too closely on the side of the more conservative religious sects, please let it be noted that we are in no way edging towards a discussion of Methodism. English masculinity
was delineated as far from those frothing spectacles of lower-class preachers (think only of the notorious Humphrey Clinker himself, quite an anemic figure with a few women and servants as his devoted disciples at his court in the hallway of a public bathhouse). English masculinity was still at all costs to be a reflection of the wealth, historical fortitude, and good-breeding that England conceived herself to be representative of. A true man was to be robust, and well fed (for rotundity in those times was a mark of privilege and wealth; only the consumptive and emaciated French or peasants were so unfashionably thin in this century), yet of a deportment not unsuitable for exercising himself in gentlemanly pursuits such as hunting. Masculinity was thus marked by a healthy weight: something that literary hypochondriacs of all colors (including our dear Matthew Bramble and Tristram Shandy) struggled with. Whether this association of hypochondria with poor body weight is a lingering affiliation with hypochondria as located in the spleen or the stomach, or simply a logical correlation between an ill character and a sickly body, the underweight man was no man at all.

Moreover, while masculinity need no longer be marked by virility as evidenced by a past littered with sexual conquests (willing or otherwise), the libertine ideal of masculine sexual power still lingered. That is, the marker of a man is indeed his phallus, or proof of its proper functioning. The late eighteenth century offered progeny in place of despoiled damsels as proof of this virility: a proof that innumerable texts articulate an anxiety about providing. Matthew Bramble was only absolved at the end of the novel (although what an offspring he did produce!) and Tristram Shandy is
decidedly un-able on that account and thus dis-abled. There was moreover an anxiety about reproductivity as a process around the invalid body: medical comprehension of inheritable versus communicable diseases was spotty at best, and even today doctors cannot predict with certainty what psychological conditions will prove to be inheritable. There was certainly, however, a fear of inheritability, a fear that hypochondria and all of its weaknesses and flaws and effeminacies would be inherited, much like hysteria and insanity in females was articulated more clearly as a product of biological inheritance. As Lady Mary Wortley Montagu remarked, “[m]adness is as much a corporeal distemper as the gout or asthma.”

A body in sickness demands diagnosis, which itself requires legibility. While the disabled body is necessarily read as composed of unstable markers of identity, it is the flexibility of those markers that make the body legible – one can essentially impose meaning. It is moreover that flexibility which makes the hypochondriac body so critically useful: not confined to a particular interpretation or even form, the hypochondriac body was a body in flux, both physically and epistemologically. However, the eighteenth century offered up two distinct paradigms of hypochondriacal masculinity, which themselves represented two extremes of the disabled spectrum: the splenetic hypochondriac (our dear Matthew Bramble), and the melancholic (Tristram Shandy et al.). Indeed, the authors themselves, each suffering from conditions similar to that of their protagonists (and certainly Humphrey Clinker is decidedly autobiographical) have been culturally and critically conflated with these two extremes.
of hypochondriacal masculinity. Referring to the fictional alter egos of Smollett and Sterne, Carol Houlihan Flynn configures the relationship of these two diverse paradigms as clearly two halves of a whole. She writes, “usually regarded as formidable opposites, the splenetic Dr. Smelfungus provoking sentimental Yorick into postures of sweet benevolence, they both address the same problem, the dilemma of the spirit being contained by matter that will inevitably betray. Their narrative strategies are designed to frustrate the logical end of their discourse, fictional closure that represents physical death.” This statement also importantly hints at the pairing that Sterne and Smollett often made in critical consideration: themselves a pair of literary malcontents, their personal lives and work often intersect with one another. Thus, the melancholic Yorick (Sterne’s literary personification of himself) and the irascible Smelfungus (his parody of Smollett) were often conceived of together in popular culture; making this dual consideration of their work all the more fitting.

And so, on with the show! First, let us visit the splenetic.
The Splenetic Don: Humphrey Clinker’s Matthew Bramble

“The learned SMELFUNGS travell’d from Boulogne to Paris –from Paris to Rome – and so on—but he set out with the spleen and jaundice, and every object he pass’d by was discoulored or distorted.”

--Laurence Sterne, A Sentimental Journey.

The first of our dark twins of benighted English masculinity is the hypochondriac of a splenetic bent, or in later vernacular, simply a figure said to be splenetic. As the term suggests, a splenetic figure was one with an excess of bilious spirits (both physically and metaphorically speaking), or one who was prone to outbursts of frustration, ire, or even rage. Just the biological spleen can rupture, so, too, can the metaphoric spleen erupt – exploding itself out, making visible the visceral internalities of the hypochondriac body, making known that which was intended to remain concealed. The splenetic was moreover inherently a caricature – a twisted mockery of masculinity, this disabled body is a grotesque figure. Where the hypochondriacal body can masquerade as healthy, the eruption of this spleen often betrays the pretense. The critical location of this fiery figure, this erupting masculinity, is in opposition to, yet a balancing counterpart of, the melancholic, a figure which itself represents implosion. Together, these disabled masculinities reflect the complex anxieties over English masculinity in a period of cultural, sexual, social, biological, and political transition. For Tobias Smollett, the fictional depiction of this figure (although undeniably quasi-autobiographical, given that the author himself was a man of “bad health, weak nerves, and irregular spirits”\(^2\)) was an opportunity to explore entire matrices of extroverted social anxieties, as written through a body that itself was a locus
of anxiety. Ultimately, Smollett presents his own particular method of ameliorating the threat this unstable body possesses – by “curing” his fictional progeny of this condition through Smollett’s own narrative of socio-political and economic commentary.

This body is particularly significant for Smollett (and perhaps, could have existed in this form only in his work) because of the ways in which the weaknesses and disabilities of the splenetic figure intersect with his own history and personality. He was himself a notorious grump: eternally embroiled in personal squabbles with the editors of competing magazines or some of his novelist contemporaries, his irascible temper often escalated petty editorial asides into full-blown wars. His *Travels through France and Italy*, an account of his voyages (themselves undertaken with the express purpose of restoring or at least forestalling his perpetually ailing health) that was intended to be a no-holds-barred account of tourism on the Continent was perceived instead as an account of unmediated complaints. And perhaps most infamously, Laurence Sterne’s enduring parody of Smollett as Smelfungus emerged out of a chance meeting with the fellow novelist in Florence while he was on the afore-mentioned trip. In combination with a notorious temperament, Smollett was also in ill-health for much of his life and ultimately died of consumption at a relatively young age. He personally attributed his ill health to the sedentary lifestyle he had been obliged to pursue because of his financial obligations as a writer, a correlative diagnosis that was quite common in the period (evocative itself of early humoral theory). Indeed, this need for movement as both a search for and itself a contribution to health was something expressed in much
“sick lit” of the period – including *Tristram Shandy*, although we will see that this functions very differently in that text. For these reasons, many have read (as I do) *Humphrey Clinker* as a quasi-autobiographical work. This reading, however, does not detract from the value of the work as an important cultural depiction of unstable masculine embodiment. As a doctor and indeed an author of five other novels, all of Smollett’s work centralizes the body in all of its weakness, fragilities, and explosive possibilities.

Although there was no explicit theory that biologically prohibited women from being classified as “splenetic” (for in the original humoral model the female body did indeed possess the same bilious substance) the term was used exclusively to refer to men—and in particular, older men. The age of the splenetic figure is a curious qualification, for given that we know hypochondria to be non-communicable, that is, either hereditary or self-produced, literary and cultural phenomena seem to suggest that the disease has particular period of onset in a man’s life. Much like that eternally signifying disease of cancer, hypochondria breeds within the body, ready to erupt at a certain unknowable signal. Yet we can rationally assume that literarily speaking, hypochondria as a disease endangering masculinity requires that its subjects (I hesitate to say victims) be of an age where masculinity is perhaps most valued. Not the youth, in whom “masculinity” was more likely to be expressed in headstrong temperaments, passionate flushes of desire, and rash behavior: it is rather the English country gentleman, the patriarch, that paragon of English masculinity, whose bodily and
psychological integrity is most critical for the preservation of cultural gender norms. A body that ought to preserve and protect his property, his family, and those other individuals for whom he is responsible, cannot do so at the onslaught of a disease from within. The ailing patriarch can only unstably care for others, as we see in the case of Matthew Bramble. His estate is mismanaged and cheated by his termagant sister, his niece Liddy is involved in an illicit (if innocuous) love affair and his nephew Jery jumps in and out of bawdy nights and impetuous duels.

It is important to qualify that the splenetic man is never righteously aggravated; the accusation of an instigating offense is unfounded, or if the cause is just, the degree of reaction is excessive. Thus, splenetic behavior is a behavior of excess and of spillage, both in origin and in production. It is also important to note that we see a condition of personality, emotion, or mental state linguistically marked by biological inheritance: the biological condition of the spleen in the first half of the century has been replaced by the splenetic character in the second half of the century. Conceptually speaking, splenetic behavior is an excess of masculine qualities. Quick to anger, slow to cool, and prone to outbursts of violence or physical display, the splenetic’s behavior is also masculinity being performed by a child who has misunderstood concepts of restraint and measured response. Thus, these outbursts are also themselves feminized by being infantilized, reduced to the level of a tantrum or fit. In *Humphrey Clinker* in particular, we see high nerves and agitated spirits as linguistic tropes that mark both Matthew Bramble and the various flighty women of his entourage. Smollett (in the voice of Jery)
suggests of Matthew that “his peevishness arises partly from bodily pain, and partly from a natural excess of mental sensibility; for… the mind as well as the body, is in some cases endued with a morbid excess of sensation.” It is thus this “morbid excess of sensation” that marks the hypochondriac, body and mind, as unstable.

However, hypochondria here is a condition that does not fit within traditional configurations of masculine disability. Felicity Nussbaum articulates the conventional conception as she explains, “a defective man was often taken to be a mere imitation of femininity since defect bears a linguistic and cultural equivalency to womanhood. In this construction, substance signals masculinity while lack signifies femaleness.” In a general, by which I mean a (pre) modern, paradigm of gender configurations, a male body is one that is by birth endowed with male reproductive organs. In the eighteenth century, masculinity was dependent upon the proper functioning of those organs and the clear execution of the personality traits and behaviors both literally and conceptually associated with the functional phallus. An effeminate or emasculated body is one that lives in a fashion in closer alignment with expected female behaviors (either sexually and/or performatively). If we understand masculine configuration to be one of presence (of the phallus) and the female configuration to be one of absence (the lack of said organ), then defective masculinity needs to be understood as closer to female gender configuration in that it does not posses or differently possessing said identifying organ. Where Nussbaum is marking disabled masculine bodies (she speaks specifically of physical disabilities) as lacking, we are aware that this configuration does not explicitly apply to the disability of hypochondria: hypochondria is a condition that imbes the
body that “morbid excess.” The eruptions and fits of the hypochondriacal body are, in fact, clearly legible markers of disabled masculinity. Perhaps by marking splenetic hypochondria as intrinsically a disability of excess, we can get close to understanding the ways in which this condition presented a unique threat to masculinity in the eighteenth century. We then conceptualize hypochondria as capable of creating a body so complex in gender signification as to exude disability in a new and dangerous way. Moreover, it is critical to note the correlative locations of the spleen and the womb in male and female bodies, and the ways in which parallels between these organs in this dichotomy substantiate an allegiance between disabled male bodies and female bodies. Uniquely the location of her disability (and in fact, itself her disability), a woman’s womb stands for both the lack of the phallus and the threat of reproduction, the threat of plenitude. Likewise, the spleen for the men (both physically and conceptually) represents a lack of masculinity and the “morbid excess,” the threat of bodily eruption and explosion. A microcosmic model of the dichotomous relationship between spleen and melancholy – those two halves of the bilious coin – hypochondria as representative at once of lack and of plenitude marks the spleen as a particularly flexible organ, and thus, a uniquely threatening one.

Evocative of the tropes of excessive sensibility and too-much-sensitivity, Matthew Bramble’s character also reflects an important investment on the author’s part in the maintenance of socially normative masculinity (unlike, arguably, Laurence Sterne). Matthew’s ultimate success as a character depends upon the containment of his disability – the assumption of the proper trappings of masculinity. However, although I
will argue for the triumph of normative masculinity (through Smollett’s use of the figure of the hypochondriac as a critical tool for exposing the threat it posed to that normativity), it is evident that markers of Bramble’s disability remain even through his ostensible resumption of health. His son, although proof of the triumph of masculine ability to reproduce, is introduced as “of a middling size, with bandy legs, stopping shoulders, high forehead, sandy locks, pinking eyes, flat nose, and long chin” with a complexion of “sickly yellow” and looking positively starved. In the flesh we have proof of the inheritability of disability. Notice, even, that the title of the novel is taken from this ill-fated progeny, this marked product of disabled masculinity. The inheritance of hypochondria and the endurance of disability has pervaded the text, and subsumed the father within. The story of Matthew Bramble is told through the body of Humphrey Clinker. Although Matthew himself attributes his own ill-health (and consequently, the effeminacy of his progeny) to an errant youth, we know this to be untrue. Despite certain medical tropes to the contrary, hypochondria was not culturally understood as being tied to a period of rash behavior, or the fruit of an unwisely spent youth. Rather, rash behavior is an indicator of hypochondria in the body. Much like Boswell’s infamous binges, we read these excesses as the correlatives in personality to those excesses and upstarts of the hypochondriacal body. Bramble’s body in many ways represents these excesses: erupting in pain, spewing vitriolic opinions, and bursting into tears, his body explodes throughout the text.

These explosions signify any number of things critically. The stable masculine body controls its expulsions – with the only real appropriate expulsions being those
associated with digestion, procreation, and honorably-acquired injury. The unstable body, the hypochondriacal body, cannot control these outbursts. On a number of occasions Matthew bursts into tears: when his foot is stomped upon, when he nearly drowns and is dragged naked upon the beach, and whenever he finds himself excessively vexed. In reference to one of his therapeutic baths in the sea, he writes to Dr. Lewis that, “the water proved so chill, that when I rose from my first plunge, I could not help sobbing and bawling out.”

The reaction perhaps of a child, his uncontrollable outburst in reaction to pain is decidedly unmanly. Moreover, at his second unfavorable encounter with water, we see his newly-identified son Matthew Loyd (the erstwhile Humphrey Clinker), “taking him up in his arms, as if he had been an infant of six months… [and] carr[y]ing him ashore.” In terms of the broader narrative arc, these two scenes of near-drowning represent a cyclic weakness, a susceptibility to danger, and an existence always teetering on the edge but never quite falling. The tears also continue to be important throughout the narrative, as we see emotionally moving situations – situations which we might assume women to be most affected by – compel him to these expulsions time and again. This continued alignment with women in the text (particularly with his niece Liddy, as the representative of the archetypal flighty, anxious, and delicate female) is something in particular that notably substantiates his effeminacy. Upon witnessing the reunion of three long-lost brothers at a small town en route to Glasgow, “he sobbed, and wept, and clapped his hands, and hollowed, and finally ran down into the street”: a reaction like and yet unlike that of a woman. The empathetic weeping is certainly evocative of the culturally typical reactions of a woman.
to a particularly emotional moment, but the harsh clapping of hands, the “hollowing,” and bursting out of the house onto the street are aggressive activities that particularly mark these excess as generated by a male body. These explosions into tears, these uncontrollable spillages of emotions and literally of bodily fluids (specifically bodily fluids that are traditionally associated with women), are the fragmentation of the masculine body.

Another indicator of excess is his extreme sensitivity to scent or sound. Although orchestrated in part as a commentary on the impropriety of flexible class boundaries, Smollett creates a scene in which Matthew actually faints because of an overpowering stench. Matthew relates, “…all of a sudden, came rushing upon me an Egyptian gale, so impregnated with pestilential vapours, that my nerves were overpowered and I dropt senseless upon the floor,” and he subsequently explains that such swooning was “entirely occasioned by an accidental impression of fetid effluvia upon nerves of uncommon sensibility.” Although that “effluvia would doubtless be unpleasant for anyone, even the fragile Liddy remained upright – his excessive sensitivity is even more acute than that of a woman. In short, as Jersey relates, “[h]e is as tender as a man without a skin; who cannot bear the slightest touch without flinching. What tickles another would give him torment.” It is important to note that this sensitivity is a conceptual physicality that would not have been possible without the intersection of humoral and nerve theory in the early half of the century, for just as we see the language of nerve theory permeating common knowledge about bodily
sensibility, it is clear that the corresponding effect, these bodies dropping to the floor, being tormented by the slightest touch, are bodies whose excess has overwhelmed them, whose spleen has literally ruptured. It is always important to remember that a ruptured spleen is death.

At other locations in the text, Smollett depicts behavior evocative of another famous type of disability, the convulsive movements that so plagued Samuel Johnson. At one point in the novel, Matthew’s behaviors and mannerisms in reaction to the excessively loud packing noises of his sister Tabitha are particularly compulsive. As he waits for her to finish packing, Matthew sits, “boiling with impatience, biting his fingers, throwing up his eyes, and muttering ejaculations; at length he burst into a kind of convulsive laugh after which he hummed a song.” What is behavior like this if not suggestive of an individual almost on the edge of his sanity? These “bitings” and “mutterings” are obvious ejaculations, slippages, uncontrolled outbursts from a body that cannot maintain its boundaries. What does it mean to view a man bite his nails like a child, or burst into humming out of impatience? Matthew’s inability to tolerate Tabitha’s behavior is on some level a reflection of the extremes of her own “original” behavior (which is a conclusion that Smollett would like us to draw in part), but it is moreover a reflection of his inability to control her, and indeed, to control any of the women in his life. Although there are points in the narrative where he is capable of exerting authority over the party, it is not without first little physical corruptions. Smollett explained that when “[Matthew’s] indignation was effectually aroused… [h]is
face grew pale, his teeth chattered, and his eyes flashed,” signs of an almost theatrical madness.32

Although not a characteristic exclusively confined to those of a splenetic bent, the propensity to classify external complications or situational factors as detriments to health is a prominent trait of Matthew Bramble: it is also this characteristic that Sterne so parodies in the epigraph to this section. The novel opens with his grumbling to the conspicuously absent Dr. Lewis, “[a] ridiculous incident that happened yesterday to my niece Liddy, has disordered me in such a manner, that I expect to be laid up with another fit of gout.”33 Here, emotionally upsetting events have physical consequences; a more palatable example than Mandeville’s nausea, certainly, but in the same vein.34 There are further locations in the text where events instigate his gout, or his indigestion; and likewise, there are moments where events seem smoother and his gout makes less frequent appearances – a suggestion of Smollett’s broader aims and the literary possibility of appeasement or control. Historically speaking, the term spleen itself began to be incorporated into daily parlance to mean generally a foul mood, or irritability: we say that one is “venting spleen,” and Matthew indicates the onset of a bad mood by writing, “I feel the spleen creeping on me apace.”35 Additionally, he writes to Dr. Lewis that, “I cannot help thinking I have some right to discharge the overflowings of my spleen upon you, whose province it is to remove those disorders that occasioned it.”36 Smollett is also using the bio-medical explications of the discharge of spleen (the eruptions of the organ and its fluids) in conjunction with the
metaphorical associations, the “discharge of spleen” being an expression for the expression of anger, or in modern vernacular, “venting.”

Thus, we see that complaints of the splenetic still often manifest themselves as compromises in the digestive system. Matthew writes on June 10, “I am plunged again in a sea of vexation, and the complaints in my stomach and bowels are returned; so that I suppose I shall be disabled from prosecuting the excursion I had planned.” Note here also the last phrasing – his vexation had disabled him, he was not already disabled. However, we recognize the hypochondriac as a body which is always already disabled: Matthew’s conception of his own disability is only applicable with regards to the eruptive manifestations of the physical complications. The temperament and mannerisms of the splenetic are enduring, as will be his sensitivity and susceptibility to external factors. It is crucial to recall that Matthew’s comfort and temperance only come with the acquisition of a lifestyle free from even the most ordinary of stresses: generated out of an impossibly (fictionally) happy ending with no less than three weddings, a new project that promises to position Matthew as finally more masculine than someone else, and a retirement from the stresses of the city that had so ailed him. While Smollett makes clear that each of Matthew’s specific complaints are opinions he himself espouses, it is more critically important that the hypochondriac body is a body only barely confined, as noted by the conclusion of the text. Although Matthew is able to say that he has “laid up a considerable stock of health,” he still needs Dr. Lewis to “employ…medical skills in defending [him] from attacks of the gout.”
that he had undergone is merely a process of containment, an unstable configuration much like a détente, in which the tensions will inevitably rebuild to the point of explosion.

Although we have theorized hypochondria as always already a malady of the imagination, or the self-conception, it is important that this self-conception in Smollett’s novel (and indeed, in most literary representations that portray the hypochondriac as I am explicating the figure) is trickier. The hypochondriac (for both Smollett and Sterne) has not employed the condition as a protective of self-elevating tactic, as Luyendijk-Elshout suggests, but rather, bears the condition corporeally. This illness, then, is not an affectation in the traditional sense, although the term is critically useful here. Despite Jery’s assertion that Matthew “affects misanthropy, in order to conceal a sensibility of the heart,” we have come to understand that this misanthropy is nothing more than the traditional spewing of the splenetic figure, rather than a real bitterness or hardness of heart. This “affectation” of misanthropy is rather an uncontrolled expression of splenetic characteristics, not a tactic employed to ward off accusations of over-sensitivity. Thus, Matthew in essence conceals nothing, for concealment implies control. This suggestion of affectation on Matthew’s part is wrongly accused – the affectation is Smollett’s, and the affectation is not one of illness. Smollett has Matthew’s hypochondriac body not perform as ill, but rather, perform as healthy. Thus, theoretically speaking, if a malady can be culturally imagined, it can be culturally un-imagined, or differently imagined – thereby opening possibilities for critical movement.
That being said, it is clear by the end of the text that Smollett has tactically configured this fictional depiction of hypochondria as in some ways a temporary category, although we know from his own medical history (and indeed, that of Laurence Sterne) that these conditions were unavoidably chronic. As what I will suggest is part of a broader strategy to advance a personal socio-political agenda, Smollett takes this dangerous figure of the hypochondriac and controverts the threat it presents by reconfiguring the fixity of this disability. There are in fact notable moments in the text where Matthew’s disability seems flexible (a phenomenon in and of itself not uncommon for hypochondria in all of its shifting complexities), and even vanishing. Even the simplest of his complaints, gouty legs and toes, become locations of shifting health and masculinity.

Upon their lodging at a particular hostel along the road from Bath, Jery remarks that “[Matthew] declared himself invested with the gout in his right foot; though, I believe it had yet reached no farther than his imagination.” This gout, however, is an important ailment to focus on: it is one whose manifestation (and disappearance) in particular we can use to trace Matthew’s movement in and out of the category of disability. During their stay at this hostel, Matthew is infuriated by the noise (note once again the acute sensitivity) made by a pair of obnoxious black servants whose master is equally disrespectful. Upon realizing that their master was not going to intercede and compel his servants to be silent, “he slipt on his shoes, without speaking a word, or seeming to feel any further disturbance from the gout in his toes,” after which point he began to “[exert] himself with such astonishing vigour and agility, that both their heads
and horns were broken." Here we find that Matthew Bramble can temporarily transcend disability in a situation where his patriarchal (white) masculinity needs to be asserted to keep the peace. While this certainly evokes the physical truth of heightened adrenaline in times of great pressure, it is critical to note what Smollett deemed a moment of importance. Hormonal flooding aside, here is where Matthew exerts white patriarchal control and, for a moment, slides out of the category of the disabled. It is in moments such as these that we see Smollett’s gesture at redemption for the hypochondriac, albeit one that is impossible to sustain.

We ultimately see Matthew’s performance of health and the elision of his disability, fostered largely by his growing alignment with standards of appropriate English behavior. By having his hypochondriac body perform along the lines of heteronormative masculinity, Smollett is illustrating a theoretical “healing” of the body. The discovery of a male heir was that first, most vital moment in Matthew Bramble’s ascent from disability (although as I have mentioned before, this heir is far from unproblematic). Subsequently, the things that Matthew had failed to do as a man and as an invalid in the past have been given new opportunity to flourish. No longer in a precarious financial situation (and particularly since his harridan sister is finally evicted), and now clearly the virile father of a morally upright (if somewhat affably buffoonish) son, Matthew Bramble’s complaints of physical ailments begin to slowly disappear from the text. He is able to pursue his dream of running an entirely self-sufficient estate, and can relax without his multiple wards causing mischief and mayhem. Smollett is suggesting that Matthew’s hypochondria had functioned as an
impediment to his living the appropriately masculine life, an assertion that we accept as true. However, Smollett’s logic continues unstably. He attempts to substantiate an elision (a cure, if you will) of that hypochondria through offering proof of the ultimate success of that masculinity. Much as all bad logic, however, his argument does not hold. 42 We know that ultimately Matthew’s “stock of health” will run out, and his spleen will overflow. His sensitivity will endure, the “greatest defect of his constitution,” and yet, that which makes him Smollett’s most likeable character. 43

Is Smollett really advancing good diet, fresh air, and plenty of exercise as a cure (albeit a temporary one) for hypochondria? Perhaps to some extent. Smollett long espoused the value of fresh water and good food in his medical treatises and personal correspondence, and the value of exercise was something that medical science was certainly invested in promoting (recall the need to keep blood from stagnating). And yet, of course, as we have already traced, there is no cure for the spleen, just as there is no cure for hypochondria. Thus, I suggest that Smollett’s attempts to “heal” Matthew Bramble are really attempts to contain him. By having Matthew masquerade as healthy, Smollett offers a strategy of critical constriction to a society that is terrified of its own darkness. Without a true cure, there is only ebbing and flowing, ascension and recession – there are containments, but there is always the threat of outburst. And in this progression, regression, and digression (to paraphrase Sterne), we see hints at the type of continual movement that the melancholic hypochondria sustains. Indeed, Sterne’s narrative tactic to stabilize his end of the hypochondriac spectrum is precisely this
endless motion, the physical movements, at once aimless and repetitive, echo the
cyclical nature of hypochondriac manifestations.

Shall we proceed?
The Interpolated Maladies: Laurence Sterne’s *Tristram Shandy*

“Words will avail the wretched mind to ease
And much abate the dismal black disease.”

-- *James Boswell, The Hypochondriack* 1

In opposition to this exploding, erupting masculinity of the splenetic, the melancholic figure was a man whose body essentially imploded, or collapsed in upon itself. Just like its twin, the splenetic hypochondriac, the melancholic was also rooted in the bilious humors, and is thus tied to his earthy, corporeal associations, and more importantly, tied inextricably to his own body. At times more acutely depressed in mood others, often introverted and always out of touch with social propriety, and generally perceived to be shy, the melancholic hypochondriac had perhaps clearer parallels with femininity (and thus effeminacy). The expulsions of this melancholic body, the sighs and the tears, are neither as violent nor as visceral as the explosions of rage from the splenetic body. The melancholic body in a sense crumbled, rather than exploded: the disabled male body still necessarily fragments, but here, the pieces into which it breaks are not corporeal “chunks,” per se. Rather than being characterized by bodily illness and ailing necessarily, the melancholic body is often more aligned with what we tend to think of today as mental disabilities, in that the defects are those of personality, or behavior, and less of physical susceptibility. In this paradigm of compromised masculinity it is the disabled mind that is ultimately fractured and incoherent; and it is this fallibility of mind that represented Enlightenment England’s greatest anxieties about masculinity, and consequently, Englishness.
Laurence Sterne’s work in particular was critical: as the creator of the most peculiar cast of characters quite possibly ever written in English literature, he writes in *Tristram Shandy* of figures whose disabilities uniquely explore the limits of the masculine body as it is subject to melancholic tendencies. The narrator and purported writer of the text is none other than Tristram Shandy himself. An author who tells his own story through the story of others and the story of himself and his own body through the corporeal text of the story itself, Tristram is the central figure in the text whose machinations hold the entire affair within the 500 odd pages to which it has been contained. Articulated through the raging hobby-horses of himself and his male family members, the peculiarities and disabilities of masculine bodies in this text flesh-out our picture of the melancholic hypochondriac in a unique and thoroughly entertaining way.

To begin, it is important to clarify the fact that the melancholic figure was conceived of dichotomously as a figure of sentimentalism (by which is meant in the eighteenth century one prone to an expression of particular emotional or religious sentiment, not specifically the type of mawkishness we associate the term with today) and as a figure of mental and physical fragmentation. Given that these qualities did not necessarily appear in the same body, in order to gain a true understanding of the scope of the melancholic figure we must examine Sterne’s cast of characters as a group of men who together represent the many facets of disability that comprise that matrix of melancholia. Thus, we turn our attention also to Tristram’s philosophizing father Walter and his affable, model-building uncle Toby. Each consumed by his individual “hobby-horse,” and its intersections with the hobby-horses of his fellows (often at
great expense to others, or one another) these men are delineated entirely through their own physical, mental, and emotional peculiarities. As Felicity Nussbaum explains, “the odd, singular, and defective originals in the novels of Sterne…might arguably be termed the first major characters in the novel to display disability as character.” Thus, the singularities of these men that disable them also define them. So, despite Tristram’s assertion that the mind “[shines] not through the body, but [is] wrapped up here in a dark covering of uncrystalized flesh and blood; so that if we would come to the specifick characters of them, we must go some other way to work,” we must in fact read Sterne’s characters exclusively through their bodies, that being the forum in which they are most voluble. While normative masculine bodies might themselves be cloaked in that “dark covering” that belies any interior specificity, the body of the melancholic has its disability indelibly marked on the exterior. Their “specifick characters” are inscribed upon their very flesh. We can agree with Roy Porter as he writes that Sterne was “uncommonly sensitive to the conundrum of embodiment,” for he understood that “in flesh and blood lay the self and its articulations,” and indeed, that the disabled body spoke solely through the flesh.

Marked by the inability to demonstrate masculine physicality, both in military prowess and sexual ability, the melancholic body is a disruption in the all-important system of inheritance. A society whose system of class stratification and division of wealth depended upon the preservation of property and wealth through a system of male inheritance necessarily valued a male body that continues to replicate itself. Although a failure to produce a male heir was often cited as the fault of the woman, the
hypochondriac body interferes in the reproductive process in a different way.

Reproduction is either impossible through clear flaws with the male body (e.g., an injury partially or totally removing the necessary apparatus), or itself (by which I mean the product) flawed in a way that obviously indicates inheritance of those same bodily and mental peculiarities that marked the paternal body. Like the reproducing splenetic in *Humphrey Clinker*, the reproducing melancholic here produces offspring that are clearly marked as inheritors of that paternal disability. However, unlike with Matthew Bramble, there is here a maternal body present to which the disability might be attributed; although Sterne makes it clear that the women in his novel “have no character at all,” thereby making any and all quirks in the offspring necessarily a legacy from the father. Sterne in particular fictionally employed the figure of the homunculus, or the miniature person that was believed to exist fully-formed in the male spermatozoa, that wanted only a place to grow and mature from the mother. In this system of biological inheritance, the only impact the mother was able to have upon her offspring regarded the factors of its gestation, rather than the formation of its personality. Although Sterne does attribute some of Tristram’s disability to his mother’s difficult labor, it is truly through the peculiarities of their male-orchestrated marriage agreement, the stubbornness of his father Walter, and the incompetence of Dr. Slop that the errors were made, rather than any fault on her part. Thus, Tristram’s disability is marked as a triangulation of male error.

This lack of reproductive prowess in *Tristram Shandy* as clearly indicative of compromised masculinity is a theme that extends to all major male figures in the text.
Walter, the only one of the three whom we have proof of ability to father a child, sires an idiot and a nose-less wanderer, both of whom are doomed to die early (the former of undisclosed troubles, the later, presumably, of consumption). Although the precise nature of Toby’s groin injury is never revealed (and in fact, *Tristram Shandy* ends without disclosing this secret obliquely), we can safely assume that his (possible) union with Widow Wadman will produce no offspring. Although we might speak of Toby differently as one who has been previously involved in the more normative masculine activity of war-making, the resultant injury and its incontrovertible consequences have rendered him dependent upon his peculiarities (his hobby-horse) and have made him quite effeminate. And Tristram, our dear scribbler Tristram, writes of neither partner nor children, only gesturing at sexual liaisons with women as part of the overarching bawdy tone that Sterne’s most successful novel was known for. The extensive fascination with noses is almost entirely and all but explicitly a fascination with the phallic apparatus, with Walter expressing his consternation with the cursed family heredity of noses, and indeed, and the misfortune of his own son’s damaged nose, for dozens of pages. The inset narrative of Slawkenbergius and his dubious nose of extreme proportions, itself a Shandy-esque deviation from the plot that consumes about fifty pages all told, reflects an inextricable fixation with masculinity and all of its bodily props. In fact, Tristram’s flattened nose at birth does prove prophetic, for he was later to lose a part of his manhood through an accident with a window sash (in no small part caused by the hobby-horse of his uncle Toby); perhaps explaining his own ambiguous virility. In combination with his accidental christening, Tristram was a “full three
fourths” less than a whole man: flawed in name, flawed in nose, and flawed in the reproductive organs, Tristram is triply marked by masculine error and accident. And finally, for a volume with so many lewd references and explicit sexual imagery, there is very little actual copulation, barring that time on the first Sunday of the month when Mr. Shandy set the clocks, among other things. As Tristram himself remarks, “nothing was well hung in our family.”

And what of those “hobby-horses” of Tristram’s male family members, those most infamous character traits of Tristram’s subjects? Sterne writes that “a man and his HOBBY-HORSE, tho’ I cannot say that they act and re-act exactly after the same manner in which the soul and body do upon each other,” impact one another to such an extent that “if you are able to give but a clear description of the nature of the one, you may form a pretty exact notion of the genius and character of the other.” Meaning loosely a hobby, pastime, or interest that becomes so all-consuming as to represent a greater part of one’s activities and time, Sterne’s depiction of the hobby-horse is essentially the peculiar obsessions of his male leads. Thus, although a man and his obsessions are not explicitly linked, we can deduce much about Walter by knowing his philosophical and scientific pretensions, and the extent to which these are capable of stopping him in his tracks in any given situation and consuming hours (and dozens of pages) through their digressions. Suddenly his commitment to wind the clocks and engage in intercourse with his wife only one Sunday per month makes more sense! Felicity Nussbaum articulates the specific connection between these hobby-horses and
the uncertain masculinity of their riders – she claims that “oddity in the male characters signifies not only individuality and isolation but an uncertain masculinity, as the many original characters in Sterne’s novel enact their impotence by forwarding eccentric hypotheses as intellectual and sexual hobby-horses.”\textsuperscript{52} Thus, their hobby-horses and their need to ride them (itself unveiled sexual imagery) represent a substitution for real male sexuality, even in cases (such as Walter’s) where heteronormative masculinity might be a possibility.

Toby’s hobby-horse is perhaps the most endearing and the most consuming (as well as the most revealing). After an interminable amount of time\textsuperscript{53} spent trying to gather his memories and knowledge enough to recount the tale of his war-wound, he decides to invest in physical props. The maps he procures to pinpoint the site of his injury soon becomes scores of maps, which beget whole libraries of books about maps and locales. The props are themselves also indicative of the failure of his masculine body to properly read or identify itself; the unknown site where he received the injury correlates to the textual ambiguity about the precise site of injury on Toby’s body. These activities soon expand to building scale models of the various towns and military accoutrements of not only the battles in which he was involved, but later, ongoing battles in wars for which he was no longer eligible. His continued involvement in his past military glory and imagined military future are enacted on this miniature scale, with his trusted companion Corporal Trim as his only soldier. We see the true importance of these miniature war-games to Toby’s well-being when the Peace of
Utrecht puts him into quite a funk, where we see his only real angry outburst in the text and a potential rupture in the relationship he shared with his brother-in-law. This obsessive involvement with an imagined military glory that can only be enacted in a play environment illustrates his emasculation; once an active participant in a war, he is now reduced to the level of playing with toys in his small muddy patch of a backyard. The hypochondriac body continues to imagine itself well, but to place itself in a position of strength is only possible in relation to inanimate objects.\(^5\)

Yet these hobby-horses, for all of the amusement they provide Sterne’s readers, inherently represent something quite dangerous that lies lurking in the masculine body. A body rendered inept and impotent is a body that fails the English legacy of strength, virility, and integrity. Philosophizing is all for naught is the reasoning is flawed and the sources are bullshit (which is essentially what Sterne’s fabricated name “Slawkenbergius” translates to\(^5\)): Walter’s mental gymnastics are really just twisting himself into a knot, and the intellectual legacy is lost. And war-games are meaningless when they do not contribute to the integrity of national borders or interests. In fact, the multi-layered relationship the characters in this text have with Amiens is not only indicative of fractured narrative chronology, but also of the national and historical importance of Amiens as a location for conflict and resolution between the United Kingdom (with England as her leader) and France. Tristram, Toby, and Walter are all described leaving and entering the city, but never remaining; they are unable to claim or retain possession of this troubled location. Thus, military and nationalist heritage is
compromised. Finally, Tristram’s hobby-horse (and the one we have not mentioned specifically, but of which we have been speaking all this time) is the novel itself. Nonsensical, corrupted, and utterly disabled, this literary progeny of Tristram’s is a failure of both production and reproduction. If a man is neither mentally nor physically capable of contributing something to his family and to society, then his masculinity is no masculinity at all.

To continue to a more particular criticism of the novel on a structural level, it is first necessary to reiterate that the textual body of *Tristram Shandy* and the corporeal body of Tristram Shandy are both critically and conceptually one and the same. The flaws and corruptions in the text are inscribed both by and on Tristram’s physical and narrative body. On a broader scale, these oddities of the literal text itself form the entire meta-narrative of the disabilities of its characters. Itself sputtering and stopping, full of missing pieces, extra parts, eclectic piles of both sense and nonsense, and most decidedly not one straight line (despite a detailed illustration which insisted upon the existence of such straight lines), the text of *Tristram Shandy* embodies those characteristics of the melancholic we have outlined previously. Indeed, Tristram’s way of even introducing his narrative is most convoluted, and the novel itself is even hardly a story of his own “life and opinions,” but rather as we have mentioned, the collected vignettes of his extended family. The Shandy family, of “an original character throughout,” is a motley collection of souls and bodies whose peculiarities in tandem represent those hypochondriac qualities we aim to explore. A depiction of not one but
three or four disabled male bodies, most of which we have expressed an interest in examining, *Tristram Shandy* as a written text carries with it particular specificities that echo the specificities of those disabled bodies.

Tristram himself accounts for the difficulty in pulling together a (quasi-)biographical narrative by mentioning the countless “archives…and rolls, records, documents, and endless genealogies” that one must examine in order to keep the details straight. While in and of itself this list seems a thorough outlining of his source materials, as well as an accurate look at the writing process, with Sterne we might well suspect that this list has something farcical in it: particularly when he soon after follows with a list of the particular types of learning that a modern man most often has. This obsessive listing and this collecting of items indicate an almost neurotic need for thoroughness; we would today suspect someone who regularly made lists as soon to be diagnosed (if they have not already been so) with a particular mental condition. Tristram writes that cultural knowledge is “physical, metaphysical, physiological, polemical, nautical, mathematical, ænigmatical, technical, biographical, romatical, chemical, and obstretrical, (with fifty other branches of it, most of ’em ending, as these do, in *ical,*”) thereby producing a list here that we know to be more a playing about with homonyms in a way such as to highlight both the absurdity of lists, and the very practice of discrete science. Almost a recitation, this list moreover by nature represents a collection of disparate parts that can only be brought together in comparison or collection, never in cohesion. Their only common quality, as Tristram
notes, is that most end in “ical,” a superficial characteristic that itself reflects a concern
with meaningless and insubstantial detail. That is, these terms will never cohere to form
something, whether be a newspaper article, a disquisition on philosophy, or a novel –
they will remain objects chopped into pieces. For our purposes, moreover, this scene
(and many others like it) demonstrates the excessive repetition in this text, the
continual, endless, meaningless listing of terms, pieces, parts, and even letters. In both
form and in content, this novel is a jumbled mess, a collection of loosely connected
narrative threads and asides that attempt to reveal something of this most singular
family.

He further attempts to explain the digressive nature of the narrative by declaring,
“instead of advancing, as a common writer, in my work with what I have been doing at
it – on the contrary, I am just thrown so many volumes back…it must follow…that the
more I write, the more I shall have to write.” 61 A self-perpetuating novel (in fact the
only form of self-continuation that this novel encompasses) that is essentially anything
but progressive undercuts any possibilities for conventional normativity. One particular
chapter is nothing but Tristram’s onomatopoeic rendering of an out-of-tune fiddle: a
rude gesture at his critics, yes, but more importantly, a disruption of textual (bodily)
integrity. Thus, the interjection of “[p]tr .. r .. ing – twing – twang – prut – trut”
might be understood as a sputtering, choking cough, were it not followed by the aside,
“‘tis a cursed bad fiddle.” 62 (Although, there is nothing to say that this fiddle sound is
not also the sound of our consumptive author cum narrator.) If the masculine authorial
voice is required to stay within the bounds of traditional novelistic structure, then Tristram’s (and indeed, Sterne’s) novel in its eruption of those boundaries has betrayed this masculine code. Indeed, much like Samuel Johnson, who dismissed *Tristram Shandy* by saying “nothing odd can last,” we see this novel as inherently doomed to fail. While Johnson meant this scathing remark in terms of literary legacy, the concept of endurance in this text more appropriately pertains to the corporeal integrity of its characters and their hobby-horsical futures. Without real reproduction, continuation of narrative, of bloodline, and of bodies, this circular progression is only forestalling of an end.

In addition to frequent addresses specifically to the audience that do not fit within the “narrative” of the novel, Tristram also often stops to speak with Jenny, his (possibly imagined) female friend of uncertain relation to him. Quite often explanatory attempts or chastisements at her inability to follow his obtuse and convoluted text, these interjections further disrupt the continuity of the text. His voice breaks the boundaries of the conventional space assigned to the narrator by addressing the audience and another physical body that is imagined to be present at certain moments in time. Moreover, the body of the author is infused into the body of his narrator through the conflation of Tristram and Stern in discussions of his/their ailing health. Although authorial identification with his protagonist is not uncommon (remember Smollett’s stand-in Matthew Bramble), the specific alignment in terms of bodily fallibility and failure is what makes this situation unique. The bodily intersection becomes even more
obvious as the text proceeds. There are small moments of literal and corporeal authorial interruption in the text, where Tristram/Sterne’s own hand (♀️) descends into the text at no fewer than six separate locations, each leaving his own un-confinable mark upon the text. In lieu of the more conventional “AN,” this author’s note is literally made with an imprint of his body, the visceral finger prints indicative of a lack of concern about the author’s almost incestuous relationship with his own text. Corporeally interjecting himself at all points in the text, not just in the persons of Tristram and Parson Yorick, Sterne is injecting pieces of his own melancholic body into this novel. We can imagine Tristram’s figure coming down upon the page, just as we read him chastising Jenny, or even moving her hands at points – *Tristram Shandy* is thus a novel with bodily intersection at multiple locations.

Perhaps the most frequent (although not the most notorious) of Sterne’s authorial peculiarities is the intentional omission of text as replaced by either a series of asterisks or dashes. Sometimes replacing text that the reader can easily fill in himself (usually omitted words of the bawdy sort), and sometimes being only blanks that have no determinable content, these symbolic “fillers” represent something unique about the melancholic voice: its inability, in many cases, to adequately express that which it desires to tell. While Sterne uses this also for both creative and humorous reasons, his imposition of this tactic on Tristram’s writing implies the character’s insufficient talents at verbal expression. Tristram thus has to resort to both symbolic representation (the ***s and ----s) and bodily imposition (the infrequent, but noticeable ♀️♀️♀️♀️♀️♀️♀️s) in order to
continue on with the text. Adding to the confusion are moments within the text where Sterne writes two characters speaking at the same time, which he accomplishes through the use of a particular bracket: a disruptive technique in punctuation that once more echoes the fragmented body of text and of the melancholic. There are furthermore ten pages which Tristram has ripped out himself, deeming them unnecessary for the reader to see, although they have already been acknowledged as written: a parallel to Sterne’s unacknowledged removal of pages, these missing pieces continue to undermine the foundation of the novel.

His most notorious literary quirk, however, is the three sets of pages in *Tristram Shandy* that each represents an almost unreadable insertion of authorial peculiarity into the text. The first set are the two black pages that follow the account of Yorick’s death (an account that happens long before we are even introduced to his character at any great length, and indeed, long before his active participation in the plot), the marbled pages that come amidst one of Sterne’s discourses on authorial license, and the two blank chapters that come at the end of the book where Sterne leaves one of his characters, Toby Shandy, to tell his own story. Of the marbled pages, Tristram declares them to be a “motly emblem of my work,” and so they are quite a fitting tribute to his novel, so twisted, swirled, and of an ulterior design that it is almost altogether undecipherable. Likewise, the black pages only tantalize the reader with the “many opinions, transactions and truths which still like mystically hid under [a] dark veil.” These unreadable gaps in the text remind one of other gaps in the narrative, chapters
which Tristram promises to write yet never returns to, those erstwhile chapters on knots and button-holes, et al. Whether those omissions are the results of his intentionally punctured narrative, a reduction in text that his recursive editing failed to account for (an admittedly rare occurrence), or Sterne’s own failing health that led to the possible truncation of Tristram Shandy at only nine volumes, I cannot say.

The convoluted and often confusing nature of the text also plays itself out in the person of it characters. Toby, in an attempt to orient himself amongst the details of his own tale of injury (a tale that winds in and out of all of Tristram Shandy, and whose ultimate outcome remains unknown by the last page), finds himself “so sadly bewilderd and set fast amongst them, that frequently he could neither get backwards or forwards to save his life.”

Trying to coherently map the innumerable details and intricacies of the plot is equally difficult for the characters and authors within the novel as it is for Sterne’s readership. While an uncomplicated masculinity is certainly not a requirement for English masculinity, a convoluted masculinity perverts those qualities of legibility and sensibility that the century demanded of its men. A man who cannot keep his own history straight without recourse to his all-consuming hobby-horse is hardly a man at all.

The character of Yorick, both in Tristram Shandy and A Sentimental Journey, represents Sterne’s exploration of the more sentimental melancholic type, the individual prone to those sighing expressions of emotion that we most clearly tie to effeminacy. As he lay dying by the side of his dear friend Eugenius, he laments about his
indiscernible injuries that his hand “tis so bruised and misshappen’d with blows which ***** and *****, and some other have so unhandsomely given me in the dark.”

While this passage refers metaphorically to the damages his debtors and critics had done to his pecuniary and authorial integrity, the language is even more so the hyperbole of the sensitive man, to whom criticism and the looming threat of debts and their imminent collection incited a reaction so visceral as to literally waste him away. Indeed, Sterne continues to echo this trope of the hypochondriac body, of words or ideas being capable of creating impressions and thereby causing harm: he writes that Toby’s “life was put into jeopardy by words,” exposing his own character’s susceptibility to that which would otherwise be harmless to another man.

However, despite the presence of the famous Parson Yorick In Tristram Shandy, it is the title character whose body we see most clearly aligned with the melancholic ideal in this text. James Boswell, the quintessential melancholic of the end of the century wrote in one of his early essays as the Hypochondriack that “too much sensibility or quickness of feeling, so as to be “trembling all over,” is doubtless a misfortune; and yet without a good share of sensibility, how dull or insipid is life!” That is, the eighteenth century discourse about sensibility mapped it as a corporeality with both pleasurable and dangerous implications. Just as Boswell became the historical voice of the melancholic, Tristram functions here as his literary and textual equivalent. However, Tristram emphasizes in particular the specific delicacy of the melancholic body, whose sensibility was more prone to swing wildly at minute shifts or
changes. His observations on sensibility articulate the manifest connection between effeminate sensibility and an irrational mind. Tristram criticizes man’s misuse of “reason, that precious gift of God to him,” because in the melancholic body, it serves “but to sharpen his sensibilities, -- to multiply his pains and render him more melancholy and uneasy under them!” Thus, the body’s sensibility is heightened by an improperly governed mind. The melancholic body is unable to properly manage itself, and its reason becomes corrupted. A person of corrupt reason and unsound body represents the failure of Enlightenment ideals and its standards of appropriate masculinity. Just as Walter’s philosophizing is really nothing but misunderstanding and solipsism, the melancholic reasoning is doomed to sharpen those sensitivities which promise only to bring so much pain.

Perhaps an unfortunate echo from his own life, Sterne writes Tristram as sickly during the points we understand to be written later in his life. Possibly consumptive, but certainly ailing (Tristram speaks of himself as “tormented with the vile asthma”), Tristram is our classic patient. His discussion of his body is also articulated through that fragmented list-making of which he was so fond. Just as words and concepts were framed as artificially grouped ideas, so, too, is the melancholic body revealed to be an unstable amalgamation that threatens disintegration. He complains, “I am sick as a horse…what a brain! – upside down! – hey dey! They cells are broke loose one into another, and the blood, and the lymph, and the nervous juices, with the fix’d and volatile salts, are all jumbled into a mass.” Just as we know the necessity of
preserving the integrity of our bodily cells, so, too, did Tristram understand the need for
an organizational schema of the body that maintained its proper functionality. A body
out of sync, a body with its internal bits all “jumbled into a mass,” and its fluids in
danger of illegitimately combining, is a machine (although not a Cartesian one) out of
order. In the eighth and ninth sections of *Tristram Shandy*, which we know to have
been written during a particularly nasty (and ultimately fatal) bout of Sterne’s
tuberculosis, Tristram writes with the tone that we have previously associated with the
whiner Boswell. His re-telling of the “amors” of his uncle Toby are intersected with
increasing frequency by Tristram’s narrative interruptions and asides about his own
ailling condition. At one juncture he writes sadly, “time wastes too fast: every letter I
trace tells me with what rapidity Life follows my pen.”75 The experience of writing the
stories of family and his own life has become a reminder that all stories need ultimately
end. Near the very end of the ninth section, he sighs, “the fifteenth chapter is come at
last; and brings nothing with it but a sad signature of “how our pleasures slip from
under us in this world.”76 In this last section Sterne wrote, released less than two years
before he finally succumbed to the ravages of his consumption, we see the increasing
disintegration of the body of the text, the body of the narrator, and the body of the
author.

Indeed, the very act of writing itself becomes an increasingly unachievable task
for Tristram, and quite possibly for Sterne. Tristram laments, “I see the difficulties of
the descriptions I’m going to give – and feel my want of powers. It is one comfort at
least to me, that I lost some fourscore ounces of blood this week in a most uncritical fever which attacked me at the beginning of this chapter.” His reference to a hopefully effective medical procedure of blood-letting notwithstanding, this “want of powers” and the painful re-enforcement of his failing strength hints at an end we know to be imminent. Indeed, blood-letting as a practice of healing conceptually echoes the melancholic plaint: the body falls outward, drop by drop, and rather than healing itself through the sloughing of excess, it is slowly draining itself of necessary life-forces. Somewhat surprisingly, one of his most melancholy statements comes in an aside to Jenny, where he sighs, “every time I kiss thy hand to bid adieu, and every absence which follows it, are preludes to that eternal separation which we are shortly to make.” Somewhat surprisingly, one of his most melancholy statements comes in an aside to Jenny, where he sighs, “every time I kiss thy hand to bid adieu, and every absence which follows it, are preludes to that eternal separation which we are shortly to make.”

In what purports to be a relationship that sustains normative masculinity (although we have recognized Jenny’s body as a prop for that masculinity, rather than proof of it, just like Toby’s miniatures), Tristram reasserts his melancholy fascination with an impending disintegration – the unavoidable end of a body that has been slowly crumbling to pieces over nine installments.

If death is nothing but “the stagnation of the blood,” as Sterne’s logician announced, then it is no small wonder that both the physical and narrative imperative of *Tristram Shandy* is unceasing movement. This is a text that twists and bends but does not conclude (I hope you have noted my deliberate use of the term “end”), a text that nurtures bodies that are born and age erratically, recursively, and indefinitely, and a text with characters who exist simultaneously at any number of points of time – even in the
same foreign city as one another, decades apart! Here we see vestiges of contemporaneous medical advice in the interest of exercise, but more importantly, we see the beginnings of Sterne’s narrative strategy for containing this crumbling male body. Where Smollett ameliorates the threat of his splenetic hypochondriac by (for a time) damping the threat of his outbursts and settling him quietly away from distress and distraction, Sterne’s method is to keep his originals in constant, unceasing movement, where they do no harm to anyone but themselves (although this they unfortunately do with great frequency). Tristram whole-heartedly believed “that so much of motion, is so much of life, and so much of joy [came from motion] – and that to stand still, or get on but slowly, is death and the devil.” Motion is all that holds this crumbling body intact, and indeed, to stand still is to disintegrate.

Tristram writes at the very earliest part of the novel, “I have constructed the main work and its adventitious parts of it with such intersections, and have so complicated and involved the digressive and progressive movements, one wheel within another, that the whole machine, in general, has been kept a-going, --- and what’s more, it shall be kept a-going these forty years, if it pleases the fountain of health to bless me so long with life and good spirits.” In order to give the narrative its own propulsive power, he has established it as complicated (convoluted) machine that runs through the very intersections and interdependencies he has imbedded within it. Almost a prayer for another forty years, the digressions and regressions, then, are an attempt to keep the narrative running, as it were, to keep it from ending. After all, a narrative that only
progressed would ultimately reach an end. And as we know all too well, the fate of Tristram’s body is tied to the fate of his book – so what author in his situation would desire to make an end?
What a Long, Strange Trip

“We are not stocks and stones…nor are we angels…but men clothed with bodies, and governed by our imaginations; - and what a junketing piece of work of it there is.”

-- Laurence Sterne, Tristram Shandy

If we look at appropriate conditions of masculinity in the context of the late eighteenth-century, we find these definitions to be largely shaped by a reaction against late Restoration-era libertines, and a counter-reaction to the anxieties about potential effeminacy as the unintended result of the Cult of Sensibility. Masculinity, then, much as it is now, was essentially a balance between extremes of personality, of physicality, and mentality. It is easiest to conceptualize these standards of gender along a type of continuum, if you will, with “true masculinity” centrally located between two extremes. An excess or a dearth was equally as devastating to masculinity, and either was an equally transgressive deviation from culturally conceived norms. In this pre-psychological period, masculinity was also strongly defined by biological factors. Physiologically requisite was that ultimate qualification, the functioning phallus; a man whose apparatus failed to perform both biologically and conceptually was denied access to the proper categories. And perhaps most importantly in this age of Enlightenment, the true man was a man possessed of unique faculties of reason and intelligence. In different, yet equally devastating ways, the splenetic and the melancholic hypochondriac compromised this precious conception of masculinity, and indeed, the body itself. It is outside the appropriate confines of masculinity that we realize the
body’s integrity and cohesion are simply cultural constructions: the body itself is by nature bound to fragment.

Melancholia, for all of its later psychological implications in a contemporary world, was here a simpler type of lowness or absence. A predecessor of the sighing romantic that the Victorians so idolized, it was in the eighteenth century a body dangerously veering towards femininity. It was the Man of Sensibility slipped too far into the more feminine aspects of sensitivity: he was a man who could neither produce nor reproduce, and a man who was not mentally acute enough or physically strong enough to act in the capacities his society demanded. However, much like the yet-to-be articulated Freudian concept of melancholia, this melancholic body yearned for something it was unaware of having lost. Not a grieving per se, nor a depression, but rather, a sense of emptiness, or a sense of lack. The melancholic was missing his masculinity, just as Toby, Walter, and Tristram each lacked a particular “piece” of masculinity. Yet, of these three, Tristram was perhaps best exemplary of the true melancholic, for he had never had a nose to miss. Physically and conceptually, the melancholic body crumbled without this core of masculinity to maintain its cohesion.

The splenetic personality, named for that mysterious organ itself, was the brighter twin of this darkened absence. The venting of spleen was a pressure valve of sorts, with spleen itself being almost an excess of masculinity. It was an explosion of excess and possibility, an uncontrollable fount of vitriol and bile. The spleen was masculinity in overabundance, in all of its aggressive tendencies. Yet it was force
uncontrolled, improperly applied: force that cannot govern. Here, over-aggression completes a circle of sorts, where the aggression of the body so fatigues it as to make it weary and impotent. The splenetic hypochondria was also an excess of sensitivity, an overabundance of nerves that could so easily be set aflame. Matthew Bramble was vulnerable to excesses of food, fashion, weather, and high society, and only in complete isolation is he safe from such over-stimulation; a body in such a heightened state of sensitivity is almost exactly aligned with those more “delicate” spirits of the female body. The splenetic body was thus also incapable of appropriately (re)producing, reacting, and indeed, of even holding itself together.

The threat of a rupturing, crumbling body is the threat of unstable masculinity, itself the ultimate threat to shatter English society. Upper-class gentry (along with the Peerage and royalty) accounted for the vast majority of land-ownership, as well the vast majority of hypochondriac patients. Perhaps a symptom of the anxieties of leadership, of the pressures of sustaining a social system that had existed for hundreds of years, or even simply an increased interest in the scientific and biological limits of the body both as machine and as organism, the emergence of hypochondria was the ever-widening crack in the foundation of masculine hegemony. The hypochondriac body, then, makes visible and, indeed, legible, the flaws and pitfalls of a masculinity examined perhaps too closely. The anxieties about class, health, diet, fashion, academia, and warfare that were articulated by these bodies were in turn so deeply infused with those anxieties that they were forced to rupture. Whether crumbling under the weight of its own disorder,
or fitfully bursting at moments of great pressure, the unstable hypochondriac body was itself a type of simulation, the model of a conceptual masculine body upon whose shoulders rested the future of English masculinity, and indeed, England.

A condition uniquely born of a century on the cusp of industrialization, hypochondria represents the both the character of the eighteenth century and the threat within. A period of sweeping change and universal transition, the Long Eighteenth Century spanned light-years of progress in medicine, science, technology, and literature. The shifts between political parties, religions, and regimes produced both national and international changes. Racial and ethnic shifts came with the 1701 Act of Union, forever changing what Englishness meant in the context of this new “Britishness.” Imperialism and the assumption of the British Empire in all of its glory ushered home both the riches and the evils of the world; medicines, diseases, clothes, commodities, and foreign people across the spectrum. Pseudo-biological theories of disease, contagion, and the body inserted themselves into popular imagination. A long history of embodiment reaching as far back as Hippocrates wound in and out of Christian metaphysics and emerged a disputed child of the Enlightenment. Together, these factors were woven into an entire matrix of anxieties that needed only a conceptual and physiological location upon which to descend: and this mysterious inexplicable organ, the spleen, provided such a location.

As Carol Houlihan Flynn recounts, “[a]ll the while medical writers chasten themselves for seeking relief from their impossible condition, they tend to play,
nonetheless, at improving it. To do this effectively, they need the proper material, a place that allows room for at least imaginary relief. The spleen provided just the place: that shadowy mysterious organ with no obvious function offering a locus of anxiety and of hope, a place both real and unreal to theorize over, a place to exercise the imagination.\textsuperscript{83} Yet the exercise of that imagination was almost inevitably morbid, in that the hypochondriacal body was culturally imagined and figured as disabled. However, rather than looking to this “shadowy mysterious organ” as a culprit for the ills of entire society, the eighteenth century used the conceptual matrices of the spleen and hypochondriac to imagine themselves differently. Not to conceptualize an imagined relief, per se, but to more importantly articulate that “impossible condition” in a way that was only possible through bodies with such flexibility and ambiguity. That almost unreal organ has become a sinkhole for the all-too-real, a body upon which to pin the doubts, fears, and small hopes of an entire culture. Our dear novelists, Tobias Smollett and Laurence Sterne, have done in fiction what their culture could not accomplish off the printed page. They have confined these dangerous bodies of the hypochondriac. By either freezing them in a pastoral daydream designed to smother potential outburst, or trapping them in an unending, frenzied journey that hoped to outrun that inevitable disintegration, Humphrey Clinker and Tristram Shandy are novels that together expose the total matrix of possibility with which the eighteenth-century imbued its hypochondria.
Hypochondria intrinsically represents the fears we all have about ourselves, about the darker side of society, of populations, and of civilization. It represents the unknowable in medicine, the un-diagnosable, and those unreachable, unreadable parts of our body that eluded scientific legibility. For the eighteenth century, hypochondria represented in part the gap between conventional, classical knowledge that claimed bodies intelligible only to God, and a modern medical community that dared to read the body itself.
Notes


3 Nussbaum, 106.


9 HC, 317.

10 Flesh In the Age of Reason, 108.

11 Ibid., 182.


13 Fredrik Jonsson saw this correlation and suggested that the condition was thus more explicitly psychosomatic, inasmuch as it appeared to be directly tied with class movements over the century. He traces statistics of diagnosis over the eighteenth century and into the nineteenth, and notes that, “[quote]”

14 Much has been written about the often life-long correspondence between doctor and patient – particularly with regards to chronic conditions like hypochondria – and the ways in which this relationship hinged upon a confluence of financial gain, psychological counseling, and sincere interpersonal relations. For particular examples, think of Samuel Richardson and George Cheyne, and even Matthew Bramble and his silent Dr. Lewis.

15 Cf. n. 38

16 Nussbaum, 72-3.

17 Fredrik Jonsson makes clear the connection between hysteria and hypochondria on a psycho-social paradigmatic level: he writes, “Hypochondria also figured as the male version of hysteria, centered on the
abdominal region rather than the uterus, but with similar symptoms of derangement and debility.” This physical correlation as the highlighted factor of comparability is important to remember, as we note that hypochondria and hysteria have biophysical implications for inheritance. Just as the mother’s hysteria is located in the womb, she can pass this hysteria (in masculine form) to her male offspring, the result of which is hypochondria. The specific causality of illness as inheritable from the mother was often tied to sexually transmitted diseases (which did function biologically), and conditions like madness (where the correlation was more speciously proven).

18 Quoted in Porter, Roy. *Flesh in the Age of Reason*, 54.


20 HC, 63.

21 Despite all of Matthew Lewis’ protests to the contrary – the Penguin annotated edition notes even where Smollett included *himself* in the narrative.

22 Ibid., 45.

23 Nussbaum, 24.

24 HC, 112.

25 HC, 218.

26 Ibid., 354.

27 Richard A. Erickson has written a fascinating article on the significance of these two scenes, entitled “On the External Uses of Water in *The Expedition of Humphrey Clinker*,” which examines them in much greater detail than I can afford to do here.

28 HC, 302.

29 Ibid., 95-6

30 Ibid., 79

31 Ibid., 57.

32 Ibid., 50.

33 Ibid., 33.
In a particular passage worth quoting in detail, Mandeville explicates his empirical proof of the connection of mind and body, and the mutually affectative relationship we have sought. He writes of his two assertions,

“The first is, that, when we see, or hear others discourse of, things that are nasty and we abhor, the very thinking on them shall give us Qualms, and cause some People to vomit, that are of a delicate Contexture. The second is, that, tho’ we are in perfect Health, and have what we call a very good Stomach, the receiving of any surprising News, that nearly concerns us either a very joyful, or an unwelcome Message, shall damp our Appetite, and in an instant take away the craving Desire we had to eat. From these and the other Observations cited before, I think it is evident, that the Office of the Stomach is very much influenced by Thought it self, and consequently the Spirits employed in this Ministry are of the finest sort."

“Mandeville, 162.

34 Ibid., 87.
35 Ibid., 62.
36 Ibid., 62.
37 Ibid., 174.
38 Ibid., 393.
39 Ibid., 57.
40 Ibid.
41 Ibid., 60.
42 Any logician will tell you that ‘if A, then B’ does not equal ‘if not B, then not A.’ That is, Smollett’s narrative arc attempts to suggest that if a hypochondriac body is one which manifests illness, then a body that ceases to manifest such symptoms is correspondingly no longer a hypochondriac. However, given that we know hypochondria capable of masquerading as health, it is evident that this elision of symptoms is really only a temporary repression.
43 HC, 327.
44 For Sterne, a very specific term that I will elaborate upon shortly.
45 Nussbaum 106
47 Flesh in the Age of Reason, 294
48 Specifically, his accidental christening with the one name that Walter despised most in the world, all because of a forgetful maid and Walter’s inability to pull his pants on quickly enough.
The editors of the 2003 Penguin edition note a few textual discrepancies that have Toby confined indoors for his injury between three and five years, a slip likely due to an uncharacteristic editing error. Although, given that the novel itself is largely unconcerned with precise chronology despite its claims to interest in specificity, we can consider it no small loss to not know the precise duration of his convalescence.

It is nevertheless important to note that Toby’s obsessions never really harm anyone but himself and his own masculine pride (a fact to which he is blithely oblivious): I mean the term “obsessions” in the gentlest of ways.

According to n. 1 to III.xxxv in the 2003 Penguin Edition of *Tristram Shandy*.

Here let me note first that it is going to undoubtedly be difficult to discern whether I mean Tristram, or Sterne, or whether they are one and the same, and I doubt I can at any rate really make clear those distinctions myself. I have settled upon speaking of Tristram as the author more narratively, that is, as the speaker of the asides, the sub-plots, and the twisted story loops themselves, and Sterne as the author of broader structural decisions, such as continuations between the volumes. In either case, I have specified, although it may ultimately be assumed that they are one in the same in most points. Roy Porter writes that the “vogue” of *Tristram Shandy* “in large measure stemmed from the slippage of authorial persona between Tristram himself, first person (highly) singular, and his author, Sterne; as also between Sterne and Parson Yorick, subsequently cast as the hero of *A Sentimental Journey*,” an assertion with which we might safely agree, even without slight to the brilliant and frequently bawdy humor of the text itself.

a *Flesh in the Age of Reason*, 283.
While there is undoubtedly a critic who is able to decipher these pages with greater detail, I am unable to even attempt such an effort in the scope of this paper, nor am I qualified to do so with the limited extent of my work with Sterne, or indeed, even with Shandyism.

TS, 204.

Ibid.

Ibid., 74.

Ibid., 29.

Ibid., 78.

The Hypochondriack. 4 January 1778

TS, 183.

Ibid., 495.

Ibid., 433.

Ibid., 555.

Ibid., 563.

Ibid., 571.

Ibid., 556.

Ibid., 233.

This is a specific reference to Tristram’s disjointed discussion of his stay in Amiens, which he punctuates with details of his uncle and father’s stay there many years prior.

TS, 444.

Ibid., 64.

Flynn, 152.
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