Abstract

This thesis focuses on the chronic illnesses that the great Irish satirist Jonathan Swift (1667-1745) complained about throughout his long life: “Giddyness,” deafness, and “Noise in [the] Ears.” In 1881, these were diagnosed as the symptoms of Ménière’s Disease, an idiopathic and incurable disorder of the inner ear identified clinically almost 120 years after his death. Swift’s modern biographers have almost universally accepted this diagnosis as the “truth” about his illnesses; his critics have read his imaginative works through this clinical lens.

From the outset my own study challenges the retrospective diagnosis, arguing that we can appreciate Swift’s experiences as a sick person and his representations of those experiences in imaginative works like *Gulliver’s Travels* only by returning him to the humoral body and understanding of illness that he himself knew.

Having returned Swift to his humoral body, this thesis considers first how he explained his own disorders and tried to restore and maintain humoral balances, especially through a regimen of diet and exercise. It considers next how he experienced illness socially as well as physically and how he performed and reimagined himself in the “sick role.” Finally, it considers how he represented his experiences as a sick person in *Gulliver’s Travels*. The study argues that all of these measures—humoral narrative, regimen, performance in the sick role, and imaginative representation in the *Travels*—were ways for Swift to make sense of and impose order upon his disordered body.
By historicizing Swift’s chronic disorders and his lived experiences as a sick person, the thesis makes contributions to both our biographical understanding of the man and our critical reading of his imaginative writings.

**Primary Reader and Advisor:** Mary E. Fissell  
**Secondary Reader:** Graham Mooney
Dedication

This thesis is dedicated to my mothers Julia O'Boyle Child and Ann Herb and to the Memory of Paul W. Child Jr., Donald C. Herb, and dearest dear old friend, Jerry Ruff.
Acknowledgements

Among the most curious of private documents found after Jonathan Swift’s death was a tally of those friends and acquaintances who had shown—or had failed to show—proper gratitude for his services: Swift had marked each name with the letter “g.” (grateful) or “u.” (ungrateful); there were also those deemed “doubtful” (“d.”) and “indifferent partly grateful” (“i. partly g.”). I am fortunate in that none of the many generous people who have supported me in this thesis project are keepers of grudges. But because, like Swift, I place gratitude among the highest virtues, I hope that each of the following who have given advice, asked questions, and made resources available will remember me as “g”:

To Susan Child, who gave me the greatest gift, time. And to Christine Buttram, who always asks the right questions.

To my mentor at Johns Hopkins University, Mary E. Fissell, whose steady guidance, brilliant suggestions, and tireless reading and rereading of my work-in-progress shaped my too-often-too-long prose into this thesis and whose scholarship serves always as the best model. And to Graham Mooney, for his inspiration and encouragements.

To Christopher Fox, who remains the most generous man I know; discovering that I was at work on a project that he himself had already launched into, he quietly turned his attentions to other work—and then sent me all of the resources that he had gathered, boxes and boxes of books and papers. And to James Buickerood, whose
friendship and brilliant thinking are all the more valuable to me because I enjoy them so late in life.

To colleagues in the larger community of scholars, who treasure still the life of the mind and who provided encouragements and advice along the way: Wayne Wild, David Shuttleton, Philip Wilson, Christopher Hamlin, Helen Deutsch, Carole Fabricant, and the late Roy Porter and William Ober, both of whom encouraged my study of eighteenth-century medicine many years ago in correspondence and conversation.

To those at Sam Houston State University who encouraged and supported my study in the History of Medicine: Jacob Blevins, Chair of the Department of English, and Abbey Zink, Dean of the College of Humanities and Social Sciences, both of whom helped to fund my classwork at Johns Hopkins; the Office of Research and Sponsored Programs, which provided a timely sabbatical in the fall of 2020; Ann Holder, former Director of the Newton Gresham Library, who, against all odds and expectations, procured the Eighteenth Century Collections Online for a regional state university located in a small Texas town; and my colleagues and students in English, present and past, who encouraged, asked questions, sometimes merely made wry comment. I am especially grateful for the questions and advice of Kathy Cramer.

Finally my gratitude and love to family and friends: Jennifer, Tristan, Madeline, siblings, Victor Andrews and all my best in-laws.
## Contents

Abstract ................................................................................................................................. ii

Dedication ............................................................................................................................. iv

Acknowledgements ........................................................................................................... v

Abbreviations ...................................................................................................................... viii

Introduction ........................................................................................................................ 1

Chapter 1. Returning Swift to the Humoral Body ................................................................. 28

Chapter 2. The Case of Shingles ....................................................................................... 55

Chapter 3. Telling the Story of the Humoral Body: Swift’s Chronic Disorders ................. 91

Chapter 4. Help for the Humoral Body: Doctors and Friends ........................................... 127

Chapter 5. Disciplining the Humoral Body: Swift’s Regimen ........................................... 154

Chapter 6. The Disordered Social Body .......................................................................... 187

Chapter 7. Swift in the Sick Role ....................................................................................... 215

Chapter 8. Imagining the Humoral Body in *Gulliver’s Travels* ..................................... 254

Conclusion .......................................................................................................................... 296

Appendix: Prescriptions for Swift from John Arbuthnot .................................................. 303

Bibliography ....................................................................................................................... 309

Curriculum Vitae ................................................................................................................ 332
Abbreviations

Works by Jonathan Swift:¹


Other Frequently Cited Primary and Secondary Works:


¹ Despite access to primary works in databases such as Eighteenth Century Collections Online (ECCO), I have used authoritative modern critical editions of Swift’s major works in citations.

DNB  *The Dictionary of National Biography* (online edition)


Introduction

And now, my dear Friend, I am forced to tell you, that my Health is very much decayd; My Deafness and giddyness are more frequent. Spirits, I have none left: my memory is almost gone. The publick Corruptions in both Kingdoms allow me no Peace or Quiet of Mind. I sink every day, and am older by twenty years than many others of the same age.¹

—Jonathan Swift to John Barber, 30 March 1737

This study began with a couple of disarmingly simple and admittedly naïve questions about the medical diagnosis of a famous man: From what disorders did the great Irish satirist Jonathan Swift suffer? And how did these illnesses affect what he wrote and how he wrote it? Throughout his seventy-eight years, Swift (1667-1745) complained about various ailments—colds, shingles, piles, the ague, headaches, heartburn, barked shins—the sorts of ordinary maladies that most people get over in a short time. But it is the chronic disorders about which he complained incessantly—“Giddyness,” deafness, “Noise in [the] ears”—that most compel medical, biographical, and critical interest. One reason is that, strung together over more than forty years of surviving correspondence, Swift’s complaints about these ailments make a sad jeremiad of a gifted writer’s progressive isolation and decline. Another is that, because his diseases were experienced socially as well as physically, they are inseparable from his identity: Dean, satirist, champion of Irish liberties, he was also chronically ill man. Yet another is that Swift brings his disorders famously into autobiographical poems. “That

¹. Jonathan Swift to John Barber, 30 March 1737, in Corr, vol. 5, 20. All subsequent references to letters to and from Swift cite him by last name only. I have maintained original spelling, capitalization, and punctuation throughout.
old vertigo in his head," he said memorably in *Verses on the Death*, "Will never leave him till he's dead." And he represents the experiences of chronic illness imaginatively in works like *Gulliver’s Travels*. Our understanding of his disorders illuminates his works.

For all of the biographical and critical value of looking at Swift’s health and illnesses, scholarly work on his disorders is incomplete or unsatisfying: There is a single book-length dedicated study, published in 1849. Articles in medical journals, most by clinicians, focus on diagnosis but abstract the disorders from his life and works. Biographers treat Swift’s illnesses in passing, often seeing them as disturbances or annoyances that disrupted the busy social and productive literary life of an otherwise healthy man. And only a few literary critics have considered how either the illnesses themselves or Swift’s attitudes toward medicine of his day are represented imaginatively. There is no comprehensive study that considers Swift’s experiences—his identity—as a chronically ill man living in early modern Britain. Given his relentless complaints about disorders that he suffered from his early twenties until his death in his seventy-eighth year, the lack of specific attention to his experiences as a chronically ill man seems conspicuous. It is not surprising, however, for several related reasons:

One is that his biographers too often want to tell a story about the sad decay of Swift’s genius, the misdirection of his literary gifts and, especially among his earliest biographers, his final slipping away into madness. While it is true that Swift’s chronic vertigo and hearing impairments became progressively persistent and disabling over time, those who have given attention to his disorders tend to read them teleologically, as eventuating in the decline of his cognitive faculties, madness, and death; in doing so,

they give less attention to Swift’s experiences in living with chronic illnesses for more than fifty years, to how they shaped his ambitions, his social identity, and his imaginative writings.

A second reason for the relatively little focus on Swift’s experiences as a chronically sick man is our modern understanding of illness. We tend to think of disease in ontological terms, as an exogenous entity that invades or grafts itself onto our bodies and from which we then either recover or die. Even in thinking of chronic illness, we focus on the disease itself rather than on the individual who experiences the disease as a process of living and who struggles to make sense of and control it.\(^3\) We speak of a person’s “having” or “surviving” rather than “living” a disorder. Swift himself wrote, “I am in a middling Way, between Healthy and Sick, hardly ever without a little Giddiness or Deafness, and sometimes both.”\(^4\) His biographers and critics make sickness and health mutually exclusive, however, and worry, I suspect, that they will present his life as sickness punctuated by bouts of health rather than health disrupted by episodes of illness. As but one example, his biographer Irvin Ehrenpreis remarks that, “for all his talk of sickness,” Swift “had remarkably good health,” excepting his “familiar attacks of giddiness and deafness.”\(^5\) Gliding dismissively over that “talk of sickness,” Ehrenpreis blithely ignores Swift’s understanding, imagining, and representing of himself ill.

---


Yet another reason for the relative lack of attention to Swift’s chronic illnesses is that modern clinical diagnosis has imposed limits upon our understanding of them. In the early 1880s, Swift’s “Giddyness,” deafness, and “Noise in [the] ears” were diagnosed retrospectively as the symptoms of Ménière’s Disease, an idiopathic and incurable disorder of the inner ear. (I tell the story of this diagnosis in detail below.) This clinical verdict seemed at last to “solve” the diagnostic riddle of Swift’s complaints. One contemporary medical writer crowed that it “finally settled the point and determined the true character of Dean Swift’s disease.”  

His recent biographer Leo Damrosch writes, “It is often hard to tell, from symptoms reported by eighteenth-century sufferers, just what were the diseases that afflicted them. In Swift’s case there can be no doubt, but no one then had the faintest idea of the truth.” Given the epistemic and cultural authority of modern medicine, few medical writers, biographers, and literary critics have challenged the diagnosis; nor have they questioned the claim that it is indeed the “truth” of Swift’s illnesses. Limited not by a failure of imagination but by clinical fiat, they reduce Swift to a material body afflicted with a disorder not even identified until well over a hundred years after his death.

In considering how a study of Swift’s disorders might be a key to reading his imaginative writings, I find two problems with the directions that readers have taken: First, those, especially among his contemporaries, who saw his chronic giddiness, deafness, and tinnitus as precursors of his eventual madness read Swift’s imaginings of his disorders as symptoms rather than representations. The distinction is crucial.

---


7. Damrosch, 68.
Indeed, Swift himself worried that his disorders would eventuate in loss of memory and madness, that he would “die from the top down.” But those excremental female bodies in the so-called “scatological” verses, the grotesque Struldbruggs of *Gulliver’s Travels*, and Gulliver’s mad misanthropy are not symptoms of Swift’s own psychopathy. Rather, they are horrified imaginings of where his disorders might lead: to the dissolution of his own humoral body, to cognitive decay, to madness. These imaginings, I argue in this study, are acts of containment rather than symptoms, a way of making sense of his disorders by objectifying and representing them in language.

Those who accept various clinical diagnoses of Swift’s disorders, especially Ménière’s Disease, and then read his imaginative writings in light of those diagnoses, commit a critical error of a different sort. To their credit, they do find in the works representations of his maladies rather than symptoms. So they see Gulliver’s dizzying shifts of perspective and his problems of communication as Swift’s representation of his own vertigo, deafness, and tinnitus. But accepting and then interpreting the imaginative works in light of the retrospective diagnosis, these readers impose upon Swift a clinical body and then find representations of a clinical disease. Reading his life and works through this clinical lens, they cannot fully appreciate how Swift imagined and represented both his humoral disorders and his lived experiences as a sick person.

My own study does not dismiss the retrospective diagnosis out of hand; as I suggest in a later chapter, it has some value as *analogy* for Swift’s disorders. But we need to understand that the clinical medicine we know is but one sort of medical narrative, a way of explaining how the body operates in sickness and health. Swift’s understanding of his own body and disease was quite different. Given his complaints
about how his afflictions disabled him and disrupted his social life and identity, Swift would accept the Galenic view of his contemporaries Thomas Sydenham and Hermann Boerhaave that disease is *functio laesa*, that which hinders or diminishes the natural and vital functions of daily life. But a modern clinician might say the same. For Swift and his contemporaries, however, disease was not something independent of the body—a pathogenic bacterium or virus that had to be driven out. Rather it was an imbalance of the fluid humors constituting that body. According to Swift’s own medical narrative, the disordered body could be put back into order only when humoral balances were restored.

If we are to appreciate more fully his lived experiences as a chronically ill man and his representations of those experiences in imaginative works, we must return Swift to the humoral body in which he lived. Doing so frees us from the reductive biomedical model of disease and the interposing authority of the clinic, and it helps us appreciate better the fluid nature of both his body and his social identity. It helps us understand the sometimes-desperate measures that Swift took to manage that body, how he performed the "sick role," and how he imagined and represented himself ill. And, paradoxically, returning him to his early modern body opens up new critical opportunities in reading imaginative works like *Gulliver’s Travels*; it allows us to see the ways in which he represented both his experiences and his identity as a sick person. Finally, with Swift’s own fluid and permeable humoral body as referent, we get a more profound understanding of his anxieties about social and cultural disorder than the studies of his

---

politics, religion, and aesthetics, which abstract his ideas from his body, can give us by themselves.

With this I turn to Swift’s persistent use of the word *disorders*, from which this study takes its title. In talking about his own physical distresses, Swift routinely used the words *disease, illness, sickness, and ailment*, usually without discriminating among them. But the term that he invoked most frequently in discussing his chronic distresses was *disorders*: “I have felt my head a little disordered.” “[F]or some weeks…I was very ill with my two inveterate Disorders, Giddyness and deafness.” “[M]y disorders of deafness and giddiness increase daily.” In the correspondence, Swift uses the word *disorder* or some variation thereof more than a hundred times to describe his ailments, the expression “out of order” an additional twenty-five. These words have particular resonance for his case: First, they emphasize that for Swift and his contemporaries, disease was a humoral imbalance, which threw one’s constitutional equilibrium into disarray. Swift’s particular disorders were all the more unsettling because they not only made his body unstable but also confused his senses, which mediated between world without and world within. As he tottered uncertainly, so he worried about disordered cognitive functions—reasoning, judging, remembering. The disorders of body and mind explain, in part, Swift’s “divided self,” the confusions and contradictions of identity much debated by biographers and literary critics.

Swift’s persistent use of the word *disorder* also has significant implications beyond his physical and psychological distresses. The disorders of his body were

---

socially disruptive: They forced him into isolation. They frustrated his political ambitions. And they compelled him to redefine himself socially, making of a vigorous, athletic man a “Valetudinarian”; of a ready conversationalist and performer in company a person “so disordered with a noise in my ears and deafness, that I am utterly unqualified for all conversation or thinking.” Finally, because the humoral body exists on a continuum with and is permeable to the world outside of it, Swift’s return again and again to the word disorder helps us appreciate his particular anxieties about social and political order and what it meant to be a “disordered” person living in a “disordered” world.

The lines between social, political, and physical bodies were never quite clear. Describing the Exclusion plot fomented by malcontents who threatened the “peaceful raign” of Charles II, John Dryden in Absalom and Achitophel begins with the concept of humoral digestion as metaphor. The “Multitude” have been fed lies, which are “swallow’d in the Mass, unchew’d and Crude.” The social and political disorder that follows is humoral disorder:

This Plot, which fail’d for want of common Sense,  
Had yet a deep and dangerous Consequence:  
For, as when raging Fevers boyl the Blood,  
The standing Lake soon floats into a Flood;  
And every hostile Humour, which before  
Slept quiet in its Channels, bubbles o’r:  
So, several Factions from this first Ferment,  
Work up to Foam, and threat the Government.  

12. Ibid.
Although Dryden would metaphorize social disorder as humoral disorder—“as...so...”—the boundaries between natural body and body politic are indistinct. Social disorder is not separate from but continuous with humoral disorder; government of the political body is government of the humoral body. A few lines later, memorializing the Earl of Shaftesbury, leader of the “Petitioners” for Exclusion, as the villainous Achitophel, Dryden makes social disorder a function of bodily disorder. Shaftesbury is himself a frail, deformed body that can hardly contain its dangerous humors:

Restless, unfixt in Principle and Place;  
In Pow’r unpleas’d, impatient of Disgrace.  
A fiery Soul, which working out its way,  
Fretted the Pigmy [B]ody to decay:  
And o’r inform’d the Tenement of Clay.\(^\text{13}\)

The rhyming triplet collapses any distinctions between political madness and humoral imbalance.\(^\text{14}\) But this is not merely imaginative representation of a scheming politician; it is a literal description of a humoral body disordered.

Other writers, non-imaginative and imaginative alike, placed physical, social, and political bodies on the same continuum. In Book 3 of *Gulliver’s Travels*, Swift himself comically collapses any distinctions between body politic and natural body when he literalizes political disorder as humoral disorder. There a projector in the Academy of Lagado who insists upon “a strict universal Resemblance between the natural and the political Body,” proposes an infallible scheme for curing political ills with the same prescriptions used to restore humoral imbalances: “Lenitives, Aperitives, Abstersives,

\(^{13}\) Ibid., 6.

\(^{14}\) Only a few lines later comes Dryden’s oft-quoted couplet, “Great Wits are sure to Madness near ally’d;/And thin Partitions do their Bounds divide” (ibid.).
Corrosives, Restringents, Palliatives, Laxatives, Cephalalgicks, Ictericks, Apophlegmaticks, Acousticks."¹⁵ Some of these numbered among the medicines that his friend and physician John Arbuthnot had prescribed for Swift; others, like the cephalalgicks and acousticks, for treating cephalic disorders and deafness, respectively, would have served him well in his own disorders. The Dean is writing his satire on government from the experiences of his own disordered body.

For Swift, the humorally disordered world was no mere abstraction or comic prop. Thrown into disarray by his confused and convergent senses, his world was topsy-turvy. With his own disordered body as referent, recreating his experiences as a chronically ill man helps us understand not only his concerns with maintaining order in the world but also his own notorious subversions of that very order, perpetrated, he said, “to vex the world.”¹⁶

Preoccupied with political, religious, social, and aesthetic order, Swift was ever anxious about disorder in the larger world. The seismic disruptions of the English Civil War still resonated profoundly, especially for the man who traced the upheavals of his own family to the “great Rebellion and usurpation.”¹⁷ Swift blamed the mad enthusiasms of the Commonwealth for the displacement of his family from their native England to Ireland: His grandfather Thomas had lost his livings in the Civil War because of his Royalist allegiances. Of Thomas’s sons, “four settled in Irel (driven thither by their sufferings, and by the death of their father).”¹⁸ This displacement helps to explain Swift’s

¹⁵. GT, 177-78.
¹⁸. Ibid., 189-90.
own hopes for an appointment in the English Church, a return of the patrimony that he felt was rightfully his.

Already thirty-three years old at the turn of the eighteenth century, Swift had lived through most of Charles II’s reign, the serious business of Exclusion during which the Tories and Whigs had germinated as partisan groups, and the deposal of the Catholic James II and installment of William and Mary in the Glorious Revolution of 1688. These disruptions were not abstractions for him. When James turned to Ireland for help in restoring himself to the English throne, Irish Protestants worried about a Catholic uprising. “The Troubles then breaking out,” Swift wrote in a brief autobiographical fragment, he himself went to England for safety in 1689. There he “was received by Sr Wm Temple,” who employed him on and off as private secretary for some ten years.\textsuperscript{19} Temple, a moderate Whig who supported the Glorious Revolution as a common-sense solution to the political disorder of the day, was the longtime acquaintance of William III; in fact, it was he who had negotiated the marriage of William and Mary. Swift adopted Temple’s brand of Whiggism and was himself entrusted with communications between Temple and the king.\textsuperscript{20} When the Whigs began threatening the institutional political and religious order that Swift saw as a protective dike against chaos, however, his political sympathies shifted. He bristled especially at Whig attempts to remove the Test Act. This act (more properly, series of acts) enforced Anglican orthodoxy against Roman Catholic recusancy and Protestant dissent by requiring that all persons in civil, military, or church office take the Oath of Supremacy, which denied the doctrine of transubstantiation and

\textsuperscript{19} Ibid, 193.

\textsuperscript{20} Ibid, 193-94.
recognized the monarch as head of the English Church, and receive the Anglican form of communion. Deeply committed to maintaining these institutional forms and order, Swift turned his allegiances to the Tories.

As we shall see in a later discussion, Swift placed his own political and social aspirations in the Tory ministry of Queen Anne’s later reign, and he became a chief propagandist for Tory causes. His pamphlet The Conduct of the Allies (1711) is given much credit for having ended the War of the Spanish Succession, long prosecuted by the Whigs for what Swift and other Tories saw as personal profit. And he edited and contributed to the Tory Examiner from 1710 until 1713. Swift’s political aspirations disappointed with the death of Anne and the fall of the Tory ministry in 1714, however, he assumed the duties of Dean of St. Patrick’s Cathedral in Dublin, where he remained till the end of his life in what he thought of as “banishment.”

Fearing that political and religious worlds were always on the precipice of disorder, Swift also worried that language itself, that discursive form of order, was slipping into chaos. There were the venial trespasses against linguistic forms—misspellings of words by his beloved Stella (Esther Johnson) and others of his acquaintance.21 There was also the irritating modish slang of the fashionable set, which

21. “Ppt [Stella] is a good girl for not being angry when I tell her of spelling,” he wrote in the Journal to Stella. “I see none wrong in this.” 8 January 1711-12, in JS, 363. Years later, he wrote to Mary Pendarves, “A woman of quality, who had excellent good sense, was formerly my correspondent, but she scrawled and spelt like a Wapping wench, having been brought up in a Court at a time before reading was thought of any use to a female, and I knew several others of very high quality with the same defect.” 29 January 1735-36, in Corr, vol. 4, 456. Harold Williams suggests that the lady in question is the Countess of Orkney (ibid., 456n2). Swift’s own spelling, notes Damrosch, “was erratic at times” (229); in this, he was like most others of his day.
Swift satirized in *Polite Conversation*, one of his last publications. But most worrisome to him, as to his admirer George Orwell so many years later, was the fast and loose use of language to exploit others: the cant of religious enthusiasts that had provoked the English Civil War; the meaningless windy drone of non-conformist preachers that he pilloried in *A Tale of a Tub*; the manipulations of the lawyers “bred up…in the Art of proving by Words multiplied for the Purpose, that White is Black, and Black is White, according as they are paid.” So concerned was Swift with what he saw as the deteriorations and abuses of language that in 1712 he wrote a serious *Proposal for Correcting, Improving and Ascertaining the English Tongue*. In this pamphlet he pleads for the founding of an academy in England “for Ascertaining and Fixing our Language for ever.” Inspired by the Académie Française, this institution would “be made of such Persons, as are generally allowed to be best qualified for such a Work, without any regard to Quality, Party, or Profession.” The order of language had to be regulated against both decay and abuse, insisted Swift.

In his position as Dean of St. Patrick’s, Swift also demanded rigorous observation of forms. He kept a watchful eye on his subordinates and, his friend and early biographer Patrick Delany reported, he took notes on the performances of visiting preachers and corrected their missteps:


23. GT, 227.

24. That Swift should address the proposal to Oxford tells us that he placed even his hopes of maintaining order in language in the Tory ministry.

As soon as anyone got up into the pulpit, he pulled out a pencil and piece of paper, and carefully noted every wrong pronunciation or expression that fell from him. Whether too hard, or scholastic (and, of consequence, not sufficiently intelligible to a vulgar hearer), or such as he deemed improper, indecent, slovenly, or mean; those he never failed to admonish the preacher of, as soon as he came into the chapter house.26

In his open “Letter to a Young Gentleman, Lately entered into Holy Orders,” written by “a Person of Quality,” Swift spends more time counseling the clergyman on matters of performance in the pulpit than he does in discussing doctrinal matters, laying out clerical duties, or warning against the snares of society. He has advice on choice of words and quotations, inflections of voice, appeals to passion, turns of wit, even the way in which the clergyman should write his sermons out on paper for easier reading.27

Swift, who delighted in the company of others, had rules for conversation, too. He “talked a great deal in all companies, without engrossing the conversation to himself,” said his cousin and biographer Deane Swift. “His rule of politeness in this case was, that every man had a right to speak for a minute; and when that minute was out, if nobody else took up the discourse, after a short pause of two or three moments, the same person had an equal right with any of the rest of the company, to speak again, and again, and again, and so on during the whole evening.”28 Swift, we are told, was always consulting his watch. We can only imagine here the performance of conversation, at once carefully regulated and comic, governed always by the Dean.

26. Delany, 140.

27. A Letter to a Young Gentleman, Lately enter’d into Holy Orders (London, 1721). In this letter, Swift gives his famous definition of style as the “[p]roper Words in proper Places” (6).

28. Deane Swift, 266.
Swift insisted, too, on forms of respect. His cousin Deane reports that on one occasion Swift’s “indignation took fire” when a correspondent addressed him chummily as “Dear Swift”: “DEAR SWIFT, said he! What monstrous familiarity is here!” When the impertinent writer signed himself Swift’s friend, the Dean “was out of all patience. My friend! my friend!...pish, psha; my friend!” But, said Swift, “recollecting himself...he is a lord, and so let it pass.”

On another occasion, an Irish bishop sent his servant to ask a favor of Swift. Swift refused to grant the bishop’s request, he grumbled, “because he ought to have come himself, and not sent his servant to me upon such a message.” Swift, said Deane, “knew to a point the respect that was due to him; which he took care to exact without any sort of abatements.” As we shall discuss at greater length, Swift was ever insecure about his own social identity. The expectation that he be properly addressed was not mere arrogance; it was the enforcement of social rank. Insisting upon “due” respect appropriate to his own “point,” Swift had constructed a social identity.

In enforcing social order, Swift also expected practiced performance of servants. Dining with Lord Orrery in Dublin, he kept notes of a servant’s missteps: “I am thinking,” Swift remarked to Orrery, “how often, if your servant had been mine, I should have chid him for faults which I have seen him commit; and I find the number of times amount to twenty-two.” The servant’s faults, said Orrery, were all failures of form:

29. Ibid., 361-62.
30. Ibid., 360-61.
31. Ibid., 360.
32. Ibid.
“not giving a plate with the right hand; not taking off a dish with both hands; putting the plates too near or too far from the fire; and such kind of trifles.” Some recent commentators suggest that Swift’s preoccupation with such “trifles” was a sign of an obsessive compulsive disorder, which, in the face of existential uncertainty, tried to find protective security in trivial details and repetitive rituals. But there is more to it: To Swift, forms were crucial to preserving order in the face of the modernity that Claude Rawson calls “the dissolution of orderly standards and categories.” The carefully circumscribed performances of servants at dinner were no less significant to enforcing this order than religious rituals, linguistic forms, and class boundaries.

For all of his anxiety about maintaining order in the world, few people of his day presented their own beliefs so ambiguously; few perpetrated greater disorders of social forms and language than Swift himself. At the same time that he would attack the superstitions and tyranny of the Papists and the mad enthusiasms of the Dissenters, his own (apparent) defense of reasonable Anglicanism in A Tale of a Tub, refracted as it is through the crackpot ramblings of the teller, irreverent ribaldry, and the fits and halts of the allegory itself, is so disjointed and oblique that many readers, including Queen Anne herself, were convinced that its author was entirely irreligious. In his writings about Protestants in Ireland, he often subverts the “very conservatism he upheld in church

33. This report, from Orrery, comes in a handwritten note in a copy of his book; quoted by Damrosch, 275.


affairs,” says Joseph McMinn. And at the same time that he nominally represented
English interests in Ireland, as a clergyman in the Church of Ireland, he was the
“Hibernian patriot” and anonymous M.B. Drapier, with a bounty on his head for
“promot[ing] Sedition among the people.”

Swift also violated the very forms of respect and ritual performance that, he
insisted, enforced social order and rank. “[T]here are persons who complain,” he wrote,

There’s too much satire in my vein,
That I am often found exceeding
The rules of raillery and breeding,
With too much freedom treat my betters,
Not sparing even men of letters.

Samuel Johnson took Swift to task for such liberties. Himself the poor man who
famously rebuked the Earl of Chesterfield for turning him away at his door, Johnson at
the same time “insisted on the duty of maintaining subordination of rank.” In respecting
rank, said Johnson, “I consider myself as acting a part in the great system of society,
and…I would behave to a nobleman as I should expect he would behave to me.” In his
Life of Swift, Johnson criticized Swift for his violations of social manners:

It may be justly supposed that there was in his conversation, what appears so
frequently in his Letters, an affectation of familiarity with the Great, an ambition of
momentary equality sought and enjoyed by the neglect of those ceremonies
which custom has established as the barriers between one order of society and
another. This transgression of regularity was by himself and his admirers termed
greatness of soul. But a great mind disdains to hold any thing by courtesy, and


37. [John Carteret, Lord Lieutenant of Ireland]. By the Lord Lieutenant and Council of Ireland, a
Proclamation (Dublin, 1724).

38. “A Dialogue between an Eminent Lawyer and Dr. Swift Dean of St. Patrick’s, Being an

therefore never usurps what a lawful claimant may take away. He that encroaches on another’s dignity, puts himself in his power; he is either repelled with helpless indignity, or endured by clemency and condescension. Johnson understood Swift’s behavior perfectly but not his motives. Begrudging the ingratitude and neglect of those whom he had served faithfully, Swift felt that he deserved social elevation for his merits and service. His “transgression” of the very “regularity” that he expected of others was his way of conferring upon himself the social rank that he thought was owed him.

Swift also violated the forms of language that he himself was so concerned about maintaining. If, as Brean Hammond says, he was ever “tormented by the dangerous plasticity of language,” he also indulged in exhaustive, sometimes exhausting word play. There is in the Journal to Stella the “little language” that he shared with Stella and Rebecca Dingley; we shall discuss this at greater length in a later chapter. There are also outrageous puns throughout his correspondence; elaborate word games, especially with his fellow language prankster Thomas Sheridan; and neologisms in his imaginative works. It is Swift, after all, who gave us words like Lilliputian and Yahoo and the name Vanessa. In one of the most brilliant disorderings of language, he and Sheridan exchanged letters in hybrid “Latino-Anglicus” and “Anglo-Latinus,” which ingeniously spliced together Latin and English words. If such clever word games


42. “Vanessa” was Swift’s sobriquet for the passionate Esther Vanhomrigh, an inversion of the prefix of her last name—“Van”—and “Essa,” a pet name for “Esther.”

43. Swift wrote to Lord Orrery that Sheridan “writes me English latinized, and Latin Englyfyed, but neither of them equal to mine, as my very enemies allow. It is true indeed, I am gone so far in this
celebrated the imaginative possibilities for language, they also showed the permeability of linguistic forms and precariousness of linguistic order.

As Swift unstitched the norms of “correct” language, so he also broke social expectations by slipping in and out of character in company. Lætitia Pilkington reported that on one occasion he suddenly lifted “Part of his [clerical] Gown to fan himself with” and, “acting in the Character of a prudish Lady,” quipped, “I never could bear to touch any Man’s Flesh—except my Husband’s.” Subverting the dignity of his own social bearing and of sex roles, the grave clergyman teased the company’s expectations—and also got away with bawdy badinage. We hear from other sources like his bookseller Faulkner that Swift delighted in impersonation; as Rawson remarks, he had an “almost magical inventiveness as a mimic.” His pliability of character and the ability to ventriloquize people of all social levels served Swift well in his satiric works. But they also played with social forms, turning people’s preconceptions on their heads and making his identity as they understood it slippery and elusive.

While Swift’s mimicry and odd social performances are sometimes regarded as eccentricities, they are of a piece with his notion of the “bite,” convincing people first of all that I can hardly write common English, I am so apt to mingle it with Latin. For instance instead of writing, my Enemies I was going to spell it mi en emis.” 25 September 1735, in Corr, vol. 4, 396. Aside from his clever exchanges with Sheridan, Swift used the Latino-Anglicus form to satirize learned medicine of his day. See Paul W. Child, “Jonathan Swift’s Latin Quacks: ‘A Consultation of Four Physicians upon a Lord That Was Dying,’” The Cambridge Quarterly 40, no. 1 (March 2011): 21-35.

44. Pilkington, vol. 1, 59.

45. Faulkner claimed that in his youth Swift played the roles of a number of people—“a waggoner’s boy, a boot-catcher, an ostler, a waiter at a tavern…a weaver, a shoemaker”—in order to know “a variety of life.” Quoted by John Nichols, in Supplement to Dr. Swift’s Works (London, 1779), 758-59. Nichols says that Faulkner’s character was unimpeachable “but that his credulity might [have been] imposed upon,” by Swift himself, we presume (758n). Claude Rawson, introduction to Jonathan Swift: A Collection of Critical Essays, ed. Claude Rawson (Englewood Cliffs: Prentice Hall, 1995), 7.
some serious idea and then pulling the rug out from beneath their convictions. In suggesting how his friend William Tisdall could get the better of Stella, Swift explained the game:

I will teach you a way to outwit Mrs. Johnson: it is a new-fashioned way of being witty, and they call it a bite. You must ask a bantering question, or tell some damned lie in a serious manner, and then she will answer or speak as if you were in earnest: and then cry you, ‘Madam, there’s a bite.’ I would not have you undervalue this, for it is the constant amusement in Court, and every where else among the great people.\(^{46}\)

The bite itself, which Swift exploited in elaborate practical jokes like the Bickerstaff Papers and satires like “A Modest Proposal” and “An Argument against Abolishing Christianity,” counts for its effect upon the disruption of order—what is expected—and what one then gets. It is an ironic teasing of social forms.

In a letter of 1729 to Bolingbroke, Swift wrote of his delight in disorder:

I built a wall five years ago, and when the masons played the knaves, nothing delighted me so much as to stand by while my servants threw down what was amiss: I have likewise seen a Monkey overthrow all the dishes and plates in a kitchen, merely for the pleasure of seeing them tumble and hearing the clatter they made in their fall. I wish you would invite me to such another entertainment.\(^{47}\)

Such topsy-turvy entertainments had no meaning, of course, without an appreciation for the order thrown into chaos. So, too, the effects of his disruptive social performances rested in prescribed norms, the typology of “manners” and “polite conversation” that Swift turned on its head in his violations of social forms and his impersonations. Similarly, the effects of Swift’s anarchic word play depend upon “correct” forms of

---

46. Swift to the Reverend William Tisdall, 16 December 1703, in Corr, vol. 1, 40. Swift abruptly ended communications with Tisdall not long after when he realized that Tisdall sought Stella’s hand in marriage.

language; the egregious puns, the brilliant Latino-Anglicus, the nonsense words—all are defined still by forms of syntax and grammar. Such play puts order and disorder into continual tension.

Certainly we may attribute Swift’s acute awareness of the confusions of order and disorder to the political conditions of post-Civil War Britain that forced him to seek safety in England; to internecine religious conflicts in which he engaged; to the economic and social upheavals of the long eighteenth century; and, as we shall see in considering his social identity, to the exceptional conditions of his own life: an “Anglo-Irish” man insecure in his parentage and disappointed in his political and religious aspirations. But we need to consider also the disorders of Swift’s own body: the chronic “Giddyness,” “Deafness and noise in [his] Ears” that disoriented him, threw him into disequilibrium, and occluded his senses and understanding. The humoral body, by definition, is ever indeterminate, always in flux, and the boundaries between body and world permeable. But Swift’s body was singularly unstable. His body was ever on the precipice between humoral order and disorder.

The word disorder, then, mediates Swift’s physical sufferings and disabilities, the decline of his cognitive abilities, the disruptions to his social life, the indeterminacies of his social identity, political and social chaos, cultural decay. If his humoral body was the contested site in a battle between physical order and disorder, it was also referent for political, religious, social, and aesthetic order and disorder. We can appreciate this only by returning Swift to his humoral body and considering how he understood, explained, experienced, and imaginatively represented his disorders.
Challenging retrospective diagnoses of Swift’s disorders, Chapter 1 of this study makes the argument that we can speak responsibly about his experiences and representations of illness only by seeing them as the imbalance of fluid humors, as he and his contemporaries did. Following his death in 1745, early biographers and medical writers discussed Swift’s giddiness, deafness, and tinnitus as a way to explain the vagaries of his character, especially to explain what they saw as his final madness. Not until the middle of the nineteenth century was there a decided shift away from this “character” biography to some attempt to diagnose his illnesses clinically. In 1881, John Bucknill made what has since been taken as the definitive clinical diagnosis—Ménière’s Disease; with very few exceptions, biographers and literary critics have accepted this retrospective diagnosis. Even as the clinicians claimed “objectively” to wrest Swift’s life and illnesses from the character criticism of the early biographers, however, they imposed their own narrative about the body and disease. This chapter challenges the retrospective clinical diagnosis on both historical and methodological grounds and insists instead that we see Swift’s illnesses as humoral disorder. As context for the discussions of his own understanding of his illnesses, it explains humoral pathology and the logic behind his management of his illnesses.

In discussing at some length the painful bout of shingles that Swift suffered during his time in London in 1712, Chapter 2 makes the argument that he experienced humoral disorder socially as well as physically. As homely as the disease seems, it exemplifies humoral pathology. The logic of humoralism gave both Swift and his doctors a coherent narrative by which to explain (and thereby give shape to) the disorders of his body. But his story of illness is also a social narrative. Confined to his rooms for many
weeks, Swift was cut off from the society and conversation of friends in whom he had placed his political and social ambitions. Reading the shingles episode as both humoral and social narrative, this chapter discusses how he experienced the disease physically and socially and how he represented himself ill, especially in the *Journal to Stella*.

Chapter 3 turns to the persistent giddiness, deafness, and tinnitus that Swift suffered from his early twenties. It makes the argument that we can understand his lifelong experiences with these illnesses only by returning him to the humoral body in which he lived. The chapter begins by interrogating the retrospective diagnosis of Ménière’s Disease that most modern biographers and critics impose upon Swift’s disorders. While acknowledging the value of this diagnosis as analogy for his sufferings, it argues that the clinical narrative effectively expropriates his authority over his own body and experiences—how he understood, explained, and represented himself ill. Having returned his body and his experiences as a sick person to himself, the chapter shows how Swift explained both the causes and processes of his humoral disorders. His explanation of cause is especially important to our understanding of how Swift imposed narrative order upon his unruly body. His convictions that he had contracted his giddiness by gluttonizing on apples and contracted his deafness and tinnitus from catching cold conformed with humoral theories about disease. This explanation thus gave Swift a way of making sense of his individual sufferings by fitting them into a larger disease narrative. In telling the story of his illnesses, however, he also invoked various typologies that gave his experiences both larger cultural and personal meanings. These self-representations were especially important for telling the story of chronic illnesses: If
the shingles episode had narrative closure in the restoration to humoral balance that cured him, there was no closure for the story of his chronic disorders.

His historical body having been returned to Swift, Chapters 4 and 5 discuss the practical measures that he took to manage his disorders by restoring humoral balances through medical interventions and regimen, respectively. Because of the almost universally shared conception of the humoral body, medical knowledge was not the exclusive property of a profession that claimed legal and institutional authority over patients’ bodies (and purses) or a clinic that asserted its positivist epistemology as intellectual authority. So while Swift consulted trained physicians, swallowed their pills and draughts, and suffered their ministrations, he also took the advice and medicines of friends and others, from a broad range of social classes. Given the shared assumptions about the body and disease, an individual like Swift was expected also to take greater responsibility for his own health by regulating the “non-naturals,” those six external variables by which the body negotiated exchanges between inside and outside worlds: air, food and drink, sleep, exercise, evacuations and retentions, and the passions. In trying to restore or maintain humoral balances, Swift undertook a lifelong regimen, which not only disciplined his body but also gave structure to his daily life. In considering this regimen, I make the argument that his exercising, which his doctors and friends worried had become excessive, was singularly important to him not only because of his conviction that it restored humoral balances but also because of his temperament and sense of masculine identity: Swift was a man of great energies who seemed always on the move; he also defined himself sexually by his athletic vigor.
Following the argument of an earlier chapter that Swift experienced illness socially as well as physically, Chapter 6 discusses the ways in which his chronic disorders disrupted his social life and confused his social identity. Embarrassed by a body that would not perform as he willed it, unable to converse with friends, and befuddled by the roaring in his ears, Swift confined himself to the walls of the St. Patrick’s deanery, complaining of increasing isolation, neglect, and loneliness. The man who craved social recognition and rank found himself helpless, emasculated, in his own word, “insignificant.” Worse for Swift, he feared mental decay and even madness.

Having discussed Swift’s social experiences as a sick person, the chapter turns to the oft-visited question of his identity. From the earliest “character” criticism to our own debates about his political and religious beliefs and the subversions of forms in his imaginative works, biographers and critics have talked of Swift’s “divided self.” I suggest in this chapter that we consider his confused and uncertain identity as correlative to his confused and uncertain humoral body.

Chapter 7 argues that at the same time that his chronic illnesses made determining a fixed identity difficult, Swift found new opportunities for reimagining himself in what the medical sociologist Talcott Parsons called the “sick role.” As with most people who get sick, the sick role allowed Swift to plead exemptions from various social and professional obligations. He used illness as excuse for not traveling to see friends in England or visiting those in Ireland and as explanation for long lapses in correspondence. In these ways, he was typical. But, this chapter argues, Swift also found opportunities for reimagining himself socially and sexually in sickness. His own birth, nationality, and class uncertain, Swift’s social identity, like his humoral body, was
fluid and indeterminate. Because illness levels all persons, however, Swift found communal identity with other sick persons. And in his sick talk with the well-to-do, he imagined social ascendancy. Sick like the lords and ladies of his acquaintance and even the queen herself, he imaginatively conferred upon himself the social rank that he did not have by birth and had been unable to earn by merit or industry. He could also reimagine himself sexually. In the intimacy of sick talk with women who were ill like him—Stella and Henrietta Howard—Swift became husband and lover. So he played the sick role to his own imaginings.

The final chapter of this study discusses the ways that Swift represented the experiences of illness imaginatively in *Gulliver’s Travels*. It begins by challenging those readers who use the retrospective clinical diagnosis as a critical lens and then find in the work representations of Ménière’s symptoms. In keeping with the central claim here, I make the argument that the clinical diagnosis not only presupposes a different conception of the body that Swift represented in the *Travels* but also limits our understanding of how he imagined the lived experiences of chronic illness. Only by restoring Swift to his humoral body and the text to his experiences as a sick person can we appreciate his imaginative representations of his physical sufferings, anxieties, social disabilities, and indeterminacies of body, mind, and identity. These indeterminacies help explain the representation of Gulliver as “monster,” a being whose identity is shifting, uncertain, never quite definable. Historicizing Swift’s illnesses, we can also appreciate more fully how the disorders of his humoral body—giddiness, deafness, tinnitus, and decays of mind and memory—became thematic catalysts for his satire. The noise and “Party-madness,” errors of perception and cultural decay that
Swift satirizes so persistently in the *Travels*—and so many of his other works—all have their referents in his own disordered humoral body.
Chapter 1

Returning Swift to the Humoral Body

When we are sick, we try to make sense of our physical disorders and to cure or at least manage them the best we can. Medical diagnosis is itself a first measure of control. As Charles Rosenberg says, “[D]isease does not exist until we have agreed that it does, by perceiving, naming, and responding to it.”1 In his constructionist view, the very perception of the disease instantiates its existence. Then, with diagnosis comes an intelligible narrative about the etiology of the disease, its progress in our bodies, and outcome. This clinical narrative, the one the doctors tell us about our bodies, is itself an attempt to fit individual experience into a larger structure, to give it meaning beyond itself by seeing it as a disease entity shared by others with like symptoms. And so an individual’s singular experience becomes universalized.

In Swift’s day, no less than in our own, the sick tried to make sense of their disorders—and thereby to impose some control upon them—by shaping them narratively. Some few who wrote about their own illnesses tried to see their bodies with cold, dispassionate objectivity. George Cheyne, himself a doctor and likely an acquaintance of Swift, reported of his own case in print,

I had a violent humorous Cough, and threw up great Quantities of gross viscid Flegm, which I knew to be the [food,] not so sufficiently digested and attenuated,

as to become thin enough to circulate freely through the small Vessels: but were thrown off, and despumated upon the larger Emunctory and open Glands.²

Cheyne’s unembarrassed description of the gross physical details of his disorders fit into a larger narrative about the humoral body and so was a way for him to make sense of what might otherwise have seemed random and disconnected physical phenomena. Such objective self-descriptions were rare in Swift’s day, however.

More often, those who wrote about their illnesses saw in them the agency of Providence. Sickness was God’s warning, physical experience that provoked spiritual reflection and mercifully allowed the survivor a second chance to undertake moral reform.³ After a serious fever, Robinson Crusoe, whose experiences as a sick man are no less representative because he is a fictional character, reflects,

But now, when I began to be sick, and a leisurely View of the Miseries of Death came to place itself before me; when my Spirits began to sink under the Burthen of a strong Distemper, and Nature was exhausted with the Violence of the Feaver; Conscience that had slept so long, begun to awake, and I began to reproach myself with my past Life, in which I had so evidently, by uncommon Wickedness, provok’d the Justice of God to lay me under uncommon Strokes, and to deal with me in so vindictive a Manner.⁴

While Crusoe might call his ailment “Distemper” or “Feaver,” in his providential reading of his own physical experiences it is God’s hand at work in the world. Even Cheyne, caught between the “medicalized” view of his own ailments and the subjectivity of his experiences as a man trying to find meaning for his individual sufferings, concludes his


case self-study by ascribing to “an over-ruling Providence” the “meer casual Hints, far beyond the Reach of my Penetration,” that directed him inevitably to both physical and spiritual health. Thus “autopathography,” Cheyne’s story about the processes of his own gross body, became spiritual autobiography. The reflecting sufferer read the plot of his sickness teleologically, as directed toward the greater end of “God’s plot.” Such “mythic thinking,” as Ann Hunsaker Hawkins calls it, not only universalized and gave the individual experience greater meaning beyond itself but also imposed order upon disorder by shaping it narratively and generically.

In his open letter to a young clergyman, Swift speaks of having seen physicians’ commonplace books, which serve the doctors in ministering to their patients because “they are Collections of Facts or Cases.” Regrettably, there are no surviving notes or case study from Swift’s own doctors. Nor did Swift himself write the story of his illnesses. Despite his incessant complaints about his various ailments over a lifetime of correspondence, he seems to have considered sick talk vain and self-indulgent. In An Essay on Conversation, he wrote, “Another general Fault in Conversation,” among many, is that “those who affect to talk of themselves…will relate the Annals of their


6. The term “autopathography—autobiographical narrative of illness of disability”—is Thomas Couser’s: Recovering Bodies: Illness, Disability, and Life Writing (Madison: University of Wisconsin Press, 1997). 5. For examples from the eighteenth century, see not only Cheyne’s “The Case of the Author” but also Frances Flood’s The Devonshire Woman; or, A Wonderful Narrative of Frances Flood (London, [1723?]). For a thorough treatment of Flood’s case, see David Shuttleton’s excellent study of smallpox and the literary imagination. See also Raymond A. Anselment, “The Wantt of Health’: An Early Eighteenth-Century Self-Portrait of Sickness,” Literature and Medicine 15, no. 2 (Fall 1996): 225-43.


8. A Letter to a Young Gentleman, Lately enter’d into Holy Orders (London, 1721), 22.
Diseases, with the several Symptoms and Circumstances of them.” That he did not write an autopathography should not surprise us; few people in his day did. And, as we shall consider later, Swift seems to have been temperamentally disinclined to autobiography. But because he left behind no sustained, coherent reflective narrative about his illnesses, the burden of making sense of them, especially by situating them in the culturally constructed narratives to which he himself subscribed—medical, religious, social—rests upon medical writers and biographers.

During Swift’s lifetime, after he had become famous as both writer and Irish patriot, newspapers worried anxiously about his health. “We hear from Dublin,” reported the Daily Post in 1725, “that the Reverend Dean Swift is so well recovered of his late Illness, that he was arrived in that City from his Country Seat.” “Our worthy patriot the rev. Dean Swift lies dangerously ill,” the Grub Street Journal informed its readers in 1737. And an “Extract of a Letter from Dublin” in the London newspapers of 1741 reported that Swift “was lately taken with a sudden Illness, as he was going into the Deanery House, and fell down in a Fit, and continued speechless for a long Time” until “he recover’d, and continues in pretty good Health, to the general Joy of this City.” Such were the public’s anxieties about Swift’s health during his life.

After Swift’s death in 1745, contemporary memoirists and biographers traded in stories about his disorders, sometimes to serve their own interests. The scandalous Lætitia Pilkington, for example, found an opportunity for self-promotion, congratulating herself that she was one of the few allowed to see Swift during his “Periodical fits of Deafness”:

The Dean for the latter Part of his Life, contracting his Acquaintance into a very narrow Compass, for as he was frequently deaf, he thought this Infirmity made him troublesome, and therefore kept no Company but such as he cou’d be free with, as to bid them speak loud, or repeat what they had said. It was owing to this, that Mr. P———n and I frequently pass’d whole Days with him, while Numbers of our betters were excluded.13

Pilkington prided herself on her access to the great man in his illness.

If Pilkington’s discussion of Swift’s health served her own narrative of self-vindicaton and social rise, others who wrote about the disorders, especially those who had known him in life, engaged a biographical polemic, using them to explain, attack, or vindicate his character. In the first full-fledged book on Swift’s life and writings, Lord Orrery saw Swift’s increasingly erratic behavior as the cumulative effects of his chronic ailments, which were “cerebral” in nature. Likewise lamenting the misdirection and frittering away of Swift’s literary genius, Patrick Delany attributed the savagery of the Dean’s satiric temper to constitutional illness, which Swift managed to keep at bay until 1723, when he “unhappily relapsed into the first infirmity of his constitution….And from that time, became I dare not say, I dare not think, what.”14 In response, Swift’s cousin

13. Pilkington, vol. 1, 59-60. The “Mr. P—n” in question is Pilkington’s husband Matthew, from whom she was ecclesiastically divorced by the time she wrote the memoirs, largely as self-vindication from what she claimed were his slanders. Long considered self-serving and unreliable, Pilkington’s Memoirs have recently been reassessed more generously. See Daniel Cook, “Lord Orrery’s Remarks on Swift and Literary Biography after 1750,” Eighteenth-Century Ireland / Iris an dá Chultúr 28 (2013): 62-63.

Deane Swift, who himself had witnessed and reported upon Swift’s condition late in life, protested that the Dean’s pitiable decline was only natural to one who had lived as long as he did: “To sum up all—he lived long an honour to the powers of the human mind: and died (as he had lived for some few later years) a sad monument of the infirmities incident to it in this house of clay.” Notwithstanding such a defense, Samuel Johnson claimed that Swift’s illnesses led to his mental decline and eventually to “madness… compounded of rage and fatuity”: “The disease of Swift was giddiness with deafness, which attacked him from time to time, began very early, pursued him through life, and at last sent him to the grave, deprived of reason.”

While this interest in seeing Swift’s ailments as ways to explain intellectual decline and madness waned during the nineteenth century, the diagnosis of madness was revived in new forms by twentieth-century biographers and readers who found evidence of psychopathology in his writings. Notoriously, Freudian critics put Swift on the couch, read his imaginative works as case notes, and concluded that he suffered from “coprophilia,” “anal fixation,” “an unusually severe castration complex,” and “dread

15. Deane Swift, 195. The grandson of Swift’s uncle Godwin, Deane was one of the few individuals who knew Swift during his final years.

16. Samuel Johnson, Swift, in The Lives of the English Poets; and a Criticism on Their Works, 3 vols. (Dublin, 1779), vol. 2, 480, 442. Seizing upon the unsubstantiated story that Swift's servants exhibited him for money, Johnson wrote famously in The Vanity of Human Wishes, “And Swift expires a Driv'ler and a Show” (25). Such was the common acceptance of the tale about Swift's decline into madness that his case became a dismal comparison for others. In 1780, Thomas Alcock wrote of his late brother Nathan’s “old nervous disorder” and attendant “dizziness, giddiness, and stupor in the head,” “He put me in mind of Dean Swift’s case, who was troubled in the latter part of life with such a giddiness; and I was always apprehensive, that the Doctor's disorder, like the Dean’s, would terminate in a depravation, or deprivation of the mental faculties.” Thomas Alcock, Some Memoirs of the Life of Dr. Nathan Alcock, Lately Deceased (London, 1780), 43-44.
of a gigantic father.”  

But even as they were diagnosing him with distinctly psychiatric maladies, others still causally connected what they saw as his mental disorders with the disorders of his body. In 1942, John Hayward, editor of the Nonesuch edition of his works, described Swift as “suffering increasingly from attacks of deafness and giddiness that were finally to drive him off his head.”  

Hayward’s assessment follows from the tradition of Swift’s own contemporaries.

Given the persistent belief since antiquity that disorders of the mind and body are one, we cannot make categorical separations between distinctly mental disease like “madness” and somatic diseases. Nor did Swift. He himself associated his declining memory and inability to focus his talents with his chronic giddiness and vertigo. But wrestling mind from body might rescue Swift from the character criticism of his first biographers and critics. As early as 1752, Orrery had speculated of Swift’s decline that “some internal pressure upon his brain might have…affected the auditory nerves, and


then, by degrees, might have increased, so as entirely to stop up that fountain of ideas, which had before spread itself in the most diffusive, and surprising manner.”¹⁹ Before the “birth of the clinic” in the early nineteenth century, however, there was little interest in explaining his disorders in strictly biomedical terms or in solving a diagnostic riddle. Even when the physician Thomas Beddoes took up Swift’s ailments as a case study, he straddled medical and moral explanations, arguing that the “giddiness and coldness of stomach” that afflicted Swift throughout his life resulted from a “pitiable secret vice” (that is, masturbation) that had become habitual during his youth; the aberrant preoccupation with “things impure,” said Beddoes, eventuated in misanthropic madness.²⁰

Not until 1849, when the Irish otolaryngologist William Wilde published a book-length study of Swift’s final illnesses, was there a shift in emphasis, from discussing the Dean’s health in the framework of his character and behavior to reading the signs in an attempt to tender a clinical diagnosis. Wilde turned to the new authority of the clinic “in the hope of rescuing [Swift’s] character from some of the aspersions which have been cast upon it.”²¹ He concluded that the expressive dysphasia and late-life dementia were not signs of “lunacy” but organic affections of cerebral congestion:

¹⁹. Orrery, 280.

²⁰. Thomas Beddoes, Hygeia: or Essays Moral and Medical, or The Causes Affecting the Personal State of Our Middling and Affluence Classes (Bristol, 1803), vol. 3, 189 ff; Robert Mahoney, Jonathan Swift: The Irish Identity (New Haven: Yale University Press, 1995), 66-67. Outraged that Beddoes should “directly ascribe the vertigo of Swift, with all its distressing consequences, to habits of early and profligate indulgence,” Walter Scott responded that we should take the Dean at his word “for the origins of his malady,” the reckless gluttonizing upon fruit, which this study takes up in a later chapter. Despite his umbrage, Scott does not challenge the persistent claim that Swift had degenerated into “violent and furious lunacy” in his last years. Life of Swift, vol. 2, The Miscellaneous Prose Works of Sir Walter Scott (Boston: Wells and Lilly, 1829), 2, 21, 300.

It may, we are free to confess, appear at first view an almost impossible task to write the history of Swift’s case and post mortem examination upwards of a century after his death: nevertheless we have no hesitation in asserting that the following detail of symptoms, given chiefly in the words of the patient, afford us one of the best described, and certainly the very longest instance of cerebral disease which we have ever met with, extending as it does over a period of fifty-five years!\(^22\)

Here it seems is a confident clinical diagnosis. Provoked by attacks upon Swift, however, even Wilde’s attempt to dislodge Swift’s case from the “dyspeptic criticism” of Johnson and the dark “aspersions” of Beddoes straddles still the claims of the older “character” biography and medical writing and the discoveries of the clinic.\(^23\) His conclusion is a reminder that the clinical diagnosis that we take as scientific fact is itself conditioned and shaped by social institutions and polemics.

In a brief note of 1881, J. Wickham Legg, intent like Wilde upon rescuing Swift’s reputation, again from the defamations of Beddoes, suggested that the Dean presented clinically with the classic triad of symptoms indicating Ménière’s disease: vertigo, progressive deafness, and tinnitus.\(^24\) An incurable and progressively debilitating dysfunction of the inner ear membrane, known also as labyrinthine vertigo, the disorder had been identified only twenty years earlier by Prosper Ménière, a clinician of the Paris school and physician-in-chief to the Institute for Deaf-Mutes. In the *Gazette Médicale de Paris* Ménière described the symptoms in one of his patients:

> A healthy young man would experience suddenly, without apparent cause, vertigo, nausea, vomiting; a condition of indescribable distress drained his

\(^{22}\) Wilde, 5.

\(^{23}\) Wilde, 70.

strength….lying on his back he could not open his eyes without seeing the objects around him whirling in space.\textsuperscript{25} 

At first Ménière diagnosed this patient as suffering from cerebral congestion, as Wilde had Swift. But the young man did not respond to the standard interventions of bleeding and purging in such cases. And when he began to complain of both loud noises in his ears and coincident deafness, Ménière concluded that the vertigo, tinnitus, and hearing loss were all symptoms of the same disease, an idiopathic disorder of the inner ear.\textsuperscript{26} 

Shortly after Legg ventured the diagnosis of Ménière’s syndrome for Swift’s symptoms, John Bucknill, a founding editor of \textit{Brain}, elaborated upon the diagnosis.\textsuperscript{27} Bringing the new authority of the clinic to rescue Swift from charges of lunacy, as had Wilde, Bucknill concluded that what those like Johnson and Walter Scott saw as “insanity” was, instead, dementia with accompanying aphasia, likely the result of a “localised left-side apoplexy or cerebral softening” in his seventy-fourth year.\textsuperscript{28} He turned his attention then to Swift’s chronic disorders. Having reviewed Swift’s own statements about his collective disorders, he concluded that the diagnosis of Ménière’s appeared “to conform in all important points with the life-long disease of the illustrious

\begin{footnotes}


28. Bucknill, 816.
\end{footnotes}
That is, the clinical diagnosis became mapped onto Swift’s disorders and made a coherent narrative of his random reports and complaints.

Despite Legg’s original suggestion, Bucknill is usually credited with solving the diagnostic riddle of Swift’s symptoms, and his article is the locus classicus of the clinical explanation of the Dean’s disorders. Even more so, retrospective diagnosis is the triumph of the clinic over the benighted claims of humoralism. Bucknill’s own diagnosis is as much an encomium in praise of the modern clinic as it is an explanation of Swift’s chronic disorders. “[T]he knowledge of [Ménière’s],” he rhapsodized, “is one of the most recent triumphs of pathological research directed by physiological experiment.”

Sixty years later, an anonymous writer in the British Medical Journal claimed that Meniere’s disease fits in with Swift’s symptoms so well that there is no difficulty in accepting this diagnosis to the exclusion of such alternatives as otosclerosis and syphilitic labyrinthitis. Jonathan Swift’s contemporaries understood his bodily ailments no more than they understood his ‘fierce indignation which lacerated the heart.’

As testimony to the ascendant authority of the clinic, medical writers, biographers, and literary critics have since the 1880s almost universally accepted Bucknill’s retrospective diagnosis of Swift’s chronic disorders.

---

29. Bucknill, 807-808, 809.
30. Bucknill, 807.
32. There are rare exceptions. In 1908, for example, the American ophthalmologist George Gould challenged Bucknill’s diagnosis, claiming that Swift’s symptoms all indicated chronic migraines. “Bucknill’s worthless article,” sneered Gould, is a good example of the easy slipshod acceptance of a diagnosis by the modern ‘scientist,’ who without any labor in gathering facts or ability to digest them, slides over all difficulties with that
Over the last century an industry has formed of the retrospective diagnoses of writers’ ailments. Many of these, like William Ober’s notorious *Boswell’s Clap and Other Essays* (1979) and John Ross’s more recent *Shakespeare’s Tremor and Orwell’s Cough* (2012), have been written by clinicians. Their speculative diagnoses often engage spirited debates, not only in literary criticism but also in the pages of medical journals like the *Lancet* and the *British Medical Journal*: Did Jane Austen die of Addison’s Disease, lymphoma, tuberculosis? Were Samuel Johnson’s tics the result of Tourette’s Syndrome or an obsessive compulsive disorder? Was the Pott’s Disease that Alexander Pope was said to have suffered from contracted from his wet nurse? Because of the tantalizing links between mental illness and creativity, diagnosing writers’ mental illnesses has roused particular interest: Robert Burns, Virginia Woolf, Ernest Hemingway, and Sylvia Plath are but a few who have been diagnosed with skill which gives the false satisfaction to the author and to the careless reader the erroneous impression of knowledge and observation.

“The Case of Jonathan Swift,” *Interstate Medical Journal* 15, no. 12 (1908): 953n. Few others have disagreed with Bucknill, even when they have refined his diagnosis some. In 1939, for example, the Irish surgeon T.G. Wilson elaborated upon Bucknill’s conclusion by claiming that “the exciting cause” of Swift’s Ménière’s disease “was probably Eustachian obstruction caused by a badly deviated septum.” “Swift’s Deafness and His Last Illness,” *Irish Journal of Medical Science* 6th ser., no. 162 (June 1939): 241-56. The deviated septum was apparent from a cast of his skull, unearthed in the 1830s when the crypt of St. Patrick’s flooded.


clinical depression and mood disorders. And retrospective diagnoses are continually rewritten to account for new disorders. Recently, Hans Christian Andersen, Emily Dickinson, Lewis Carroll, and James Joyce have all been placed on the autism “spectrum.” And one writer argues that Swift himself suffered from Alzheimer’s Disease.

Retrospective diagnosis has certain appeals. At its base, there is titillating speculation in imagining, for example, that Shakespeare suffered from venereal disorders or that Thomas Shadwell was an opium addict. There is, more constructively, the challenge of solving diagnostic riddles faced by those who would interpret clinical signs from the past. For literary critics, retrospective diagnoses also offer new ways of reading authors’ imaginative works. For example, attributing John Milton’s blindness to bilateral retinal detachment, a condition in which “subjective sensations of light persist even after the loss of sight,” helps us appreciate the persistent images of light or even the fire without flame of the opening scene in hell. Recognizing the disability and isolation that Flannery O’Connor suffered from lupus helps us understand the alienation and social psychopathy of a character like the Misfit in “A Good Man Is Hard to Find.” And, indeed, the Ménière’s disease from which Swift himself is said to have suffered may help us appreciate his imaginative representations of vertigo,


deafness, and tinnitus in a work like *Gulliver’s Travels*. This study considers such readings in its final chapter.

Despite the interest and value of retrospective diagnosis, medical historians since the 1970s have challenged such diagnosis on both practical and theoretical grounds. Aside from the methodological problem that the body that is the object of diagnosis cannot itself be examined, those who challenge retrospective diagnosis see it as yet another example of “Whiggish” history that would impose an often self-congratulatory “presentist” interpretation upon the past. Given such problems, overlapping anachronisms come with diagnosing Swift’s chronic disorders as Ménière’s disease: The first and more obvious is that Swift could not have suffered from a disorder that did not exist until 1861, well over a century after his death. To borrow from Andrew Cunningham, people can suffer only from the diseases available to them. Neither Prosper Ménière’s disease nor Bucknill’s diagnosis was available to Swift or his doctors.


40. Cunningham quips that “you die of what your doctors says you die of. Your cause-of-death certificate is not negotiable” (16).
A second anachronism is the ontological and epistemological problem of submitting his reported symptoms to a different conception of the body, a different framework for understanding and explaining physiological processes, a different way of defining disease itself than those that Swift and his world understood. A retrospective diagnosis leads us to assumptions that we then ascribe, misguidedly, I would argue, to Swift’s body, his experiences, his social identity, and his imaginative writings.

There is yet another problem with the specific diagnosis of Ménière’s disease: Despite the confident authority of the clinic, authorities agree that it remains among the most mysterious of maladies: It is idiopathic, its exact causes unknown. It often baffles diagnosis and prognosis. It strikes at irregular intervals and in varying degrees of severity. It defies certain treatment. Swift’s own understanding of disease, in fact, gave him a more certain diagnosis of his chronic disorders and a more certain treatment plan than the Ménière’s doctor or patient has. Swift knew exactly what he suffered from: humoral imbalance. He knew exactly what he had to do to treat it: restore humoral balance.

As Cunningham insists, instead of imposing our own understanding of the body and pathology on historical figures like Swift, we must place “past disease firmly in the past, and [interpret] that past experience of disease in such a way that people of the present may empathise with that past experience, but not [turn] it into some early version of modern disease and hence of modern disease and hence of modern experience.”41 In other words, to avoid the misguided teleology of retrospective diagnosis, we must consider the social and cultural contexts of the patient and

41. Cunningham, 16.
reconstruct, as nearly as we are able, the lived experience of the sick person. In Swift’s case, that experience is inseparable from contemporary conceptions of the body and pathology, that is, from a humoral understanding of his chronic disorders. Swift lived not in the clinical body of Ménière and Bucknill but in a humoral body. Disease was not a biomedical phenomenon indicated by laboratory measurements and symptoms common to a disease “entity” but an imbalance of one’s humors.

The rough outlines of the humoral system are commonplace, but they deserve a quick review here, to establish contexts for the discussion of Swift’s understanding and representations of his own disorders in the chapters that follow. According to the Hippocratic-Galenic model that persisted through the eighteenth century, the body comprised four humors: blood, phlegm, yellow bile (choler), and black bile (melancholy). The four humors had qualities of heat and coldness, dryness and wetness. So while choler was a hot, dry humor, phlegm was cold and wet. Swift’s contemporary John Moyle offered a classic explanation:

Now the Humid Part of the Body (or Mass of Blood) is made up of four different Humours; Choler, that answers the fiery Elements in Nature; and Sanguis, that represents the Aereal; and Phlegma, the Turgid Aquaous Part; and Melancholy, the more Grumous and Earthy Substance. While these Humours remain in that due Measure and Temper, that Nature assigned them, so long is the Body in Health.  

An individual’s health was defined by proper balance of these humors—“due Measure and Temper.” But while a popular fallacy has it that the four humors existed in

42. John Moyle, The Experienced Chirurgeon (London, 1703), 3-4. While some conceptions of the body had five, three, or as few as two humors, the classic Hippocratic-Galenic model had four, concocted from food in the stomach. Blood in this case is itself a humor and not the liquid medium by which the humors are circulated. Because what Moyle calls the “Mass of Blood” carried the humors, however, the common practice of bleeding, to which Swift and most of his contemporaries submitted, was intended to remove a pathological “plethora” of a given humor.
proportional balance, with one quarter given to each, in fact, every individual constitution ("complexion") had its own balance. Invariably, one humor predominated, a constitutional emphasis that determined not only an individual's psychological "temperament" but also the person's predisposition toward certain disorders. So while a disease like plague could originate as a "miasma" outside the body, a sanguine individual, one whose temperament was hot and moist (that is, in whom blood predominated), was thought to be more susceptible to the disease; a person in whom choler predominated would be more resistant. Because phlegm was thought to cause "cold" diseases, a person in whom that humor predominated would more likely suffer from congestive disorders like colds and pneumonia—and from the giddiness, deafness, and tinnitus from which Swift himself suffered.

According to the humoral narrative to which Swift subscribed, then, health was defined as a balance of humors (eucrasia) particular to the individual. Because the humors were fluid, however, they were always shifting and dynamic, subject to change over time, from year to year, from day to day, or even from morning to evening. And, significantly to our understanding of Swift's particular disorders, the humoral body was permeable so that there were continual exchanges between one's inner body and the environment—of air and perspiration, food and drink, products taken in and products evacuated. These exchanges affected one's humoral balance. The challenge always was to maintain equilibrium as best one could, of both the humors in one's own body and of the body in its environment.

By the same humoral logic, disease was a deficiency, plethora, or corruption of one or more humors (dyscrasia). “[W]hen Plethory abounds, or Cacochymia affects any one or more of them, then is the Body crasie,” said the surgeon Moyle. Any kind of disorder, then, from indigestion to vertigo to plague, was a humoral imbalance. In this way, the humoral pathology was elegant in both its simplicity and its comprehensiveness: Every sick person suffered effectively from the same disorder, an imbalance of the humors. But because each person’s constitutional balance was different by nature or weakened by habit, no two cases were the same. So Swift himself complained of his chronic deafness and giddyness, “I am sure there is not one Patient in my case through this whole Kingdom.” Although he had a sense of his own exceptionalism, there is no perverse self-aggrandizement here; his case was, in fact, unlike any other.

The trick was to figure out what particular humoral imbalance one suffered from and then work to restore the natural balance, by supplying a deficiency with food and drink or, more commonly, by expelling a peccant or superfluous humor. The body afflicted by a corrupt or overabundant humor, said Moyle, “Nature now endeavours to extrude what is Noxious, through the extern Parts.” Ideally, the body would naturally rid itself of the humoral excess. “A resilient constitution,” say Roy Porter and G.S.

44. Moyle, 3-4. Cacochymia is the vitiation of one or more humors.

45. Swift to Charles Ford, 20 November 1733, in Corr, vol. 4, 210. In dating letters throughout this study, I follow Harold Williams’ lead for correspondence that straddles Old and New Style calendars. According to the Old Style (Julian) calendar still used in Britain during Swift’s day, the new year began on March 25. So a date of 7 February 1720-21, for example, would be 1720 in the Old Style calendar and 1721 in the New Style (Gregorian) calendar that had been used in the rest of Europe since 1582 but was not adopted in Britain until 1752.

46. Moyle, 3-4.
Rousseau, “would throw off the disease and restore humoral balance, and its tone would soon reassert itself.” The gout that laid up so many eighteenth-century gentlefolk is but one example. If the body could not drive the gouty humors to the extremities, where they could be expelled, they might settle as chronic disorders or, worse, cause a poisonous, fatal congestion. Swift himself reports in the Journal to Stella that “lord Jersey died of the gout in his stomach, or an apoplexy or both.” And Queen Anne, he says in 1711, “is well, but I fear will be no long liver; for I am told she has sometimes the gout in her bowels.” In comic verse, Swift explained the prevailing theory about driving disease out of the body:

As, if the gout should seize the head,  
Doctors pronounce the patient dead,  
But, if they can, by all their arts;  
Eject it to the extremest parts,  
They give the sick man joy, and praise  
The gout that will prolong his days.

And as we find in the later discussion of his chronic disorders, Swift wished his “giddiness” could be relieved by the gout: “I would compound for a light easy gout to be perfectly well in my head.” The humoral logic was simple: To restore the body’s constitutional balance, the peccant matter must be driven to the extremities of the body and then out of the system.

48. 26 August 1711, in JS, 268.
49. 28 April 1711, in JS, 195.
51. 4 Nov 1711, in JS, 316.
At the risk of generalization, most humoral explanations of disease blamed corruptions or superfluities of humors on improper “digestion.” While “digestion” has some relation to our modern understanding of the means by which food is broken down in the stomach for assimilation as nutrients or for expulsion as waste, the term in humoral physiology, synonymous with “concoction,” comprehends the larger physiological processes by which the aliments are broken down and transformed to humors to be “duly assimilated” throughout the “animal Œconomy” (or living system). Proper digestion depended upon the heat of the stomach. Having properly “cooked” the raw aliments, the healthy stomach would separate the useless from nutritious matter, expel the coarse “excrementitious” remainders, and then convert the nutritious matter to chyme. Chyle, extracted from this chyme in the duodenum, would then be converted to humors in the liver for distribution throughout the body in the nutritive blood. If the stomach were too cold, as Swift thought his own was, it would not properly “cook” the aliments and, instead of producing pure “attenuated” humors, to use Cheyne’s word from above, would leave improperly digested crude matter like phlegm, which would either throw the entire system out of balance or settle in various body parts.

52. Thomas Sydenham, *Dr. Sydenham’s Compleat Method of Curing Almost All Diseases, and Descriptions of Their Symptoms*, anon. trans, 4th ed. (London, 1710), 120.

53. For a helpful discussion of the processes of concoction in humoral physiology, see Michael Stolberg, “‘You Have No Good Blood in Your Body’: Oral Communication in Sixteenth-Century Physicians’ Medical Practice,” *Medical History* 59, no. 1 (January 2015): 63–82. As evidence of the enduring legacy of the humoral connection between disease and digestive processes, we have the discussion of Wilde, among the first to claim the authority of the clinic for his diagnoses of Swift’s disorders. Considering first that Swift “himself and his physicians” attributed his ailments “to some derangement of the stomach,” Wilde concluded that Swift’s gastric attacks were, in early life at least, induced by irregularities of diet. It is also evident that they were attended with vertigo, deafness, sickness of stomach, pain in the head, diminution of muscular power, as shown in his tottering gait, and numbness or some slight loss of sensation in the upper extremities. That these in turn were symptomatic of some cerebral affection is manifest;
humoral imbalances could cause systemic disorders, they could also present as localized pathologies, even ulcers and tumors, when they “fermented” in a discrete part of the body.54

Disease, then, said Thomas Sydenham, “the English Hippocrates,” “is caused by the Redundancy of the Morbific Matter which [Nature] cannot concoct and assimilate, by which the Patient is at last poison’d.”55 It was the ability or inability of the individual body to expel the pathogenic humors that determined the simple but crucial important nosological distinction in Swift’s day between acute and chronic diseases. “[W]e rank all Distempers of the Body under two general Heads,” said the Edinburgh “Student in Physick” John Cook in 1730, “namely, Acute and Chronic”:

By Acute Diseases we mean, all those Distempers that come and terminate in a short time, as Fevers, Inflammations and the like. By Chronical Distempers we mean, those that continue for several Months or Years, such as the Gout, Leperosy, Scurvy, and the like; the Causes of all which proceed from the Depravity of some of all of the aforesaid constituent Parts of the Blood, and have their seeming base Difference from the Place and Parts of the Body affected, and the Symptoms attending, that causing a Leperosy in some Constitutions, which but how far it depended on, or was induced by gastric disease, it is now difficult to determine; cases are, however, on record, which tend to show that all the early symptoms of the Dean’s malady may be produced by affections of the stomach and alimentary canal. As Swift advanced in years his symptoms became more decidedly cerebral…. (64)

Wilde’s clinical medicine, no less than the humoral medicine that had prevailed for more than twenty centuries, still suggested that the stomach could be the seat of an individual’s cerebral disorders.

54. An early eighteenth-century medical text written for the common man explains,

By Congestion a Tumour is gathered for want of the digestive Faculty in the Part, which is insufficient to concoct the Humour, or to expel it by insensible Transpiration: Sometimes the vicious Quality of the Matter designed for the Alimentation of that Part, gathers by degrees into a Tumour, as being not qualifi’d to be converted into the Substance of said Part.

Paul Dubé, The Poor Man’s Physician and Surgeon: Shewing the True Method of Curing All Sorts of Distempers, by the Help of Such Medicines as Are of the Product of Our Climate, and Consequently to Be Prepared without Much Charge and Difficulty (London, 1704), 334.

55. Sydenham, 140.
causes Scurvy in others; and that the Gout in one, which occasions the Stone in another Body.\textsuperscript{56}

In an acute disorder, the body would try to throw off the corrupt or superfluous humor through a fever—hence, the clinical attention to and important prognostic value of the fever “crisis”—or through other natural means like a skin eruption.\textsuperscript{57} In the next chapter we shall see the critical process by which Swift’s own body worked to expel a superfluity of hot, acrid choler during a debilitating episode of shingles. As painful as the process was, the body cured itself naturally, albeit over several long, painful months, by extruding the excess humor. This was a victory of nature over disease.

If nature itself could not prevail against the peccant humors and restore the humoral balance, the individual might resort to medical interventions to prod or shock the body into expelling the foul matter—bleeding, vomits, evacuations, blisters, and sudorifics (which induced sweat). In chronic disorders, however, the pathogenic humor would become “settled” in the system. While Porter and Rousseau quip, “Chronicity was the flip side of crisis,”\textsuperscript{58} we might qualify this notion by saying that the body of one who suffered a chronic disorder might attempt to expel the peccant humor in “paroxysms”—those “fitts” of giddiness and deafness about which Swift complained persistently.\textsuperscript{59} For Swift himself, there were “recoveries” when the body seemed to right itself, even if there

\begin{footnotes}
\item[56] John Cook, \textit{An Anatomical and Mechanical Essay on the Whole Animal \OEconomy; in One View} (London, 1730), vol. 2, 45-46.
\item[57] The very etymology of the word \textit{crisis}—from the Greek “to decide”—reminds us of the crucial value of the fever crisis to prognosis.
\item[58] Porter and Rousseau, 238.
\item[59] In Swift’s frequent use of the word, a fit is, according to the OED, “a paroxysm, or one of the recurrent attacks, of a periodic constitutional ailment….A sudden and somewhat severe but transitory attack (of illness, or some specified ailment).” OED, s.v. “fit.”
\end{footnotes}
were, inevitably, relapses: Finally, the chronically ill person was unable to rid himself entirely of the offending matter, as it caused either systemic or localized disease. Sydenham ascribed this failure to a constitutional inability to concoct the humors suitably for proper assimilation, to age, or even to what we might call the resignation of a local part to live in uneasy alliance with the superfluous or foul humor and hold it at bay as well as possible:

But where the matter of the disease is such that it cannot raise the assistance of a fever, for its thorough discharge, or is fix’d upon a particular part too weak to expel it, either on account of the peculiar structure of that part, (as in the palsy, where the morbific matter is fixed in the nerves, and an empyema, where, it is discharged into the cavity of the breast) or through a want of natural heat and spirits, (as when phlegm falls upon the lungs weakened by age, or an habitual cough) or lastly, from a continual afflux of a new matter, whereby the blood becomes vitiated, and, by its vigorous endeavours to throw it off, overpowers and oppresses the part affected; in all these cases, the matter is slowly brought to concoction, or not at all; and therefore diseases proceeding from such indigestible matter, are what we properly term chronic.

“And from these two contrary principles,” Sydenham concluded, “acute and chronical diseases respectively arise.” Like most others of his day, he believed that chronic disorders had to be faced with vigilance and careful regulation of the so-called “non-naturals” of Galenic medicine (about which more, below). But because they were traced, finally, to a constitution weak by heredity, weakened by disease, or ruined by dissolute habits, chronic disorders could rarely be fully cured. Relapse inevitably followed “recovery.” The best that Swift could do was battle to keep the superfluous and peccant humors at bay.

Because of the simplicity and universality of the humoral system, knowledge of the body and disease was not the exclusive province of clinical specialists. Rather, each individual, from the illiterate tailor with a home remedy for deafness to the man like Swift who had read widely in medicine, could know his own body. Hence, physical self-governance was both a fundamental medical and moral principle. As but one resource, a sick person might consult the doctor, who would try to encourage or support the body’s own natural processes through various interventions. But because the person would, at least notionally, understand her or his own particular constitution best through lived experience, responsibility for restoring or maintaining humoral balances rested, finally, with the individual. As we shall see, Swift himself did seek medical help for his chronic illnesses. But in trying to correct humoral imbalances and govern his own unruly body, he turned primarily to a strict regimen of diet and, especially, exercise.

In pursuing humoral balances appointed by nature, the individual was advised especially by popular regimen books to mind the six non-naturals, those environmental and hygienic variables by which the permeable body negotiated exchanges between inside and outside worlds: air, diet, sleep, exercise, evacuations and retentions, and the passions. Because the designation “non-naturals” seems odd in the context of restoring natural balances, Cheyne speculated that they are so called possibly because in their preternatural State they are eminently injurious to human Constitutions; or more probably, because tho’ they be necessary to the

Subsistence of *Man*, yet in respect of *him*, they may be considered as *external*, or different from the *internal* Causes that produce *Diseases*. 62

Regimen authors typically devoted a separate section to each of the six health factors, with advice on how the individual should regulate it in his or her own life. The medieval *Regimen Sanitatis Salernitatum*, of which Swift owned two different early seventeenth-century editions, is organized around the non-naturals. Cheyne himself structured his best-selling *Essay of Health and Long Life* (1724) around these six concerns, he claims, as a means of achieving “some Order and Connexion.” 63 And the physician-polymath John Arbuthnot projected a whole series of regimen books, one devoted to each of the six non-naturals. Before his death in 1735 he had finished *An Essay of Aliments* (1731) and *An Essay concerning the Effect of Air on Human Bodies* (1733). Discussion of these qualities in regimen books thus served a generic, structural purpose as well as a medical one.

In 1707, the physician Peter Paxton claimed that “Galen’s Doctrine” had been “exploded as to the four Humours, &c.” 64 And indeed by Swift’s day the Hippocratic-Galenic notion of the fluid body comprising four distinct humors was vying for authority with “iatrochymical” and iatromechanical explanations and with an emerging neuropathology that saw disease as weak or irritable nerves rather than vitiated or

---


63. Ibid.

64. Peter Paxton, *A Directory Physico-Medical, Compos’d for the Use and Benefit of All Such as Design to Study and Practice the Art of Physick* (London, 1707), xvii.
excessive humors.\textsuperscript{65} Swift’s own doctor and intimate friend Arbuthnot, for example, was one of a number of iatrophysicists who saw the body as a machine that could be explained in terms of hydraulics, liquids circulated by solid fibers; the operations of the body could thus be quantified and expressed in mathematical language. In one of his popular medical texts, Arbuthnot focuses on the mechanical processes of digestion, by which the stomach concocts various animal and vegetable foods and by which the resulting chyle is assimilated into the blood and distributed throughout the body for nutrition; he is concerned about both the assimilation of the chyle and the elasticity of the fibers, the mechanism by which the body receives its nutrition. Despite Arbuthnot’s emphasis on the mechanical processes of the body, however, the humoral model of a fluid body comprising components that must be kept in balance remains unchallenged here, as the full title of his book indicates: \textit{An Essay concerning the Nature of Aliments, and the Choice of Them, according to the Different Constitutions of Human Bodies}.\textsuperscript{66} It is important for us to understand, then, that despite new chemical and mechanical ways of framing the body and a new mathematical language for expressing its processes, the underlying principles of the humoral system remained unchanged, despite Paxton’s claim. Elegant, tenacious, and infinitely adaptable, the humoral model of the body and disease, which persisted until the ascendancy of germ theory in the nineteenth century, merely assimilated the new developments. The persistence of the humoral system and the way that Swift himself repeatedly invokes it both in discussing his own disorders and

\footnotesize
\textsuperscript{65} Olivia Weisser, \textit{Ill Composed: Sickness, Gender, and Belief in Early Modern England} (New Haven: Yale University Press, 2015), 7.

\textsuperscript{66} Dublin, 1731.
in representing them imaginatively make all the more surprising the nearly uniform acceptance by medical writers, biographers, and literary critics of the clinical diagnosis that came more than 135 years after his death.

Humoralism provided Swift an intelligible narrative not only for the chronic disorders that afflicted him throughout his long life but also for the other ailments that came and went. The next chapter considers one such affliction, an episode of shingles that he suffered during his time in London in the early eighteenth century. As homely as the disease seems at first, this episode allows us to see how Swift made sense of the disorder narratively, how he experienced it socially, and how he represented himself ill. It also gives us an opportunity to see the failures and limitations of retrospective diagnosis.
Chapter 2
The Case of Shingles

In the spring of 1712, Swift suffered an attack of shingles lasting some four months. Despite the pain and debilitation that he endured, shingles was a common enough disorder in the eighteenth century, as it is now. The very ordinariness of the disease makes it useful in establishing some patterns in Swift's experiences as a sick person, however, especially the ways in which he tried to understand and impose order upon the disorder of his uncertain body. There was, first, the obvious fact of self-observation: To describe his experiences with the disorder, Swift had to stand outside of his own sick body and his own subjectivity and then give shape to those experiences with language. Then, the humoral explanation of the body and disease, with its clear cause, process, and outcome, gave Swift's disorder narrative form. In this explanation is an important lesson about trying to diagnose Swift's illnesses retrospectively: While the doctor of our own day attributes shingles to a virus, the humoral narrative attributed it to excess choler, working its way out of the body. Because his understanding of the disorder was framed by a different conception of the body and a different medical epistemology, the shingles that Swift suffered was a different disease than the clinical disease we know today. As we shall see later, the same lesson applies to the chronic disorders from which he suffered throughout most of his life.

Giving attention to Swift's experiences with shingles, as homely as the disease was, also establishes another truism important to our understanding of his chronic disorders and to a reading of his imaginative works: Swift experienced illness socially as
well as physically. Because the disorder affected his relations with others, his political ambitions, his very social identity, his understanding and representations of himself ill with shingles were shaped as much by social discourses as by the humoral narrative; the two are hardly separable. And the ways that Swift represented himself socially during his illness were no less strategies for making sense of and imposing order upon his unruly body than the humoral narrative.

As Arthur Frank’s axiom has it, “What happens to my body happens to my life”: There is no disentangling the story of Swift’s illness and health from any other strand of his life, at least theoretically.\(^1\) If we are to appreciate both his experiences and self-representations as a sick man, we need first to situate Swift biographically, especially because of the way that the shingles disrupted his political and social ambitions: He was in London at the time that he suffered the disorder, dispatched by the Irish bishops in 1710 to lobby for remission of the First Fruits and Twentieth Parts. These were cumulatively sizeable taxes upon the clergy that had originally gone to the Pope and then, after the Reformation, to the Crown. While Queen Anne, in her “bounty,” had rescinded these clerical levies for English clergy, the remission had not extended to the Irish branch of the Church. Swift was sent to negotiate on behalf of the Irish Convocation.\(^2\) Arriving in London in early September, he failed to win support for his


\(^2\) Commissioned by the Convocation of the Church of Ireland to carry a warrant for remission of taxes upon the clergy, Swift had first traveled to England in November 1707 but after a year and a half of failed negotiations with the Whig government returned to Dublin, unsuccessful, in June 1709. In 1710, he was sent to try again. Abigail Williams, intro to JS, xli.
plea from the Whig ministry under the lord treasurer Godolphin. When Godolphin was dismissed and Tories came to power in October, he turned to the new Lord Treasurer Robert Harley, later the Earl of Oxford. To his surprise and bemusement, Swift found Harley “so excessively obliging, that I know not what to make of it, unless to shew the rascals of the other party that they used a man unworthily, who had deserved better.”

By late October Harley had promised Swift that the Queen had granted the appeal. Despite the almost immediate success of his mission, however, Swift remained in England until 1714, with a brief trip back to Dublin during the late summer of 1713.

These were heady days for Swift. He became an important player in English politics who, at least by his own account, had the ear of Harley and the Secretary of State, Henry St. John, later Viscount Bolingbroke. Harley and St. John found him a serviceable propagandist for their Tory causes. He edited the partisan weekly, the Examiner. And his pamphlet The Conduct of the Allies helped turned popular opinion against the War of the Spanish Succession, which had been long—and profitably—prosecuted by the Whigs. Aside from his public services to the ministry, both Harley and St. John found in Swift an ally and confidante. “[T]hough he is the most fearless man alive, and the least apt to despond,” Swift wrote of Harley, “he confessed to me, that

3. 21 October 1710, in JS, 45.

4. With greater nuance, Ehrenpreis explains that beneficed Irish clergy would be forgiven the Twentieth Parts, which was a twentieth of the annual income of a living, and that First Fruits would still be collected but would be remitted to the Church of Ireland itself, turned “into a common fund for increasing the glebe and the stipend of poor ecclesiastical livings” (vol. 2, 397). See also Williams, intro to JS, xxxix ff.

5. For a competing opinion of just how important Swift really was to political affairs in the final years of Anne’s reign, see J.A. Downie, “Swift and the Oxford Ministry: New Evidence,” Swift Studies 1 (1986): 2-8.
uttering his mind to me gave him ease.”

While Swift refused indignantly to take money for his services to the ministry, he did hope to be rewarded with a bishopric or deanship in the Church of England. Forty-three when he arrived in London, he was no longer a young man. Given his modest living at Laracor, he certainly worried about financial stability. Even more so, he was concerned with establishing a social identity, with being recognized as a man of influence and power. However much he pooh-poohed the vagaries and inconstancies of power and influence, he hoped for preferment and patronage. He “panted after a settlement in England,” wrote Deane Swift. But in what Swift saw as a lifelong pattern of disappointments and failures to recognize his abilities and services, his ambitions were frustrated by Queen Anne herself. As Head of the Church, Anne had the final say in ecclesiastical appointments. But the deeply pious queen found his Tale of a Tub irreligious and was insulted by his satire on one of her favorites, the Duchess of Somerset.

6. 4 March 1711, in JS, 155.

7. Swift’s economics of gratitude has yet to be explicated fully. But among the most curious and telling of Swift’s private documents is a tally of those friends and acquaintances who had shown—or failed to show—proper gratitude for his services: Each name is marked with the letter “g.” (grateful) or “u.” (ungrateful); there are also those deemed “doubtful” (“d.”) and “indifferent partly grateful” (“i. partly g.”). The name of one acquaintance, Humphry May, is marked “u.” but then “g.” “at last.” “Appendix No. VIII: List of Friends, Ungrateful—Grateful—Indifferent—and Doubtful,” in The Works of Jonathan Swift, D.D., ed. Walter Scott, 19 vols. (Edinburgh, 1814), vol. 1, xcvi. That ingratitude is “a capital Crime” in Lilliput is Swift’s own grumble about those who have left him unappreciated and unrewarded in Ireland (GT, 73).


9. Swift’s recent biographer Leo Damrosch says bluntly that the queen “detested” Swift (154). While vesting his hopes for preferment in Anne, Swift did little to ingratiate himself with her. In a poem of 1714, he explicitly attributed the queen’s disfavor to the satire on Somerset, whose second husband was murdered by thugs reportedly hired by her lover, the Count of Königsmark: “Now, ["Madam Königsmark," that is, the Duchess] her Vengeance vows/On S—’s Reproaches for her [murdered spouse]/From her red
Despite the queen’s animus, Swift’s Tory friends did at last secure for him the position of Dean of St. Patrick’s in Dublin. He reported in late April 1713 that, after some wrangling by James Butler, the Second Duke of Ormonde, Anne agreed that the current dean “Stearn should be Bp, & she consents I shall be Dean.”\(^\text{10}\) That summer he went to Dublin for investiture. Having been sworn in, he returned to London, ostensibly to help repair a fatal rift between Oxford and Bolingbroke. The next July, Queen Anne dismissed Oxford; she herself died the following month, and with the accession of the Whiggish George I, Oxford and Bolingbroke were disgraced, and any of Swift’s own remaining hopes for an appointment in the Church of England died.\(^\text{11}\) Except for a couple of trips to England, in 1726 and 1727, Swift remained in Ireland for the rest of his life in what, he grumbled miserably, was “exile.”

Despite his frustrated ambitions, the time in London was creatively germinal for Swift. In the *Tatler*, he published early poems like “A Description of a City Shower,” one of his later favorites, and he drafted *Cadenus and Vanessa*, the long autobiographical piece about his oft-debated relationship with Esther Vanhomrigh. He also made important friendships with the young Alexander Pope, John Gay, the physician John

---


10. 21 April 1713, in JS, 531. Swift’s long-time friend John Stearne, the existing Dean of St. Patrick’s, was promoted to Bishop of Dromore; Swift took his place. Swift’s biographer Sheridan writes, “The Queen was willing enough that Swift should have a moderate provision made for him in Ireland, in order to send him into banishment, in a decent, though not very honourable manner” (138).

11. In a letter of 8 May 1731, Swift wrote to Knightley Chetwode, “I confess the Queen’s death cured all ambition in me, for which I am heartily glad, because I think it little consists either with ease or with conscience” (in Corr, vol. 3, 462).
Arbuthnot, and other Tory literati and wits. With these “brothers,” Swift undertook the “Scriblerus Papers,” which sought to satirize “all false tastes in learning,” as exemplified by their putative author Martinus Scriblerus (“Martin the Scribler”). Each of the members took on an assignment, parodying the sort of footnote-heavy Scholastic nonsense that such a pedantic fool might have written. Arbuthnot, for example, took on the task of writing Scriblerus’ medical treatise; Pope wrote his rhetoric text. And Swift’s own Gulliver likely germinated in Scriblerus’ travels. Although we should never forget that the Scriblerus project was for Swift good fun, the kind of prankish cultural mischief in which he delighted, it was also important to his creative development.

Perhaps the most remarkable legacy of Swift’s almost four years in London is the so-called Journal to Stella. In this collection of letters, Swift recorded in some detail his activities from September 2, 1710, the day after he arrived in England as solicitor for the Church of Ireland, until June 6, 1713, four days before he returned to Dublin to be installed as Dean of St. Patrick’s. Despite the claims of the title, the letters were written not exclusively to Esther Johnson (Swift’s “Stella”) but conjointly to her and her companion Rebecca Dingley. He had met both while serving as Sir William Temple’s private secretary in England on and off between 1689 and 1699, when Temple died. Stella, the daughter of Temple’s housekeeper, was eight when Swift met her; he was

---


13. The name “Stella” in the title is itself an anachronism, since Swift did not call Johnson by that name until after he left London. I follow convention here in calling her “Stella” throughout.
twenty-one. Swift claimed later that he had “some share in her education, by directing what books she should read, and perpetually instructing her in the principles of honour and virtue.”14 Dingley, a poor relation of Temple, served in his household as occasional waiting woman to his sister, Lady Giffard. After Temple’s death and the dissolution of the household, Swift convinced both women to move to Ireland in 1701. Stella was twenty at the time, Dingley about thirty-five, perhaps a year older than Swift himself.

Typically Swift wrote the letters in the “order of Journall,” recording his daily activities, political observations, social gossip, and town business. “Henceforth I will wri something every day to MD [“my dears”],” he promised, “and make it a sort of Journall, & when it is full, I will send it; whether Md writes or no; and so that will be plitty.”15 Then he sent them off in packets to “the ladies.” There are sixty-five letters in all, some of them covering a single day, others as many as a fortnight or more. While we know that Stella and Dingley responded regularly, their own correspondence was not preserved.

The title by which we know the work now, the Journal to Stella, was applied misleadingly to the collected letters by John Nichols in 1779.16 They were written, at least ostensibly, to both women, whom Swift infrequently addresses as “MD.” In most

14. “On the Death of Mrs. Johnson,” in PW, vol. 5, 227. Considering the immense influence that Swift is thought to have had upon her, the word some seems disingenuous.

15. 9 September 1710, in JS, 7.

16. Ehrenpreis, vol. 2, 651n. The title, however, seems to have been current well before Nichols’ edition. In the Memoires Litteraires de la Grande Bretagne of 1768-69 (London), for example, there is explicit reference to “un Journal qu’il écrivoit à Stella” (vol. 2, 285). In the 1772 Letters, by Several Eminent Persons Deceased (London), there are notes about Swift’s “journal to Sella” (vol. 1, 3, 81). There are other such designations in works published before 1779. By that year, Samuel Johnson was familiarly calling the collection of letters “Swift’s Journal to Stella.” The Works of the English Poets. With Prefaces, Biographical and Critical, 58 vols. (London, 1779-80), vol. 39, 80n. See also Williams’ discussion of this in her introduction to JS, xxxvi ff. Williams is careful to emphasize that Swift addresses both women in the Journal.
cases, he is addressing “my dears,” although he sometimes uses the singular verb, as if he were indeed speaking only to Stella. The title of the collected letters may reflect the popular belief that Stella was Swift’s great love, with whom he was supposed to have contracted a secret marriage in 1716.\(^{17}\) But there is, in fact, often the sense that Swift is writing specifically to Stella and, despite frequent nods to “DD”—dear Dingley—he sometimes casts her as a third party or mere eavesdropper on the conversation between himself and Johnson. Because of the weakness of Stella’s eyes, Swift expected Dingley to read the letters to “Ppt” (likely “Popet,” one of Swift’s pet names for Stella) and, we have the sense, to handle various thankless chores: “Poor dear Ppt, don’t write in the dark, nor in the light neither, but dictate to Dd; she is a naughty healthy girl, and may drudge for both….Does Dd read my hand as well as ever? do you, sirrah? Poor Ppt must not read pdfr’s [Swift’s own] ugly small hand.”\(^{18}\) As we shall see in a later discussion of his self-representations in illness, in his “sick talk” with Stella, Swift reimagined himself in sickness.

Because of Swift’s involvement in Tory politics and the War of the Spanish Succession and his daily interactions with a wide range of people from different social classes in London, the *Journal* richly documents the political and social history of the

---

\(^{17}\) Almost all of his biographers over the centuries have speculated about the secret marriage, with the argument undecided. As Victoria Glendinning cautions, “The only writers it is worth consulting for information about Swift’s rumoured marriage are those who knew him, or who knew people who did. Sir Walter Scott was the last of these. No more recent researcher has found new evidence either for or against.” *Jonathan Swift: A Portrait* (New York: Henry Holt & Company, 1998), 215.

\(^{18}\) 23 May 1711, in JS, 213-14. “Pdfr” or “podefar” was Swift’s frequent name for himself in the letters, translated variously as “poor door fond rogue,” “poor dear foolish rogue” (Ehrenpreis, vol. 2, 652-53), and “poor dear fellow” (Williams, “Appendix E: Glossary of Little Language Used in the *Journal to Stella*,” in JS, 577.)
last few years of Anne’s reign. Because of its accounts of Swift’s dealings with important literary figures and wits in London—Pope, Gay, Arbuthnot, Thomas Parnell—it is also important to literary history. But perhaps most remarkably, the Journal gives us, says its Cambridge editor Abigail Williams, a “sense of the great man in dishabille.”

The letters are intimate, gossipy, confidential, at times bawdy or at least suggestive. And even if not confessional in the sense of Rousseau’s autobiography, they do reveal the private Swift: his frustrations with servants, his anxieties, his ambitions and foolish vanities.

We also see Swift at play, not only in his slapdash tone, contracted words, and impersonations, but also in the “little language”—“ourrichar Gangridge”—that he slips in and out of in his letters. At times a sort of “baby talk,” it is sing-songy and private, full of code words and endearments that only the intimate friends would understand.

---

19. Ehrenpreis suggests that Swift later mined these letters for information about the history of England during the last years of Queen Anne’s reign (vol. 2, 652).

20. Williams, intro to JS, xxxvii. Williams’ version of the Journal is a remarkable editorial achievement.


23. 17 July 1712, in JS, 438-39. Williams translates these lines thus: “O Lord, drunken Slut drink pdfr’s health ten times in a molning; you are a whetter, fais I sup Mds 15 times evly molning in milk porridge, lele’s fol oo now, and lele’s fol ee Rettle, & evly kind of sing…Don’t play a Ombre in your waters, Sollah—Farewell deelest Md Md Md Md FW FW Me Me Me lele lele lele.”
Williams says that she learned to understand the “little language” by carrying on conversations with her three-year-old son. And Swift infantilizes language elsewhere, as, for example, in *Gulliver’s Travels*. But the suggestion that he is here replicating the baby talk that he used with Esther Johnson when she was a child is doubtful; Johnson was already eight years old when Swift first met her. Rather, says Irvin Ehrenpreis, the little language is Swift at his most playful, with his intimate friends. What is important to the discussion of his representations of himself ill, however, is that the playful language becomes a way for Swift to impose order upon his disorder by ironizing and making comic his bodily experiences.

While there are a very few surviving letters written during the time of his shingles, it is in the *Journal to Stella* that he tells the story most fully and graphically. Ideally, we would read every scrap that he wrote during this time, in order to see his disease experiences in their full social and biographical contexts. But with respect to the limits of time and space, I extract here his reports of the disorder itself, as well as they can be separated from the other news, before turning first to the medical and social narratives by which he made sense of the disease and then explicating his representations of himself ill.

Swift first notes some twinges of pain in his entry for March 28, 1712. Having begun with brief reports about time spent with his friend Erasmus Lewis, dinner with the Lord Treasurer and “3 or 4 fellows I never saw before,” and correspondence that he is


25. Unless otherwise specified, his reports on his shingles span the dates from 28 March 1712 through 17 July 1712 in JS, 418-40.
catching up on, he mentions, incidentally, “I have a Pain these 2 days exactly upon th
Top of my left Shouldr, I fear it is something Rheumatick, it winches now and then.” He
asks the ladies offhandedly, “Shall I putt Flannell to it?” before hurrying on to other
affairs: social gossip, the weather, and the importunities of a “Projector” who “pretends
to have found out te Longitude” and has asked that Swift use his influence to bring this
discovery to the attention of the ministry. Swift is an important man.

The next day’s entry, almost entirely preoccupied with his pains, brings a sudden
shift in perspective and with it, one might say, a shift in identity: Whereas the previous
day’s physical irritation was contextualized in his social narrative, the little social news of
March 29 is contextualized in his illness narrative. He begins, “I am plagued with these
Pains in my Shouldr; I believe it is Rhematick; I will do something for it to Night.” He
turns briefly to social events, a goodbye dinner for a friend, Domvile, but this is now
seen through the lens of his disorder. He is convinced that his social drinking has
contributed to his distress: “I drunk 3 or 4 Glasses of Champigne by perfect teazing; thō
it is bad for my Pain…. Tis plaguy hard; I never would drink any Wine if it were not for
my Head, and drinking has given me this Pain.” He puts flannel on the afflicted area and
rubs it with Hungary water, a popular liniment of the day. After a brief complaint about
his notorious ne’er-do-well servant Patrick, vowing to “turn him off” as soon as he
returns to Ireland, Swift closes, “Ill write no more now, but go to Sleep, and see whether
Sleep & Flannell will cure my Should’. Nite deelest Md.” Despite his jaunty closing, Swift
is now a sick man.

In the brief entry for March 30, Swift reports that while he was able to dine with
Mrs. Vanhomrigh, he had to hire a chair to visit, even though she lived nearby. He could
not attend other public functions: “I was not able to go to Church or Court to day, for my
Should’; th Pain has left my Should’ and crept to my neck and Collar bone…. I am very
uneasy, and such cruel Twinges every moment. Nite deelest.” His disorder has forced
him into social isolation.

The next entry, in which Swift collapses all of his reports from April 1-8, begins,
“All these days I have been extremly ill, tho I twice crawld out a week ago; but am now
recovering, thô very weak.” By this time, the shingles has erupted visibly on his skin. His
reports of the symptoms, here and in the next entry, are perhaps the closest thing to a
clinical description of his physical disorders that we find in any of his writings throughout
his life:

Th Pain encreasd with mighty Violence in my left Shouldr & Collar bone & that
side of my Neck. On Thursday morning appeared great Red Spots in all those
Places where my Pain was, & te violence of th Pain was confined to my Neck
behind a little on te left side; which was so violent that I [had] not a minutes ease
nor hardly a minutes sleep in 3 days & nights. the Spots encreasd every day &
and had little Pimples which are now grown white & full of corruption [tho] small.
te Red still continues too, and most prodigious hott & inflamed.

Now, too, there is a formal diagnosis, although we do not know whether it has been
tendered by Swift himself or the doctors he has consulted at last: “The Disease is th
Shingles.” In keeping with the humoral understanding of the disease, to which we will
turn in a moment, his doctors have reassured him that “it would have ended in some
violent Disease if it had not came out thus. I shall now recover fast. I have been in no
danger of Life, but miserabth Torture.” He closes with a brave farewell (“FW”): “I must
not write too much—so adieu deelest Md Md Md FW FW Me Me Me Lele I can say lele
yet oo see—Fais I don’t conceal a bitt.” But the insouciant closure belies the impact that
the disorder has had upon his life.
There is an uncharacteristic lapse of some two weeks before the next entry in the Journal, dated April 24. Swift begins this time with an apology for not having earlier answered a letter from Stella and Dingley that had arrived “2 or 3 days ago”: “I can hardly answer it now. Since my last I have been extremely ill.” He then tells the story of his disorder from the beginning:

Tis this day just a Month since I felt a small pain on th tip of my left Shoulder, which grew worse & spred for 6 days; then broke all out by my collar, & left side of my neck in monstrous red Spotts, inflamed, & these grew to small Pimples. for 4 days I had no rest nor nights for a Pain in my neck; then I grew a little bett’; afterwards where my Pains were a cruell Itching seised me beyond what ever I could imagine, & kept me awake severall Nights; I rubbd it vehemently but did not scratch it. Then it grew into three or for great Sores like Blisters and run.

At the end of this entry, however, there is a shift. Swift says that he hopes to recover completely “in a week or ten days” and that, “Th Weather [being] mighty fine…I will go and try to walk a little.” In this way the humoral narrative, with its promise of recovery, has shaped Swift’s own life.

Two weeks later, on May 10, Swift reports, “My Pain continues Still in my Should’r Collar I keep Flannel on it, and rub it with Brandy; and take a nasty dyet Drink I still Itch terribly, & have some few Pimples; I am weak & Sweat, & then te Flannell makes me mad with Itching; but I think my Pain lessens.” He describes then an exchange with his doctors, which, as we will find in a later discussion, has implications for Swift’s attitudes toward physicians’ pretensions to medical authority and the construction and appropriation of medical knowledge itself in his day: “In answer to y’ good opinion of my Disease, te D’s sd they never saw any thing so odd of the kind; they were not properly Shingles, but Herpes miliaris, and 20 other hard names. I can never be sick like oth’ People, but always something out of th common way.” Then, in what he says “is a long
Lett’ for a kick body,” Swift shifts attention first to affairs of state and then to restored social relations. Friends have come to visit; so, too, has his sister Jane, who lives in London. After wagging his finger at Stella for not having sent news of her own health, he closes with manic good humor:

Ppt does not say one word of her own little Health, I’m angry almost; but I won’t sause see im a dood dollar in odle sings, iss and so im Dd too. Gd bless Md & FW & Me, ay & pdfr too. farewell Md Md Md FW FW FW Me Me

Lele I can say lele it ung oomens iss I tan, well as oo.26

Despite his riant gaiety here, the illness is not yet done with him. His recovery still uneven, he complains of lingering irritations in entries of May 31, June 17, and July 1:

“[M]y Should’ is not yet well, for I have still one or two itching Pimples, and a little Pain now and then.” “[M]y Shoulder is a great deal better; However I feel constant pain in it, but I think it diminishes and I have cutt off some slices from my Flannel.” “[M]y Should’ is not yet well, for I have still one or two itching Pimples, and a little Pain now and then.”

And then, on July 17, he writes from Kensington, where he has followed the court, “I am dead here with th Hot weath’, yet I walk every night home, & believe it does me good; but my Shoul’ is not yet right, itchings, & Scratchings, and small akiings.” Aside from an oblique reference of August 17 to his having been “tosticated” for the previous two months, this is the last we hear of the shingles.

While the entries of May 31 through July 17 are unusually long, some stretching several autograph pages, there is only scant attention paid to his pains. Instead, they

26. Williams translates “sause see...Dd too” as “because she is a good girl in other things, and so is Dd too.” The closing lines read, “Dear, I can say it, dear young women, yes I can, well as you” (JS, 424n13, 424n14, 576-77).
trade in court gossip, news about the War, St. John’s elevation to Viscount Bolingbroke, and his own influence among the well-to-do, with whom he moves familiarly and easily. His restored physical health is restored social health. Recovery certain, he now sees the illness through the perspective glass of social relations. Here is a man made well again.

Between the framing dates of March 26, when Swift felt the first pains in his shoulder, and July 17, when last we hear about the shingles in the Journal, there are only three surviving letters in his collected correspondence besides those to Stella and Dingley, all of them to William King, Archbishop of Dublin. King, Swift’s ecclesiastical superior, had appointed him as solicitor to Queen Anne in the matter of First Fruits. That business long finished by this time, Swift continued to report to him about English politics, especially those concerning Irish affairs. Although, again, we should read these letters in their entirely, space does not allow for their wholesale transcription.

In the first of the letters, a long one dated March 29, 1712, there is no mention at all of the shingles, although according to what he reported to Stella and Dingley he was suffering miserably by this time. Instead, we hear about his own political anxieties; the obstructions of the Dutch in peace negotiations for the War of the Spanish Succession; a proposed tax upon newspapers; fears of the Mohocks, who “every Night cut some body or other over the Face; and commit a hundred insolent Barbarities”; a defense of the Tory ministry against suspicions that they are encouraging the Pretender’s ambitions; his own proposal for improving the English language; the Queen’s health and Swift’s grumbling that she “doth not use as much Exercise as she ought”; and the
petition from the projector who claims to have discovered a method for determining the longitude.\textsuperscript{27} Not a word about his own physical suffering.

In his second letter, dated May 20, Swift begins this time, "When I had the Honour of your Grace's Letter of March 27, I was lying ill of a cruel Disorder, which still pursueth me, altho' not with so much Violence; and I hope your Grace will pardon me, if you find my Letter to be that of one who writeth in Pain."\textsuperscript{28} Having begun thus, he shifts immediately to Irish affairs and the conduct of the Whigs. He does not mention illness or pain again.

The final letter to King during his sickness, dated June 26, 1712, is another long screed about the business of the War and negotiations for peace. Swift pauses briefly about two-thirds of the way through to mention his illness: "I humbly thank your Grace for your Concern about my Health: I have still the Remainder of some Pains, which hath partly occasioned my removing hither [to Kensington] about three Weeks ago; I was recommended to Country Air, and chose this, because I could pass my Time more agreeably near my Friends at Court." He then hurries on excitedly to discuss the Tory ministry’s promise that they will "advance [his] Design of an Academy" for regulating the English language.\textsuperscript{30}

\footnotesize
\textsuperscript{27} Swift to Archbishop King, 29 March 1712, in Corr, vol. 1, 292-95.

\textsuperscript{28} Swift to King, 20 May 1712, in Corr, vol. 1, 295.

\textsuperscript{29} King had written to Swift on May 29, "I heard you were ill, and am heartily concerned for it, I can only give you the assistance of my prayers, which I assure you I do with constancy" (in Corr, vol. 1, 299). In letters of July 23 and July 29, King complains mightily of his own gout but does not inquire at all about Swift’s health (in Corr, vol. 1, 302-304).

\textsuperscript{30} Swift to King, 26 June 1712, in Corr, vol. 1, 301. Swift is speaking here of his Proposal for Correcting, Improving and Ascertaining the English Tongue, published in 1712.
Aside from the *Journal* and his few letters to King, we have one other record of Swift’s shingles, less direct but in its own way important to discussing his illness: This is the accounts book, which itemizes quarterly expenses, including those for medicines and treatments. While there is no explicit illness narrative here, Swift’s financial accounting is no less an accounting for sickness and, as such, another way of trying to impose order upon disorder.

In his account for April 1712, Swift states explicitly, “Shingles begun Mar. 27. Sick all this Month[.]” Below that heading is a list of expenses “During sickness”:

| G. Will. 6d Chair 2s. Lett’ 6d. Lett’ D’ Prat 6d. — — — | 0 – 3 – 6 |
| Will’s bill. 1s 4d1/2. G.W. 6d — — — | 0 – 1 – 10½ |
| B’d w — 111-1s-6d 4 6 pences 2s — — — | 1 – 3 – 6 |
| | 1 – 7 – 10½32 |

The entries here list the usual costs for board; some secretarial services; and expenses for Will, the servant who has by this date replaced the rascally Patrick. Despite the heading, there is no explicit outlay for his illness, although Swift is forced to hire a chair on successive days for travel. He grumbles often about chair hire in letters and the *Journal to Stella*, preferring usually to walk, not only to exercise but also to save his purse. On the other hand, the editors of the account books note, the outlay for laundry was less because he was not going out as often: “Swift records regular weekly payments [for washing], almost always made on Saturday, the amounts varying slightly except during the three weeks in April 1712 when he was laid up with shingles and

---

31. Accounts, 127. The items here do not explicitly show extra expenses that accrued to his illnesses.

there is a consequent reduction in the bills.”\textsuperscript{33} This reduction in washing bills is a reminder of Swift’s confinement and social isolation during his illness.

In his accounting for the “Third Quarter. From May 1. to August 1. 1712,” the laundry bills begin accumulating again. Clearly he has resumed his social rounds, and by June he has followed the court to Windsor, where expectations for self-presentation are certainly higher. There is also much chair, coach, and boat hire. But most telling is the separate heading “Extr\textsuperscript{dys},” that is, “extraordinaries,” expenses incurred during his illness. Here Swift lists for June 5, “Drugs for dyet drink. &c 17\textsuperscript{s}. Pothcaryes bill. 1\textsuperscript{11} -4\textsuperscript{s} - 6\textsuperscript{d} \textsuperscript{34}.” What he means by “dyet drink” is unclear, but such drinks were prescribed for all manner of ills; this is likely the “nasty” one that he describes in his May 10 \textit{Journal} entry.\textsuperscript{35} Swift does not itemize the services of one or more apothecaries, but the collective bill is pretty hefty for a clergyman who is pinching pennies.

In the \textit{Journal to Stella}, correspondence with King, and account books, then, we have three different versions from Swift himself about his acute illness, each shaped by audience and purpose, which we will consider later. We hear about his interactions with others during his illness, not only Stella and Dingley (whose correspondence does not survive), but also his servants, a solicitous landlady who suggests that he use “Spirits of wine” when his Hungary water runs out, physicians, and friends who sent “Howdees in

\begin{itemize}
  \item \textsuperscript{33} Accounts, lxxxi.
  \item \textsuperscript{34} Accounts, 129.
  \item \textsuperscript{35} As but one example of many, a 1714 work by John George Hansel prescribes an elaborate “Dyet-Drink” made of red sarsaparilla, cinnamon, sassafras, and a variety of other ingredients for skin eruptions. \textit{Johannis Georgii Hanselli Brevis; or, A Short Account of the Primary Cause of Most Diseases, with Their Signs, Symptoms, and Cure} (London, 1714), 146-47.
\end{itemize}
my Sickness.” But we have no other documentation for his disorder. No surviving letters from those besides King, no doctor’s prescriptions, no case history. So we have to reconstruct Swift’s understanding of the disease and his experiences as a sick man as well as we can from his own reports.

As a way of making the important point of this study that we should be wary of imposing our own clinical understanding of the body upon Swift, a retrospective diagnosis of his painful disorder is instructive here. Although the diagnosis of Swift’s doctors, “herpes miliaris,” is no longer recognized as a clinical category, Swift’s symptoms—pain, presentation of “great Red Spots,” pustules, confluent blisters, heat—indeed fit neatly into the modern diagnosis of shingles, or herpes zoster. According to the clinical narrative, shingles is caused by the same virus responsible for chicken pox, Varicella-zoster (VZV). This pathogen can lie dormant in the dorsal root ganglia for years and then, for reasons unknown, reactivate, travel painfully along nerve pathways, and present as a maculopapular skin rash—shingles—that spreads out in clusters of vesicles. The modern clinician would locate the disease in a particular dermatome, an area of skin supplied by different afferent nerve fibers; with Swift’s complaints of pain in his left shoulder and neck, his would likely be located in the C4, C5, or C6 dermatome or found to have disseminated through all three. Because Swift’s pain persists for at

36. Late in life, Swift suffered from a painful swelling of his left eye, diagnosed retrospectively as orbital cellulitis. The torment was such that “[f]ive persons could scarce hold him for a week from tearing out his own eyes: and for near a month, he did not sleep two hours in twenty four.” Martha Whiteway to the Earl of Orrery, 22 November 1742, in Corr, vol. 5, 207. In modern clinical terms, preseptal cellulitis (or periorbital cellulitis) can be caused by the shingles virus. See Ali Al-Rikabi et al., “A Case of Herpes Zoster Presenting as Orbital Cellulitis,” Kulak Burun Bogaz Ihtis Dergisi 17, no. 5 (2007): 287-89.
least four months, the modern clinician might see this as postherpetic neuralgia, pain that afflicts the affected area for more than ninety days.\textsuperscript{37}

In reading this retrospective diagnosis here, as we read the retrospective diagnoses of his chronic disorders, we need to understand a couple of important matters: First, despite the confident authority of positivist science, the clinical narrative here has its own lacunae and uncertainties. For one, the reasons that the herpes virus reactivates are not definitively known. Until recently, the explanations were immunosenescence, a weakened immune system that comes naturally with aging, and stresses in a person’s life. Swift was forty-four at the time of his own illness, and by this time he was suffering regularly from the chronic disorders of “Giddyness” and deafness. But he was otherwise physically robust and remarkably athletic for his day. It seems unlikely that the clinician would consider an aging immune system as cause. Given the political and social pressures of his life at the time, the modern physician might speculate that Swift felt particular stress when the shingles struck. However, while recent studies suggest that dormant viruses can be reactivated by interactions with other viruses, the fact that the reactivation mechanisms of VZV cannot be explained—when explanation is, after all, the ground on which the clinic stakes its authority—shows the gaps and failures of the modern clinical narrative.\textsuperscript{38}

A second point is that although modern medicine would ostensibly agree with the eighteenth-century diagnosis of shingles, we need to understand that the shingles of

\textsuperscript{37} “Shingles (Herpes Zoster),” Centers for Disease Control and Prevention, last reviewed 5 October 2020, accessed 1 October 2021, https://www.cdc.gov/shingles/hcp/clinical-overview.html.

today’s clinic is effectively different from the diagnosis of Swift’s doctors: It is framed in a different conception of the human body, an organic complex of nerves and skin, that explains the specific processes of the disease as it works in the body. It is governed by a clinical epistemology, which sees disease in ontological terms, in this case a specific exogenous viral entity that gives the disease specific cause and specific signs. And although a physical examination and patient narrative would likely be enough evidence for a diagnosis in most cases, the doctor of our day might also take a tissue culture for laboratory confirmation. Despite the diagnosis common to both the modern clinic and early modern medicine, then, the disease tells two very different stories. Put bluntly, Swift’s shingles was not our shingles.

According to the humoral narrative that framed the diagnosis of Swift’s doctors, shingles was thought to be an “erysipelas” disorder, that is, one that expels a “hot,” corrosive humor, invariably said to be choler, through the skin. “The shingles,” said Peter Shaw in 1726, “is a hot erysipelas corrosive humor, that generally throws it self about the waste, in the form of minute and thick-set eruptions.”39 The intense pain of shingles was itself the symptom of the hot humor’s processing through the body on its way to the surface. Because the eruptions on the skin represented the attempt of the body to excrete the acrid bilious humor, the signs of shingles that Swift reports—pain, “great Red Spots,” “little Pimples” “grown white & full of corruption”—make perfect

39. Peter Shaw, A New Practice of Physick, 2 vols. (London, 1726), vol. 1, 339. As late as 1778, one anonymous medical text, perhaps drawing from Shaw, invoked similar language: “Shingles are a species of erysipelas, owing to a hot humour thrown out on the surface of the body, and chiefly the waist, in form of thick set eruptions.” The London Practice of Physic: Wherein the Definition and Symptoms of Diseases, with the Present Method of Cure, AreChiefly Laid Down (London, 1778), 396-97. The word shingles comes from the Latin cingulum, a girdle or belt.
sense in the logic of the humoral narrative. As Shaw says, “[S]hingles seems to be critical, and apt to prevent fevers, &c. at least it discharges somewhat that is noxious; for upon going again into the blood, or suddenly disappearing, it causes dangerous inflammatory diseases.” Forcing the corrupt humors out of the body through the surface eruptions, the “animal oeconomy” naturally prevents a poisonous accumulation or settling of ill humors. Swift reports, “Th Doctrs say it would have ended in some violent Disease if it had not came out thus. I shall now recover fast.” The shingles eruptions, then, presage a favorable outcome.


41. 31 March–8 April 1712, in JS, 420. The prognosis of a quick recovery following the skin eruptions is important in distinguishing Swift’s and his doctors’ understanding of outcome with that of the “vulgar.” Speaking of the common presentation of shingles around the waist, Peter Shaw states that the disease is “quite painful, and often continues for two or three weeks” but notes with some disdain, “The vulgar think them dangerous, and pretend they are mortal if they go quite round” (vol. 1, 339). In an early seventeenth-century glossary of “the hardest words used in our language,” written by “I.B. Doctor of Physicke,” for example, we find the following definition for shingles: “A disease about the breast, belly, or back, wherein the place affected looketh red, increasing circlewise more and more. It is cured with Cats bloud; or if it go round the body, it killeth.” An English Expositor: Teaching the Interpretation of the Hardest Words Used in Our Language (London, 1616). In the bills of mortality from 1657 to 1758, one person was said to have died of shingles each year in 1633, 1659, 1660, 1678, 1680, 1706, and 1722. In the bill for 1665, two people were said to have died of shingles and swine-pox, collapsed into a single category; the historical irony here is that swine-pox was known synonymously as chicken-pox. A Collection of the Yearly Bills of Mortality, from 1657 to 1759 Inclusive. Together with Several Other Bills of an Earlier Date (London, [1759]); Thomas Dover, The Ancient Physician’s Legacy to His Country, 2nd ed. (London, 1732), 118. In the late eighteenth century, the surgeon John Pearson equivocates by condemning the “vulgar opinion” that shingles can be fatal but at the same time admitting that he has never seen the eruptions form a complete circle: “Although the SHINGLES owe their origin to an internal cause, and the eruption is generally connected with a general affection of the System more or less severe, yet it is a disease very seldom dangerous in its consequences. A vulgar notion indeed prevails, that if the eruption forms a Circle round the body the termination will be certainly fatal. I never saw it encompass the body, but it is more than probable that this Prognosis is as well supported as the generality of vulgar opinions.” Principles of Surgery, for the Use of Chirurgical Students (London, 1788), 195-96. In the different prognoses we see claims for competing medical narratives.
To borrow from David Morris, sickness “is not just a biological fact but an experience in search of an interpretation.”\(^{42}\) Even before the formal diagnosis of shingles, Swift himself interpreted his disorder as a humoral imbalance. Realizing that the twinges of pain he felt two days earlier had not subsided, he made a self-diagnosis: “I fear it is something Rheumatick.” While we think of rheumatic disorders as joint disease, a “rheum” in humoral medicine was more generally a “defluxion,” that is, the “abnormal or excessive flow of ill-digested humors,” and a “rheumatick” disorder the body’s attempt to expel such viscous humors.\(^{43}\)

Aware that the delicate humoral balance can be thrown off by food and drink, Swift blamed immoderate drinking for his pains. “Tis plaguy hard,” he writes in the *Journal to Stella*. “I never would drink any Wine if it were not for my Head, and drinking has given me this Pain. I will try Abstemiousness for a while.”\(^{44}\) The humoral imbalance is a result of his failure to be vigilant, to keep his own constitutional equilibrium in order by avoiding excess.\(^{45}\) The irony in this case, however, is that in order to right one humoral imbalance, the disorder of his head, Swift drinks wine, to warm the cold stomach that, we shall see, he blamed for his chronic giddiness. In so doing, he causes the hot shingles from which he is now suffering. Such were the perils of trying to maintain humoral equilibrium.

---


44. 29 March 1712, in JS, 419.

45. Not long before, he had written to Stella and Dingley, “I never impute any illness or health I have to good or ill weather, but to want of exercise, or ill air, or something I have eaten, or hard study, or sitting up, and so I fence against those as well as I can.” 7 June 1711, in JS, 224.
As Swift’s self-diagnosis was in keeping with canonical humoral understanding of disease, so were his initial treatments of applying flannel and rubbing the painful area with Hungary water. In 1704 Joseph Browne complained about “the pernicious wearing of Flannel and Woollen Shirts next to the Skin, which always keeps the Pores too open for the Climate we live in.”\textsuperscript{46} But for this very reason, Swift’s recourse to flannel is appropriate treatment because it opened up the passages through which to extrude the noxious rheum in perspiration; this was the same logic for the routine use of sudorific medicines and, as we shall see later, for Swift’s constant exercising.\textsuperscript{47} His contemporary Sir John Floyer explicitly prescribed the use of flannel in rheumatic cases.\textsuperscript{48} Hungary water, made of macerated rosemary leaves distilled in aqua vitae, was used as a liniment. Like the flannel, it was thought to draw noxious humors to the surface of the skin, where they could be expelled. The physician Edward Strother, Swift’s contemporary, advised that a person suffering from “Rheumatick Pains” “rub the Parts affected with Hungary-Water, and make it warm with a hot Flannel.”\textsuperscript{49}

\textsuperscript{46} Joseph Browne, \textit{The Modern Practice of Physick and the Apothecaries Clear’d from the Groundless Imputations of Dr. Pitt} (London, 1703), 156. Browne specifically blames the wearing of flannel and wool and “the late Practice of drinking hot Liquors” for the prevalence “of all our Rheumatisms, Defluxions, Intermittent Fevers, &c.” (ibid).

\textsuperscript{47} In his monumental three-volume \textit{Medicinal Dictionary}, Robert James cites Swift’s own London physician William Cockburn, who says that suppressed perspiration causes fevers. \textit{A Medicinal Dictionary; including Physic, Surgery, Anatomy, Chymistry, and Botany, in All Their Branches Relative to Medicine}, (London, 1743-54), vol. 2.

\textsuperscript{48} Sir John Floyer, \textit{The Ancient Psychrolousia} (London 1702), 268. The application of flannel to gout was also recommended. That patients suffering from gout shall be consigned to “patience and flannel” was a medical proverb, the idea being that the heat of the flannel would provoke the gouty humor to the extremities, where it could be extruded. In Swift’s own \textit{Polite Conversation} (1738), Lady Answerall says of Sir Peter Muckworm that, “laid up with the Gout,” he is “weary of doctoring it, and now makes Use of nothing but Patience, and Flannel” (PW, vol. 4, 195).

\textsuperscript{49} Edward Strother, \textit{The Practical Physician for Travelers, Whether by Sea or Land} (London, 1729), 21-22. While Swift did not yet know that the disorder was shingles, some physicians of the day, like Peter Shaw, advised using “a little camphorated hungary water” for that specific disorder (vol. 1, 340).
Once diagnosed with shingles, Swift undertook an appropriate diet, eating “nothing but Water gruel.” According to the humoral doctrine of contraries, this “thin” and “cooling” food would stimulate and thereby drive out the excess hot choleric humors. Swift’s contemporary Charles Perry advised that the diet of a person suffering from shingles “be soft, demulcent, cooling, and subacid; such as roasted Pippins, Water-gruel, Barley-gruel, or thin Barley-broth.” Because of the elliptical nature of the report in the Journal to Stella, it is difficult to know what therapies were prescribed for him by his doctors and what were self-initiated, as, for example, when he writes in a side note, “I must purge and clust’ [clyster] after this.” But, by his account, it was Swift himself who suggested that the confluent sores be given the same therapeutic value as blisters, which the doctors might otherwise induce: “Then it grew into three or for great Sores likes Blister and run; at last I advised te D’ to use it like a Blister; so I did, with Melilot Plaisters, which still run, and I am now in pain in enough; but am daily mendeng.” Because he and his doctors shared the same understanding of humoral pathology, Swift could take an active, well-informed part in therapeutic intervention.

50. 31 March-8 April 1712, in JS, 420.


52. 31 March-8 April 1712, in JS, 420. To clyster (or glyster) was to administer an enema.

53. 24 April 1712, in JS, 421. Melilot, or sweet clover, was used in a variety of medicaments, including “drawing plaisters,” designed to pull toxic humors to the surface of the body for expulsion. In humoral therapy, this was known as a “discutient” or “discussive” medicine, one that encouraged the eruption and release of noxious humors through the skin. In his Medicinal Dictionary, James says that melilot flowers “are accounted mollifying, discussing, dissolving, and easing pain; and therefore are frequently ordered in Stuphs [compresses] and Cataplasms [poultices or fomentations] against Inflammations, hard Tumors, and any kind of Swellings. The Melilot-plaister made of this Herb, boiled in Mutton-suet, Rosin, and Wax, is drawing, and good for green Wounds, but is chiefly used in dressing Blisters” (vol. 2). In 1833, we hear of melilot, “Medicinally it is irritating, and may be used for keeping up the discharge of blisters; but is seldom employed except by farriers.” Daniel Rennie, A New Supplement to the Latest Pharmacopoeias of London, Edinburgh, Dublin, and Paris (London, 1833), 132.
Even though the “vulgar” of Swift’s day held to the popular myth that the shingles sufferer would die if the skin eruptions completed a full circle around the waist, his own understanding promised a favorable outcome.54 “No, Sinkerton [simpleton] tis not a Sign of Health,” Swift says of the eruptions, “but a Sign that if it had not come out some terrible Fitt of Sickness would have followd.”55 Here we see the arc of the illness plot, as it moves from beginning to crisis and then to narrative closure.

In the social plot that was coterminous with the humoral narrative, Swift’s relations with others, on some of whom his fortunes depended, were disrupted by the illness and then restored. As we have seen, Swift mentions his first “Rheumatic… winches” incidentally before returning to social gossip and to representing himself as a man of importance who can get things done in the world. In the next letter, there is a stark reversal as the illness comes to the foreground, and the social life is framed in the disease narrative, with the suggestion that his good-time drinking has caused his suffering. He now reads his social life and identity through the eyes of a sick man.

The next three entries in the Journal are almost entirely preoccupied with his individual sufferings, which completely subsume his social life: “I was not able to go to Church or Court to day, for my Shouldr; the Pain has left my Shouldr and crept to my neck and Collar bone.”56 As a clergyman and political player, of course, Swift found his professional, political, and social identity in church and court; illness has disordered this identity. By his account, he ventured out only once, the same day that his pain

54. See note 41, above.
55. 10 May 1712, in JS, 423.
56. 30 March 1712, in JS, 419.
prevented his going to church and court, to dine with “M”rs Van, where I could be easy.”57

For at least two weeks thereafter, his illness kept him confined to his chambers in agony. In his entry of April 24, he reports a tentative foray into the world: “I kept my Chamb’r a fortnight: then went out a day or 2; but then confined my self again.” This letter is preoccupied largely with graphic details of the blistering of his sores, but at the very end, there is hope of going out again: “Th Weather is mighty fine…I will go and try to walk a little.” And he promises that he will run an errand in London for Dingley.58

Following this, there is another uncharacteristic gap of over two weeks in the correspondence. But in his next entry, he says that although “I have not yet ease or Humor enough to go on in my Journall Method…I have left my Chamb’r these 10 days.” Then, after discussing his illness at some greater length, he turns to news and to reestablished social relations: “I have been returning th Visits of those that send Howdees in my Sickness, particularly th Dutchess of Hamilton, who came & satt with me 2 hours.”59 There is an even greater gap of three weeks before his next entry, in which he reports some lingering discomfort, this time only incidentally, before a lengthy letter about court and Parliamentary activities, his interactions with the well-to-do, political and church news, and his servants. His social identity reestablished, he is once again the political player, a man of importance who plans to accompany the court to its summer residence in Kensington.60 The narrative of Swift’s shingles ends in what

57. Ibid.
58. 24 Apr 1712, in JS, 421.
59. 10 May 1712, in JS, 423-24.
60. 31 May 1712, in JS, 425-28.
Thomas Couser calls the “comic plot” of recovery. This is social recovery as well as physical recovery. And Swift having become again a well man, the narrative perspective shifts so that illness is seen through the prism of his social identity.

Conversation was crucial for Swift. In the Journal to Stella, he reports incessantly on talk—what he has said to people, what they have said to him, the manner and tone of their speech, his own witticisms pitched perfectly in his exchanges with the well-to-do. He increasingly established his social and political identity in his talk with others, especially as he had the ear of those in power like Oxford and Bolingbroke. He reported, for example, that his Church of Ireland compatriot “Raymond is…like to have much influence over me in London, and to share much of my conversation. I shall, no doubt, introduce him to Harley, and lord keeper, and the secretary of state.” In another case, “One of the queen’s musick, a German…got access to me in my chamber…and gravely desired me to get an employment in the customs for a friend of his, who would be very grateful….He was told, I had a mighty interest with lord treasurer, and one word of mine, &c.” And yet again: “I was at Court to day; & te Forein Ministers have got a Trick of employing me to speak for them to Ld Tr & Ld Bolingbrook; which I do when th Case is reasonable.” All of his influence and, indeed, his social identity were negotiated through talk.

62. 8 November 1710, in JS, 59.
63. 8 February 1712, in JS, 383.
64. 5 March 1713, in JS, 507.
For Swift, the “journall Method” was itself conversation, a way of imagining himself in the very company of Stella and Dingley. Just after arriving England in 1710, Swift announced his intentions to write something “plitty” to them “every day” and so “always [to] be in Conversation with Md, and Md with Pdfr.” 65 In his entry for March 7, 1711, he described his discursive method: “Do you know what? when I am writing in our language I make up my mouth just as if I was speaking it. I caught myself at it just now.” 66 In an entry two months later Swift wrote, “Do you know that every syllable I write I hold my lips just for all the world as if I were talking in our own little language to MD. Faith, I am very silly; but I can’t help it for my life.” 67 His conflation of senses—sound and sight—and his expectations for his audience, that they at once read and hear, was a conflation of oral performance and textual performance. The “journall Method,” in which Swift could write to the moment, was the medium of im-mediacy, a way for him to put talk to the page. But his illness disrupted his conversational writing mode.

Swift was well aware that the gaps in correspondence were conversational silence—and social isolation. In the entry in which he collapsed his reports from March 31 through April 7, 1712, into a short paragraph, Swift has a manuscript note written

65. 9 August 1710, in JS, 7.

66. 7 March 1711, in JS, 157-58. Fittingly, as he visualizes speech here, Swift has just been expressing his concern that Dorothy Walls, wife of Swift’s friend and confidant Thomas Walls and a particular friend of “the ladies,” may go blind: “I am very much concerned for Mrs. Walls’s eyes…You say, If she recovers she may lose her sight. I hope she is in no danger of her life.” Elsewhere Swift writes, “I have my mouth full of water, and was going to spit it out, because I reasoned with myself, how could I write when my mouth was full?” 9 November 1710, in JS, 62. For discussions of the orality of the Journal, see Williams, intro to JS, lviii-lxiii; E.M. Whitley, “Contextual Analysis and Swift’s Little Language of the Journal to Stella,” in In Memory of J.R. Firth, ed. C.E. Bazell et al. (London: Longman, 1966), 475-90; and Ehrenpreis, “Swift’s ‘Little Language.’”

67. 4 May 1711, in JS, 201.
sideways on the top left corner of the single page: “I must purge & clust’ [clyster] after this; and my next Lett’ will not be in th old order of Journall till I have done with Physick.”68 Swift promised on more than one occasion after that that he would resume his journal style once he had come through his illness. On May 10 he wrote,

I have not yet ease of Humor enough to go on in my Journall Method, thô I have left my Chamb’ these 10 days….I will begin th next in th Journall way, thô my Journals will be sorry ones.—My left Hand is very weak & trembles; but my right side has not been toucht.”69

But three weeks later, he is forced to admit, “I cannot yet arrive to my Journall Letters, My Pains continuing still thô with less Violence, but I don’t love to write Journals while I am in pain, and above all, not Journalls to Md.”70 And then two weeks after that: “I have been so tosticated about since my last, that I could not go on in my Journall matter, thô my Shoulder is a great deal better.”71 Effectively, Swift could not carry on his conversation with “MD” because of his illness. The disruption to the “order of Journall [my emphasis]” that came with his illness was social disruption, his inability to engage company and speak in the moment. We shall see the same in discussing his chronic disorders, during which his unpredictable giddiness frustrated his social performance and his progressive deafness became an “unconversable Disorder.”

68. 31 March-8 April 1712, in JS, 420.
69. 10 May 1712, in JS, 422.
70. 31 May 1712, in JS, 425.
71. 17 June 1712, in JS, 429.
As Olivia Weisser observes, gender, social relations, and audience, among other social variables, condition the ways in which we narrate our own illnesses; so, too, do the expectations of the genre in which we write.\textsuperscript{72} While Swift told the story of his shingles to both “my dears” and Archbishop King, he imagined—and represented—himself in very different ways. In his first letter to King, we remember, he mentioned nothing at all of his sufferings. That he should write such a long correspondence under the duress of his pains and not mention them at all speaks to his relationship with King. Swift is the public man here, presenting himself as an important political player who rubs shoulders with the great. Of the proposed tax upon newspapers, intended to suppress libels, he says, “I could not Yesterday forbear saying to my Lord Treasurer [Harley] and the Chancellor of the Exchequer, that instead of preventing small Papers and Libels, it will leave nothing else for the Press.” (By that very yesterday, his report to Stella and Dingley was preoccupied with what by this time was clearly a serious ailment.) In the next sentence to King, he turns to the War: “I have not talked to the Duke of Argyle upon the Affairs of Spain, since his return.” And then: “I was the other Day to see the Dutchess [of Shrewsbury], and reported your Grace’s Compliment, which she took very well; and, I told her, I was resolved your Grace and she should be very good Acquaintance.” And he is seen as an important man by others: The “projector” with the “Invention for finding out the Longitude” has appealed to him to intervene with the ministry on his behalf.\textsuperscript{73} In this narrative of self-representation to King,\textsuperscript{72,73}

\textsuperscript{72} Olivia Weisser, \textit{Ill Composed: Sickness, Gender, and Belief in Early Modern England} (New Haven: Yale University Press, 2015).

\textsuperscript{73} Swift to Archbishop King, 29 March 1712, in Corr, vol. 1, 293-95.
Swift is not a sick man on the retreat but an important public person, a confidante of those in power, who can negotiate alliances, present petitions, give advice.

In the second letter to King during his shingles, in which Swift begins with brief reference to the “cruel Disorder, which still pursueth me,” the mention of his unnamed disease is in part a rhetorical strategy to which he returns again and again in his chronic disorders, pleading illness as an excuse for not having responded sooner. But it is also self-representation of doughty and heroic discipline; he is determined to respond to King, despite his agony: “I hope your Grace will pardon me, if you find my Letter to be that of one who writeth in Pain.”  

Having begun thus, Swift shifts immediately to public affairs and does not mention illness or pain again.

Except for the incidental thanks to King for his concern about his health and mention of lingering discomfort, the third letter is another long screed about affairs of the War and negotiations for peace, for which Swift was an important propagandist. Even his sidelong mention of “the Remainder of some Pains” is shaped by the representation of himself as an important man of the Court; these pains, he says, “hath partly occasioned my removing hither [to Kensington] about three Weeks ago; I was recommended to Country Air, and chose this, because I could pass my Time more agreeably near my Friends at Court.”  

That he was “recommended to Country Air” for his recovery and would find comfort among courtiers suggests the concern that the well-to-do have for Swift as one of their own.


75. Swift to Archbishop King, 26 June 1712, in Corr, vol. 1, 301.
It may be that in his letters to King, Swift is intent on responding specifically to issues and questions raised by the Archbishop in previous correspondence and does not want to clutter his response with reports of his illness. But his particular self-representations of himself ill are better explained by the relationship with his audience. Although Swift had known King for some fifteen years, the archbishop was his ecclesiastical superior, who had appointed him as solicitor in the First Fruits affair. And although they shared sympathies in Irish politics, their relationship had sometimes been prickly. It is not that Swift had never discussed illnesses with the Archbishop, however. In letters of 1709, he complained persistently of colds. And the first mention that I find of “giddiness” in his correspondence is in a letter to King of January 1708-1709. King himself complains about chronic gout in almost every one of his letters to Swift. Nor, despite the social isolation that came with Swift’s illness, was there any stigma attached to shingles that might have explained why he would not discuss—or even name—the disease. Rather, the illness report that Swift sends to King is a particular, calculated self-representation. Here is an unironic image of himself as an important man politically and socially, in a masculine, public sphere—expressed in the decidedly masculine discourse of heroic duty in the face of suffering—not only to prove that King’s trust in him is well-founded but also to show himself worthy of preferment. Preoccupation with his own sufferings might seem weakness.

In the Journal to Stella, Swift also presents himself as an important player in the political and social world of late-Stuart London. And in his reports to Stella and Dingley about his illness and recovery, he stresses the concern and visits of his best-heeled friends. As he gets better, he makes an accounting of social exchanges: “I have been
returning th Visits of those that sent Howdees in my Sickness.” Notably, these are the well-to-do, among them, the Duchesses of Hamilton and Ormonde. And he begrudges the concern and visits of his own sister Jane, who had married a tradesman and was living in London at the time: “I never would let Mrs Fenton see me in my Illness, tho she often came, but she has been once here since I recovered.” There is the sense here that Swift, ever insecure about his social status, is enforcing his own imagined social elevation in his reports about those who visited him in his illness. We shall see the same in his careful control of who visits and who is turned away at the door during episodes of chronic illness.

If his sickness provided another opportunity to show his own importance in London, the illness narrative that Swift told in the Journal was nonetheless much more graphic and revealing than the reports he sent to King. Stella and Dingley were his intimates, whom he had known for more than twenty years. Although he might have turned to his own sister for comfort during his suffering, “the ladies” were, more properly, his “family.” That Swift should send them a much more detailed and transparent illness narrative speaks to this intimacy.

Even then, there is self-concealment. Claude Rawson rightly calls Swift, “for better or worse, one of the most egocentric writers in the language, but one who always took care to avoid seeming so,” working instead by refractory self-irony and “defensive indirection.” And despite his intimacy with Stella and Dingley, there is deflective comic

76. 10 May 1712, in JS, 423.
77. Williams, intro to JS, xxxiii; Accounts, xxxv.
78. Claude Rawson, Swift’s Angers (Cambridge: Cambridge University Press, 2014), 146, 228.
and ironic self-representation in the story that he tells them about his sickness. The playful “little language” in which he writes is itself one such layer of self-protection: “I am very uneasy, and such cruell Twinges every moment. Nite deelest.”79 “I have been in no danger of Life, but miserab60 Torture, I must not write too much—so adieu Md Md Md FW FW Me Me Me Lele I can say lele yet oo see—Fais I dont conceal a bitt.”80 There is also self-caricature: “You must know I hate Pain, as te old woman sd.”81 And he gives a clownish characterization of himself receiving visitors during his recovery: “I make Bargains with all People that I dine with, to let me scrub my Back agsдают a Chair, and te Duchess of Ormд was forced to bear it tother day.”82 In one entry, he inserts bouncy doggerel into complaints about his sufferings: “This is a pitifull Letter for want of a better, but plagud with a Tetter, my Fancy does fetter.”83 He resorts also to playful metaphor, saying of his pain, “Urge, urge, urge, dogs gnawing.”84 All such measures of distancing himself from himself in his sufferings protected Swift from what might otherwise have seemed self-preoccupation or unmanly whining.

If such devil-may-care representations were self-protective, they were no less ways of imposing order on the “cruel Disorder” of his unstable body than the humoral narrative by which Swift made “medical” sense of the disease. We see him resorting to

79. 30 March 1712, in JS, 419.
80. 31 March-8 April 1712, in JS, 420.
81. 29 March 1712, in JS, 419.
82. 10 May 1712, in JS, 424.
83. Ibid. Tetter is a “general term for any herpetiform eruption of the skin, as eczema, herpes, impetigo, [and] ringworm.” OED, s.v. “tetter.”
84. 30 March 1712, in JS, 419.
the same measures in representing his chronic illnesses. The difference, of course, is that the story of his shingles was a closed narrative. His disordered body and social identity were put back into order with his recovery. Living with episodes of chronic giddiness, deafness, and noise in the ears, for which there was no neat narrative closure, presented greater challenges to understanding and controlling his body, to representing himself in his illnesses, and to defining his social identity. Swift’s experiences with those illnesses are the subject of the next chapters.
Chapter 3

Telling the Story of the Humoral Body: Swift’s Chronic Disorders

In his correspondence, the *Journal to Stella*, and the accounts books, Swift’s complaints about his chronic giddiness, deafness, and noise in the ears span more than thirty years. Although Swift later said that he had contracted his giddiness as early as 1689, when he was in his early twenties, his first explicit reference comes in a note in the accounts book for November 1708: “From 6 to 16 often giddy Gd help me. so to 25th less.”¹ After several similar entries over the next two months, he wrote to Archbishop King, “I should have acknowledged your Grace’s Letter, if I had not been ever since persecuted with a cruel Distemper, a Giddiness in my Head, that would not suffer me to write or think of any Thing; and of which I am now slowly recovering.”² In September of 1710, we get a first reference to his hearing problems, however oblique, when he begrudgingly submits to Stella’s and Dingley’s insistence that he seek medical help: “I don’t think any lady’s advice about my ear signifies twopence: however I will, in compliance to you, ask Dr. Cockburn. Radcliffe I know not, and Bernard I never see.”³

---

1. Accounts, 62.


3. 29 September 1710, in JS, 21. William Cockburn (1669-1739), whom Swift consulted frequently in medical matters during his time in London, was formerly a ship’s doctor. He made a fortune selling a proprietary remedy for dysentery to the English fleet and died, says the DNB, a “very rich quack” (vol. 4, 649). John Radcliffe (1650-1714), among the wealthiest and most famous London physicians of his day, openly sneered at academic medicine, remarking once of some vials of herbs and a skeleton in his study, “This is Radcliffe’s library.” That he should bequeath a substantial sum of money to Oxford for the founding of the Radcliffe Library was, quipped Samuel Garth, “about as logical as if a eunuch should found a seraglio.” Quoted by Otto Beckman, *A Pictorial History of Medicine* (Springfield: Charles C. Thomas, 1956), 192. Charles Bernard (c. 1652-1710), surgeon to St. Bart’s for twenty-five years and, for the last eight years of his life, Serjeant Surgeon to Queen Anne, was famous for his operating skills; he,
Between these early days and the final years of his life, Swift complained continuously about his disorders, for the last time in a short letter of July 1740 to his cousin Martha Whiteway: "I have been miserable all night, and to-day extremely deaf and full of pain. I am so stupid and confounded, that I cannot express the mortification I am under both in body and mind." Swift was then seventy-two. Although he lived another five years, younger clergy took over his decanal affairs as he slipped into his dotage; but for a brief recommendation note of 1741, his letter to Mrs. Whiteway is the final extant one that is characteristically his own.

Even in the few examples above, we see that "body and mind" were inseparable in humoral pathology. What we would diagnose as cognitive impairments—Swift’s inability to write and think—or psychological maladies—his feelings of stupidity and confoundment—are no less humoral disorders than his chronic giddiness, deafness, and tinnitus. So, too, were the “dejection of spirits” that Swift often felt and the decaying memory and imaginative powers that he complained about: “I have lost half my memory, and all my Invention.” Body, spirits, and mind were all bound interdependently in the humoral complex.

The sheer volume of Swift’s references to his chronic disorders over those many years challenges easy selection. Taken in isolation, these hundreds of complaints give a lamentable picture of the sufferings and debilities of body and mind. One important

too, accrued a great fortune (DNB, vol 4, 377-78). That Swift should cite these three practitioners, all of whom ministered to the well-to-do, is itself a sign of how he reimagined himself socially in his illnesses.


point of this study, however, is that as we cannot facilely abstract Swift’s material body from his social experiences and identity, as a modern clinician might do in trying to solve a diagnostic puzzle. If his complaints over many years document the physical suffering and cognitive impairments of a man afflicted by particular diseases, they also represent the anxieties, embarrassments, and increasing isolation of a man who defined himself socially and performatively. They show, too, his continued struggles to impose order on disorder: For Swift, ever aware of social forms and social performance, the experience of illness was always an attempt to control his unruly body.

As we saw in the previous chapter, the medical narrative that explained his disorders as humoral imbalance was one way for Swift to make sense of that body. However, the interposing authority of the modern clinic and the retrospective diagnosis of his illnesses that have predominated in Swift studies have occluded our understanding of his experiences as a sick man. If we are to return Swift to the humoral body in which he lived and appreciate better both his experiences and his representations of himself ill, we first need to address the problems with this retrospective diagnosis. Not only does it force upon Swift and his illnesses a model of the body that he and his contemporaries would never have recognized, but, as we shall see, for all the confident authority with which the clinic makes its pronouncements, the retrospective diagnosis is less certain and coherent than the humoral narrative that Swift used to explain his disorders.

The clinical diagnosis of Ménière’s Disease first ventured by J. Wickham Legg and then elaborated upon by John Bucknill in 1881 seemed indeed to solve what they saw as the diagnostic riddle of Swift’s chronic disorders. His own complaints fit neatly
into the classic triad of symptoms with which the Ménière’s patient of our own day presents: vertigo, deafness, and tinnitus. Like the Ménière’s patient, he suffered from episodic objective vertigo, in which objects around him seemed to spin. “[T]his morning, sitting in my bed, I had a fit of giddiness,” he wrote to Stella and Dingley in 1710, shortly after his arrival in London. “[T]he room turned round for about a minute, and then it went off, leaving me sickish, but not very.”

Like the Ménière’s patient, Swift suffered progressive hearing loss. Deafness is the most variable of Ménière’s symptoms. But it usually begins in the left ear and, in at least a third of those afflicted, becomes bilateral and eventually permanent as the disease progresses. The patient typically loses mid- to low-range frequency hearing. In a letter to William Richardson of 1737, Swift talks of his earliest episodes of deafness, “before I was twenty”: “Although it came but seldom, and lasted but a few days, yet my left ear hath never been well since.” Now, these many years later, he says that “when the deafness comes on, I can hear with neither ear, except it be a woman with a treble, and a man with a counter-tenor.”

Like the Ménière’s patient, Swift complained also of tinnitus (a word current in his own day), which further confused and impaired his hearing: “I have…been almost three weeks pursued with a noise in my ears and deafness that makes me an unsociable creature.” Often, the three afflictions came simultaneously: “I am plagued this month with a noise in my head,

6. Some clinicians speak of a tetrad of symptoms, to include aural fullness.
7. 31 October 1710, in JS, 53-54.
which deafens me; and some touches of Giddyness, my old disorders,” he wrote to Lord Orrery in 1737. And even if episodes varied in length and severity, they became progressively persistent over the years. “I have a constant Giddyness in my head, and what is more vexatious, as constant a Deafness,” he wrote in the final decade of his life. For chronic sufferers of Ménière’s disease, it is similar. And like Ménière’s patients, Swift complained of secondary afflictions—aural fullness and nausea—that sometimes accompanied the vertigo, deafness, and tinnitus.

With the physical symptoms, the Ménière’s patient also suffers continual anxieties. Although some afflicted with the disease report an “aura” immediately before the onset of symptoms, there is the uncertainty of knowing when the next attack will come, if a mere dizzy spell presages full-blown vertigo, and how long an episode will last. Often they hesitate to go out into the world, fearing the physical danger and embarrassments of falling. Some Ménière’s patients report short-term memory loss, confusion, and depression. Swift himself shared these anxieties and confusions. Like the Ménière’s patient, he spoke of the “daily dread of relapse, against which I prepare my mind as well as I can.” Increasingly, as we shall see in a later chapter, Swift avoided traveling and even going far from the St. Patrick’s deanery in Dublin. He, too, feared memory loss and often felt confused and dispirited. Given the similarities of


physical symptoms and psychological stresses, the retrospective diagnosis seems to explain Swift’s disorders neatly.

If we understand the physical and psychological distresses of Ménière’s Disease, then, we may have a better idea of those that Swift himself experienced. The Ménière’s patient suffers the physical afflictions similar to Swift’s—vertigo, deafness, and tinnitus; often feels depression, dread, and vague terror about the unpredictable and debilitating return of these symptoms, as did Swift; and experiences similar social embarrassment, marginalization, stigmatization, and crises of social identity, as did Swift. And the Ménière’s patient, like Swift, has somehow to make sense of a chronic disorder for which there is no neat narrative closure.

While Swift’s sufferings and those of the Ménière’s patient are similar, however, the retrospective diagnosis misrepresents his understanding of his disorders and his experiences as a sick person. For one, the vastly different conceptions of the body make clinical and humoral diseases vastly different disorders. According to the standard clinical narrative, Ménière’s symptoms result from endolymphatic hydrops, the accumulation of endolymph in the vestibular canals of the ears. This buildup of fluid irritates cilia in both the organ of Corti, causing fluctuations in hearing, and the vestibular cells, which send signals to the brain, causing the vertigo. The humoral narrative also saw giddiness and deafness as the accumulation of fluid. But clinical anatomy and the biochemical model of disease differ greatly. The organ of Corti, for

---

example, was not discovered until 1851. And the exchanges of potassium and sodium described in the clinical plot about Ménière’s Disease were entirely unknown to Swift and his contemporaries.

For all of the clinical confidence with which those like Bucknill diagnosed Swift, the retrospective diagnosis fails in yet another way. While vesting its authority in positivist “fact,” the Ménière’s narrative is itself distressed by uncertainties, contested definitions of terms, and incoherencies. Although it is a nonfatal disorder, it remains ill-defined and perplexes easy nosological classification. The disease is idiopathic, its origins finally unknown. Because it presents so variously, it often baffles diagnosis. It strikes intermittently, at irregular and unpredictable intervals. Some Ménière’s patients suffer only one or two attacks in a lifetime; others suffer chronically and progressively. Treatments range widely, from surgery and the implantation of regulatory devices to dietary modifications and the administration of antisecretory drugs designed to relieve

14. Some clinicians debate whether the disorder is rightly called a “disease,” a complex of symptoms with a common pathophysiology, or a “syndrome,” a group of symptoms that occur together but have different causes. See Henry L. Williams, “Definition of Terms in Meniere’s Disease,” in Symposium on Meniere’s Disease, ed. Jack L. Pulec, special issue, The Otolaryngologic Clinics of North America 1, no. 2 (January 1968): 267-72.

15. One theory of pathogenesis holds that an imbalance of potassium-rich endolymph and sodium-rich perilymph disturbs the electrophysiological milieu of the vestibular canal, irritating hair cells in the organ of Corti, thereby causing fluctuant hearing loss, and affecting vestibular cells, causing vertigo. A second, mechanical theory holds that the buildup of endolymph puts hypertensive pressure on the hair and vestibular cells, thereby disturbing functions of hearing and balance. Georges Portmann, “The Old and New in Meniere’s Disease—Over 60 Years in Retrospect and a Look to the Future,” in Symposium on Meniere’s Disease, ed. I. Kaufman Arenberg, spec. issue, The Otolaryngologic Clinics of North America 13, no. 4 (November 1980), 568 ff.

16. Because episodes strike irregularly and inexplicably, classifying the Ménière’s sufferer as “disabled” or “impaired” is problematic. In America, the legal burden of proving functional disability under ADA standards rests with the patient. See Helen Cohen, Lana R. Ewell, and Herman A. Jenkins, “Disability in Ménière’s Disease,” Archives of Otolaryngology—Head & Neck Surgery 121 (January 1995): 29-33.
fluid pressure. But because the disease is incurable, the best that doctors can hope is that such treatments will reduce the severity of symptoms. Given the indeterminacies of the disease for both patient and clinician, one twentieth-century authority declared that

Ménière’s disease is one of the least understood disorders, by both doctors in general and specialists. It is variable in clinical presentation, imprecise in diagnosis, and because the effectiveness of treatment is doubtful, leaves the clinician disillusioned, depriving the patient of the potential cure that has become the rule.\textsuperscript{17}

The difficulties of defining Ménière’s disease, identifying its pathogenesis, finding patterns of recurrence, and understanding its functional implications make the disorder mysterious to the clinician. The unpredictability of symptoms—when or if they will strike again and how severely—leaves the identity of the Ménière’s patient as a sick person uncertain.

In fact, one of the ironies of retrospective diagnosis in Swift’s case is that the diagnostic narrative by which the early modern age explained his disorders as humoral imbalance was more certain and coherent within its own logic than the modern clinical explanation. For Swift himself, there was no diagnostic riddle. The humoral explanation not only made perfect sense of his chronic giddiness, deafness, and tinnitus but, as we shall see in a later chapter, also guided his management of those disorders in ways that the clinical narrative does not do for the Ménière’s patient. If the clinical plot is not wholly coherent or intelligible, Swift’s humoral narrative was.

While acknowledging the problems of viewing Swift’s chronic disorders through the lens of the modern clinic, the aim of this study is not to dismiss retrospective

\textsuperscript{17} Portmann, 567.
The diagnosis of Ménière’s disease is serviceable as *analogy*. As we saw in the discussion of Swift’s shingles, however, an important lesson for those who would diagnose his chronic disorders retrospectively is that the clinical medicine we know, with its understanding of disease as localized pathology and its sophisticated diagnostic technologies, is but one sort of disease narrative that generalizes the individual experience of the sufferer. Trying to force Swift’s complaints to the contours of this narrative makes a clinical body of his humoral one and restricts our understanding of his experiences as a sick person. We must, instead, return Swift to the humoral body in which he lived and reconstruct his chronic disorders as he knew them.

A common humoral explanation of giddiness, as a “Cephalick disorder,” saw a weak stomach as the culprit. The author of *The Family Physician*, published shortly after Swift’s death, claimed that a “*VERTIGO, giddiness, or swimming in the head…is either an original [that is, constitutional] disease, or proceeds from disorders of the stomach.*” A contemporary “Physician,” who warned of the potential “very dangerous Consequence” of vertigo, likewise blamed improper digestion of the humors: “[*I*]t comes…chiefly from cold Humours and flatulent Vapours arising from the Stomach or other inferiour Parts, causing a continual Pain in the Head, Noise in the Ears, [and] Dulness of the Senses.”

---

18. Piers Mitchell, who urges a “balanced approach” to historical and retrospective diagnoses, says that “retrospective diagnosis can be a perfectly valid and reliable technique to apply to written sources from historic populations in order to gain a more nuanced view of health and disease in the past.” “Retrospective Diagnosis and the Use of Historical Texts for Investigating Disease in the Past,” *International Journal of Paleopathology* 1 (2011): 87.


20. Physician, *A Treatise of Diseases of the Head, Brain & Nerves* (London, 1711), 17. Although the author’s “treatise” is a glorified advertisement for various proprietary medicines, including a
The author’s simple iatromechanical explanation is that the fouled and superfluous humors, having accumulated in the head, put pressure on the brain and nerves, thus impairing healthy sense functions. In a case study that seems almost to anticipate the Paris clinic’s method of confirming diagnosis by autopsy, the author then tells the story of a man who suffered from vertigo and who, when he died, was found to have water on the brain.\textsuperscript{21}

If we are to accept the testimony of Swift’s late-life attendants and those who witnessed his autopsy, the physician-author’s explanation bears out in the Dean’s own case. Patrick Delany reports that after Swift had been “reduced to a state of ideotism” in his final years, some who knew him ascribed his condition to excessive cranial fluid. “I have often heard Mr. STEVENS, an ingenious clergyman of the diocese of Dublin,” says Delany,

pronounce [water on the brain] to be his case, during his illness: begging, and intreating, his friends, and his physicians, that his head might be trepanned, and the water taken away, which he was sure would remove his distemper, and recover his reason: but his physicians paid no regard to this judgment.\textsuperscript{22}

\textsuperscript{21} “vertiginous spirit” of his own invention, his explanation of giddiness conforms exactly with humoral theory. Because of the resiliency and pliancy of humoral explanations of pathogenesis, the same basic principle of humoral imbalance was adopted by nerve theories, which became ascendant in the mid-eighteenth century. In 1771, in a lecture on the “chronical Diseases of the Head,” the physician Theophilus Lobb attributed vertigo to “too great a flux of nervous fluid, through the optic nerves, to the tunica retina of the eye; which humour perhaps has a kind of circumgyration, or motion, which may be the reason that external objects seem to the patient” “to be in a sort of circular motion, turning round.” “Here it appears to me,” says Lobb, “that the optic nerves are too lax, and the influx of nervous fluid too great.”


\textsuperscript{22} Delany, 102-103.
This Stevens’s diagnosis was vindicated by the testimony of Dr. John Lyon, a canon of St. Patrick’s who managed Swift’s affairs late in life and likely witnessed his autopsy:

“When the Dean was dead, Mr. W HITEWAY, an eminent Surgeon, nearly related to him, opened to the Skull, and found much Water in the Brain.”

The post-mortem findings accord with the conventional belief that improperly digested humors had migrated to the head, where they accumulated, causing Swift’s disorders. As in the case of the shingles, this is a pathology caused by humoral imbalance.

Deafness, Swift’s other most bothersome and socially embarrassing complaint, was defined broadly in one contemporary medical dictionary as “a Distemper of the Ear, which makes the Person incommode with it, either not to hear at all, or to hear very imperfectly.”

Temporary or permanent deafness could be traced to a variety of causes, including heredity, trauma, fevers (a “hot” cause), venereal disorders, even “Animals or extraneous bodies” that “insinuate themselves and lodge” in the passages of the ears.

In Swift’s case, the humoral model of pathogenesis offered two explanations, both of them incumbent upon imperfect “coction,” that is, digestion of the humors. The first blamed a too-cold stomach. Because the aliments were not properly cooked, the concoction process failed to attenuate the humors fully. An accumulation of crude

23. The quoted words are those of Swift’s editor George Faulkner, who had his information about the post-mortem examination from Lyon. “The Life of the Reverend Jonathan Swift, D.D. Dean of St. Patrick’s, Dublin,” in The Works of the Reverend Dr. Jonathan Swift, Dean of St. Patrick’s. With an Account of His Life and Writings, ed. George Faulkner, 11 vols. (Dublin, 1762), vol. 11, 260n. John Whiteway, the surgeon who performed the autopsy, was the son of Swift’s cousin and fiercely loyal late-life caregiver, Martha Whiteway. In his final will, Swift bequeathed to John Whiteway a hundred pounds, with an additional five pounds for purchasing “Physical or Chirurgical Books.” Woolley, vol. 4, 299-300n2.


hlegm—the cold, watery humor—congested the ears and muffled hearing. The “too
great a quantity of cold humours,” said one writer, upset the humoral balance of the fluid
environment of the ears and thus impaired the hearing. The explanation accords with
Swift’s own complaints. “My head is pretty well,” he reported in the *Journal to Stella*,
“only a sudden turn any time makes me giddy for a moment, and sometimes it feels
very stufft.” The fact that the humoral imbalance could be relieved, at least
temporarily, explained the “recoveries” and “relapses” of his deafness.

Because the humoral body was permeable with the world outside of it, it should
not surprise us that many of Swift’s day believed with his contemporary Peter Shaw that
deafness could “proceed from the catching of cold.” The medical writers held that
cerumen aurium (ear wax) was among the “humors of different kinds separated from the
mass of blood, circulating in an animal body.” The glands “deposited a deficient—too
viscid a secretion—or constipation of the wax, from what is called catching cold.”
Even if by this writer’s time the word *humours* had come to mean bodily fluids more generally,
hearing impairment was still seen as a disruption of natural physiological functions.

---

*Memoirs of the Royal Society; Being a New Abridgment of the Philosophical Transactions*, ed. Benjamin
Baddam, 10 vols. (London, [1738]-41), vol. 6, 45.

27. 1 September 1711, in JS, 271.


29. Thomas Southwell, *Medical Essays and Observations, Abridged from the Memoirs of the

30. Thomas Marryat, *The New Practice of Physick, Founded on Irrefragable Principles and
Confirmed by Long and Painful Experience* (Dublin, 1764), 232. Swift’s friend Matthew Prior attributed his
own bouts of deafness to such deposits. He wrote to Swift, “I labour under the distemper you complains
of Deafness: especially upon the least Cold…but am now syringing, and hope to profit by it.” Matthew
Prior to Swift, 4 May 1720, in *Corr*, vol. 2, 344.
caused by an imbalance. Many patients themselves blamed this imbalance on catching cold. Samuel Pepys complained that he became “almost deaf” in one ear after he contracted a cold during a dalliance “with Mrs. Lane in the path of a draught.”31 In the middle of the eighteenth century, a certain Mary Smargins, the subject of an electrical experiment to restore her hearing, claimed to have become deaf “from a cold”; she was purportedly cured by the “warmth” of the electrical current.32 And in Arbuthnot’s History of John Bull, the character Frog makes “a shuffling Excuse” for breaking an appointment by claiming that “he got a great Cold, that had struck him deaf of one Ear.”33 We wonder if this is a comic nod to Arbuthnot’s close friend, Swift himself, who, as we shall see in his humoral narrative about illness, blamed a cold in his early twenties for his own variable and progressive deafness.34 He always associated his hearing disabilities with cold, writing even late in life to Orrery, “If I were fit for any Company I would have waited

31. Quoted by Emily Cockayne, “Experiences of the Deaf in Early Modern England,” The Historical Journal 46, no. 3 (2003), 497. There were those who argued for the efficacy of cold in cases of deafness. The proponent of cold bathing Sir John Floyer claimed that “Cold Immersion” is “useful in all the Infirmities of the Head and Eyes: And I might add, That Deafness has been lately cured by the same, in the Cold Bath at London.” The Ancient Psychrolousia Revived: or, An Essay to Prove Cold Bathing Both Safe and Useful. In Four Letters (London, 1702), 81-82. See also Joseph Browne, An Account of the Wonderfull Cures Perform’d by Cold Baths (London, [1707?]), 11.

32. Benjamin Wilson, A Treatise on Electricity (London, 1750), 202-208. While Mary Smargins “continue[d] to hear very well” some two years later, Wilson confessed that his electrical experiments upon “six other person, whose complaints were deafness” were unsuccessful, even though “[t]hree of them fancied themselves better for a few days” (207-208).

33. John Arbuthnot, John Bull Still in His Senses: Being the Third Part of Law Is a Bottomless Pit (London, 1712), 44.

34. In light of Thomas Beddoes’ conjectures about Swift’s chronic ailments, it is worth noting here that Samuel Tissot, in his notorious, widely read Onanism: or, A Treatise upon the Disorders Produced by Masturbation: or, The Dangerous Effects of Secret and Excessive Venery, cites the case of a man who, “deaf for several weeks, after a long cold,” “when he had a nocturnal pollution, was much more deaf the next day.” Translated by A. Hume (London, 1766), 162.
on you; but am hindered by a certain return of deafness whenever I venture into the cold Air.”

His understanding of deafness is perfectly in keeping with humoral logic.

A second explanation for Swift’s deafness was an impairment of nervous function, attributed, like his vertigo, to a superfluity or corruption of the humors.

“[P]erfect deafness…seldom happens,” argued one medical writer, “but when the auditory Nerve is grown stiff and immoveable or the Juice therein stagnates…by Reason of an Obstruction in the very Nerves, either by some gross Humour, or the nervous Juice render’d so glutinous that no Passage can be granted.” The “nervous Juice” here is the “Animal or Sensitive Spirits,” distilled in the brain in a final process of digestion; this was the fluid thought to carry sense impulses through the nerves and to manage sensation and movement.

If these animal spirits were not properly attenuated and were “glutinous,” the transmission of sense information would be slowed. An accumulation of ambient humors could also compress the tubal nerves and retard the flow of the spirits. The iatromechanist William Cockburn, Swift’s own physician in London, explained deafness in this very way: Blood that had thickened because of


37. OED, s.v. “animal spirit.” While the third-century BCE Alexandrian physicians who theorized the animal spirits saw them as superfine, invisible particles (pneuma psychikon), in the Cartesian iatromechanical model that gained ascendancy after the middle of the seventeenth century, they were fluid, subject to laws of hydraulics, and expressible in quantifiable, mathematical terms. The iatromechanical model of sensation’s being transmitted through hollow tubes by these spirits conformed with humoral logic: A healthy or impeded flow of fluid spirits through the nerves depended still upon the proper balance of the humoral matrix. Not long after Swift’s death in 1745, the iatromechanical narrative of sensation was challenged by a new neurophysiology that saw the nerves as wires. In this model, the repurposed animal spirits communicated between the senses and the brain no longer by fluid conveyance but by electrical impulse. Roy Porter, Mind-Forg’d Manacles: A History of Madness in England from the Restoration to the Regency (New York: Penguin Books, 1987), 45 ff., 176-78.
“Coldness” would press upon “Contiguous Nerves,” he said, “till at length by this continual stuffing the Nerve is so much compressed that it hinders the motion of animal Spirits in those Canals, tho’ their sides may not be quite squeezed together, and thereby will happen that a man may be thick of Hearing, or perfectly Deaf, he may be blind, lose his Taste, &c.” The “Coldness being over” and heat returned either by natural physiological response or medical intervention, said Cockburn, the “Lentor” (viscosity) in the animal spirits is relieved, and hearing and other sense functions restored. While the fault for impaired hearing might rest in the animal spirits and superfluous humors, the conduit nerves themselves could be obstructed or compressed, or their tonicity might weaken with age. At one point, Swift himself imputed both giddiness and deafness “to increasing years, and consequently a greater weakness in my nerves.” Weak nerves would lack the tensile strength to impel the animal spirits as they carried the data of the senses.

The tinnitus of which Swift complained frequently, often inseparable from his deafness because it impaired his hearing, could result from traumatic injury. More often, it, too, was explained as an obstructive humoral disorder. In a comprehensive treatise on diseases written a decade before Swift’s birth, the Polish physician John Jonston claimed that “the Noise or Ringing of the Ears” can proceed from “External Causes

38. William Cockburn, *Sea Diseases*, 2nd ed. (London, 1706), 84-85. In a sardonic comment upon the metrics of Dr. Joseph Brown’s early eighteenth-century translation of Horace, a “Gentleman in Town” commented, “I am afraid the Reader will be apt to think the good Dr. has got a great Cold lately, which may have caus’d an unhappy obstruction in his Auditory Nerves; for no Mortal breathing, except he’s as Deaf as a Door-Nail, can ever find Musick in this Verse.” *A Letter from a Gentleman in Town to His Friend in the Country, concerning Dr. Joseph Brown’s New Translation of Horace, with Some Remarks on the Same* (London, 1705), 52.

exciting and raising up Vapors, to wit, the extream cold or over great heat of the Air, overmuch feeding and fulness either of food or Wine, from whence Crudities are heaped up together in the Head.” The condition makes the individual more susceptible to the influence of cold winds and the accumulation of humors “flowing together into the Organs of hearing”; the clogging of the ears “is wont to turn into a deafness.” There are also “Internal Causes,” said Jonston: The disorder may arise “[f]rom a Humor Flegmatick and cold, and then the Malady [begins] by little and little, & from less to greater; and returneth likewise at some certain seasons and by intervals; the noise or sound is clearer and more distinct than ordinary.” In Jonston’s humoral scheme, both external and internal causes of noises in the ears were linked with improper coction of humors. Medical literature of the day forecast a dismal prognosis for those who suffered from tinnitus: “A Tinnitus or Noise in the Ears is most frequently a chronick and very troublesome Distemper,” wrote one authority. “[I]t sometimes ends in an entire Deafness; it is seldom Cured, or if it be helped, it is apt to return again.” In his own narratives about his chronic disorders and his imaginative representations of them, Swift always faced the challenge of writing closure.

All three of Swift’s persistent physical complaints—giddiness, deafness, and tinnitus—were considered “cephalick” disorders, with a common pathogenesis in superfluous or peccant humors. Any one by itself was troubling. When the three


presented concurrently, however, they could presage dire consequences. A headache attended with vomiting, “deafness and watching, portends madness,” declared Peter Shaw. “Being attended with noise in the ears, vertigo, deafness, and dullness of feeling in the hands, it threatens an apoplexy or epilepsy.”42 Arbuthnot agreed. Among the “immediate Forerunners of an Apoplexy,” he said, “are commonly a Vertigo, Staggering, Loss of Memory,” and “a Noise in the Ears,” all afflictions about which Swift himself complained.43 There is historical irony here: Most modern biographers and medical writers agree that he likely suffered a stroke or a series of minor brain lesions in his last years; these events, they say, would explain his final aphasia and lethargy. More important to our own study, however, is the dread that such a forecast brought Swift. He himself was convinced at times that his chronic illnesses, especially his giddiness, would be the death of him. “I believe this Giddiness is the Disorder that will at last get the better of me,” he wrote desperately to Thomas Sheridan in 1727.44 In his conviction that his chronic disorders would bring his death we see yet another limitation of retrospective diagnosis: The modern reader knows that Ménière’s disease is not fatal, despite its disorienting, at times terrifying symptoms and the hopelessness that sometimes attends them. Swift himself could never know when his disorders would kill him.


If the humoral narrative of pathology explains both his physical disorders and the dread of what might follow, it also explains the intellectual impairments and confusions about which Swift often complained: an inability to read, write, think, and converse and the decaying of his memory. It also helps us understand better his fears that he would go mad.

In 1721, Swift wrote of a long-lasting fit of deafness that it “wholly disconcerts and confounds me to a degree that I can neither think nor speak nor act as I used to do, nor mind the least business even of my own.” Because of the “continual disorder in my Head,” he lamented to Pope in 1736, “I neither read, nor write; nor remember, nor converse.” A later chapter considers these impairments and confusions as social disorders: Conversing and writing were performances by which he negotiated his social world; these performances disordered by his giddiness, deafness, and tinnitus, Swift was cut off from the company and conversation of the world by which he defined himself. His greater fear, however, was that his disorders would eventuate in madness.

Perception, understanding, and memory were the faculties of mind by which he made sense of and imposed some order on the disordered world. The complete disordering of these faculties in madness would cut him off irrevocably from society. This current chapter, however, discusses cognitive disorders and madness as humoral pathology. Understanding them as such helps explain better Swift’s own anxieties about his


46. Swift to Alexander Pope, 2 December 1736, in Corr, vol. 4, 545.
declining intellectual abilities; it also helps explain the long-lingering claims by biographers and literary critics that he degenerated into madness.

The “giddiness in his head,” wrote Swift’s first biographer Orrery, “pursued him until it reduced him to that condition, in which reason lay buried in the bodies grave.”

We remember also Samuel Johnson’s claim that Swift’s giddiness and deafness relentlessly “pursued him through life, and at last sent him to the grave, deprived of reason.” In order to understand how what we would consider physical disorders might lead to madness, we need first to consider the importance of the senses in constructing order—“making sense” of the world and experience—and the function of the animal spirits in mediating sensation.

Sentimentalizing Swift in his dotage, Orrery wrote of his late-life senility,

It is the more melancholy to me, as I have heard him often lament the particular misfortune incident to human nature, of an utter deprivation of senses many years before a deprivation of life. I have heard him describe persons in that condition, with a liveliness and horror, that on this late occasion have recalled to me his very words.

Deane Swift, who knew Swift as well as anyone during his final years, was careful to say that despite all of the stories of the “poor old man,” he was not mad: “Sometimes he will not utter a syllable: at other times he will speak incoherent words: but he never yet, as far as I could hear, talked nonsense, or said a foolish thing.” In the implicit debate

47. Orrery, 8.


over the final state of Swift’s mind, which preoccupies early biographies, both Orrery and Deane Swift invoke the word *sense*—the “utter deprivation of senses” and “nonsense.” In Swift’s day, as in our own, people commonly remark that a mad man is “out of his senses” or that he has “lost his wits.” Because *wits* meant both the five senses and faculties of mind like reason, understanding, and memory, the second statement is all the more apropos to our discussion of Swift’s chronic giddiness and hearing loss. Swift believed that his disordered senses disordered his cognitive functions.

Parsing out the much-contested meaning of the word *sense* itself is beyond the scope of this study. But the uses of the term to mean, variously, one of “the faculties of physical sensation” (that is, the five senses), perception (with its emphasis on consciousness), and reason or sanity shade imperceptibly into one another.51 In the surviving letters spanning more than fifty years, Swift and his correspondents used it in almost every way. Mad in love for him, Vanessa pleaded with Swift to “shew some tenderness for me or I shall lose my senses.”52 Swift himself reported to Knightley Chetwode in 1725, “I have recovered my hearing for some time, at least recovered it so as not to be troublesome to those I converse with, but I shall never be famous for acuteness in that sense.”53 Not long after, he wrote that Stella resents a disfiguring “Tetter in her Chin” “in a manner very unbecoming her good Sense, and the Philosophy

51. The OED states that the uses of the term *sense* to designate (1) the five physical senses, (2) reason or sanity, and (3) the combined faculties of perception and sensation are “sometimes not easily distinguishable.” OED, s.v. “sense.”


which I hoped I had taught her.” And he complained in a letter of 1727 to Henrietta Howard that his distracting tinnitus caused him to write “nonsense.” If language imposes form on our lives by drawing referential boundaries for experiences and phenomena, the ways in which Swift and his contemporaries used the words sense and senses are themselves suggestive: The chronic giddiness, deafness, and noise, coming convergently as they often did, disordered his physical senses and the intellectual faculties by which he sorted through and “made sense of” the external world and of his own feeling body.

Only by returning Swift to his humoral body can we appreciate fully the connections between disordered senses and disordered mind. By Swift’s day, the common assumption that madness in its various forms was caused directly by humoral imbalance—that a superfluity of yellow bile (choler) caused frenzy and mania or an excess of black bile caused melancholy—was ceding authority to an iatromechanical model of pathology that connected mental illness with the nerves. Because of the role of the fluid animal spirits in transmitting sensation, however, the new model of the body as machine driven by hydraulics fit neatly into the humoral narrative. These animal spirits shuttled impulses through the conduit nerves to and from the brain: data from senses to brain in response to external stimuli and commands from brain to body that governed movement and response to sensation. Bishop Berkeley said that they were “the

54. Swift to Charles Ford, 14 August 1725, in Corr, vol. 3, 86. For tetter, see page 89n83 of this study.


56. See page 104n37 of this study.
Messengers, which running to and fro in the Nerves, preserve a Communication between the Soul and outward Objects." \(^{57}\) The “rational soul” of which Berkeley speaks, unique to mankind, governed “inward senses” like the imagination and memory, and it controlled speech. Above all, says Roy Porter, “it was the seat of the will and understanding, mind and consciousness, of reason itself." \(^{58}\) These higher functions resided in the brain.

Crucially, in transmitting the data of eyes, ears, and other “external senses” through the nerves to the brain, the animal spirits mediated between outside world and reason. In his *Physical Dictionary* of 1684, Steven Blankaart says that sense itself “is when the Motion impressed upon the outward Objects upon the Fibres of the Nerves is convey’d, by the help of the Animal Spirits in the Nerves, to the common Sensory” in the brain. This “*Sensorium Commune*, or the Seat of common Sense, is that part of the Brain in which the Nerves from the Organs of all the Senses are terminated, which is in the beginning of the *Medulla Oblongata*.” \(^{59}\) It was seen as a kind of clearing-house for sense impressions, which were then conveyed to the interdependent intellectual faculties, like understanding, judgment, and memory, which “made sense” of those

---


58. For the history of early modern theories of madness, I draw liberally from Porter’s *Mind-Forg’d Manacles*, passim.

59. Steven Blankaart, *A Physical Dictionary, in Which All the Terms Relating Either to Anatomy, Chirurgery, Pharmacy, of Chymistry Are Very Accurately Explain’d* (London, 1684), 260. I am indebted to the unpublished dissertation of Darren Neil Wagner for this lead. As Wagner says, “[T]he sensorium was both an anatomical nexus for nerves and a metaphysical margin where reason and will became impressed onto the corporeal body.” “Sex, Spirits, and Sensibility: Human Generation in British Medicine, Anatomy, and Literature, 1660-1780” (PhD diss., The University of York, 2013), 154. The process by which the animal spirits carried sense data to the brain and the brain sent commands to the body was much-debated and speculated upon but never exactly understood.
impressions. The understanding, or awareness, perceived the data. The judgment sorted through and put the data into ideational categories; as the critical faculty, it made decisions based upon the information that it received. The memory was the faculty of mind by which, said Locke, “we revive again in our Minds those Ideas, which after im printing have disappeared, or have been as it were laid aside out of Sight.” As a “Store-house of our Ideas,” he added, memory is important because it allows us to “make appear again, and be the Objects of our Thoughts,” the ideas impressed upon our understanding by sense experiences, “without the help of those sensible Qualities, which first imprinted them there.”60 The imagination (fancy), too, received and was stirred by sense impressions; it had the power to create images from remembered sense experience. But it was incumbent upon the “higher faculties” like judgment to govern the imagination by selection and proper association of ideas.61 The higher faculties, then, were crucial to seeing “reality” as it was and to maintaining sanity. And in negotiating exchanges between the world outside and these higher faculties, the animal spirits had to function perfectly.

If the emphasis of psychopathology shifted from stomach to brain and nerves in the seventeenth and eighteenth centuries, it was nevertheless framed still by the humoral narrative. As we saw in the explanations for deafness, a congestion of humors could compress the nerves and retard the flow of animal spirits, or the animal spirits


61. Madness, as Swift metaphorized it famously in A Tale of Tub, ensues “when a man’s fancy gets astride on his reason, when imagination is at cuffs with the senses, and common understanding as well as common sense, is kicked out of doors” (Tale, 82). In Mind-Forg’d Manacles, Porter explains at length the importance of the imagination in definitions of madness in the long eighteenth century.
themselves could become too viscous for proper transmission. As Porter says memorably, the humoral model of the animal spirits shuttling sensations through hollow nerves “pictured depression and disorientation as corporeal plumbing failures. If the tubes became clogged—if, for instance, ‘heavy’ diet and low habits were indulged—the fluids grew sluggish, causing ‘heaviness’ and ‘lowness.’”62 In discussing “mood disorders,” we speak metaphorically of being in “low” or “high” spirits. If we are to appreciate Swift’s own anxieties about his cognitive disorders and fears of madness, however, we need to return the word spirits to its literal meaning within the explanatory narrative of humoral psychophysiology. His frequent complaints that his deafness is an “importunate Ailment that quite dispirits me” or that his persistent giddiness “keeps me low in Spirits and humor” register the early modern belief that the disordered senses disordered the intellectual faculties.63

Afflicted with disorders of the mind, Swift himself worried about the inevitable dying of his intellectual faculties: Pointing to the “much withered, and decayed” “uppermost branches” of a tree, he remarked to Edward Young, “I shall be like that tree. I shall die at the top.”64 This poignant statement, taken up by biographers as a prophecy of his own Struldbrugg-like late-life decline, takes on new meaning if we consider the adage of his day that men, like trees, “die upwards.” The diarist John Evelyn, in a treatise about timber, noted that if foresters “find [a tree] perish’d at the top (for Trees

64. Edward Young, Conjectures on Original Composition. In a Letter to the Author of Sir Charles Grandison (London, 1759), 64-65.
die upwards, as Men do from the feet) be sure the cause lies deep, for 'tis ever a Mark of great decay in the Roots." Gideon Harvey, physician to both Charles II and James II, specifically connected this “dying upward” with the senses when he traced through the final stages of mortality, as the senses shut down one by one. Feeling is the last to go, said Harvey, beginning in the toes, “wherefore its Custamarily [sic] said, a Man Dieth upwards, that is from below, being farthest from the Brain…so that in course the Brain must Die last.” Lord Orrery’s recollection that Swift dreaded most the “utter deprivation of senses” and Swift’s own fear of dying “at the top” have fed into the biographical narrative that he devolved into madness and ended “deprived of reason.”

The problem with this narrative of progressive decline into madness is that, preoccupied as it is with getting us to an ending that would neatly explain Swift’s anger against the world, the viciousness of his satire, his seeming obsession with gross physical bodies, and his late-life senility, it gives little attention to his own understanding of his disorders and his experiences as a sick person. Even Orrery, Delany, Johnson, and other early biographers who attribute his final madness to humoral disorder tend to gloss quickly over his own explanation for his giddiness, deafness, tinnitus, and failing memory on their way to their thesis about his life and works. Later psychoanalytical

65. John Evelyn, Silva, or A Discourse of Forest-Trees, and the Propagation of Timber in His Majesty’s Dominions (London, 1706), 238. In a comic letter to Mr. Bickerstaff in The Tatler, one “Ephraim Bedstaff” writes, “Those who were condemn’d to Death among the Athenians, were oblig’d to take a Dose of Poison, which made them die upwards, seizing first upon their Feet, making them cold and insensible, and so ascending gradually, ‘till it reach’d the Vital Parts.” Number 21, Thursday, May 26, to Saturday, May 28, 1709, in [Joseph Addison and Richard Steele.] The Tatler. By Isaac Bickerstaff Esq., 2 vols. (London, 1709-[1711]), vol. 1, n.p.. In his long-authoritative edition of Swift’s correspondence (1910-14), F. Erlington Ball credits Swift himself with this letter. C.N. Greenough, “The Development of the Tatler, Particularly in Regard to News,” PMLA 31, no. 4 (1916): 638n.

biographers and critics who would put Swift on the couch and diagnose his psychopathies completely ignore the facts and experiences of his body as he knew them. Swift himself feared madness. But reading his life only with that end in view, we can never fully appreciate the preoccupation with order and disorder that persists throughout his works. This understanding begins with his own explanation for how he contracted the chronic illnesses that afflicted him from his early twenties.

Swift wrote nothing like a coherent autopathography. Rather, he explained the onset of his giddiness, deafness, and tinnitus in scattered notes, often serving some other rhetorical purpose: a brief autobiographical fragment, written sometime around age sixty, and letters to Henrietta Howard, Mary Pendarves, and William Richardson. A later chapter of this study gives greater attention to the autobiographical fragment, especially as it shows Swift’s problems in determining his own identity. Here, however, it is important as it documents his understanding of the cause of his disorders. In the fragment he dates the first fit of giddiness to his earliest days with Sir William Temple, who had employed him as private secretary in 1689. Speaking of himself in the third person, Swift writes that “he continued for about two years” in Temple’s house at Moor Park, “For he happened before twenty years old, by a Surfeit of fruit to contract a giddiness and coldness of Stomach, that almost brought him to his Grave, and his disorder pursued him with Intermissions of two or thre[e] years to the end of his Life.”

In a famous letter of 1727 to Henrietta Howard, he elaborates:

About two hours before you were born [c. 1689], I got my Giddyness by eating a hundred golden pippins at a time, at Richmond, and when you were four years and a quarter old bating two days, having made a fine seat about twenty miles farther in Surrey where I used to read and sleep, there I got my Deafness, and these two friends have visited me, one or other, every year since, and being old acquaintance, have now thought fit to come together.  

Some eight years later, Swift told the same tale to Mary Pendarves: "I got my giddiness by raw fruit when I was a lad in England, which I never could be wholly rid of, and it is now too late." And in a letter of 1737 to William Richardson, Swift reported, "In England, before I was twenty, I got a cold which gave me a deafness that I could never clear myself of." Despite inconsistencies of dates in the various versions of how he contracted his giddiness and deafness, which we shall consider later, in writing the story of his illnesses, Swift exerts narrative control over them. That Swift should persistently blame his overindulgence on apples for a chronic disorder that afflicted him for the rest of his life may seem odd to us. But the story conforms with humoral theory. Fruit was considered a "cold," "wet" aliment. Gluttonizing on the cold, wet pippins, Swift might well have contracted the "coldness of Stomach" that permanently upset his system. As we saw, a cold stomach could not properly concoct and attenuate the humors for healthy assimilation in the body. And so by

---

68. Swift to Henrietta Howard, 19 August 1727, in Corr, vol. 3, 232-33. A pippin is a tart, full-sized apple. By this claim, Swift’s appetite would have been prodigious. In an ironic historical turn, some modern clinicians claim that pectin, found in apples, reduces endolymphatic hydrops of Ménière’s Disease. See, for example, Taizo Takeda et al., “Decompression Effects of Erythritol on Endolymphatic Hydrops,” *Auris Nasus Larynx* 36, no. 2 (April 2009): 146-51.


humoral logic, gluey humors clogged in Swift’s head and caused his giddiness. His head “stufu,” Swift’s explanation fits neatly into the humoral narrative of pathogenesis.\footnote{By the doctrine of “contraries,” popular and learned medical opinion alike recommended fruit for “hot,” “dry” diseases like fevers and inflammations. In \textit{An Essay upon Health and Long Life}, which Swift himself edited for publication, Sir William Temple advised eating fruit before and after meals for “all Illnesses of Stomach, or Indigestion, proceeding from hot and sharp Humours”: “I have never found any thing of much or certain Effect, besides the eating of \textit{Strawberries}, common \textit{Cherries}, white \textit{Figs}, soft \textit{Peaches}, or \textit{Grapes}, before every Meal during their Seasons; and when those are past, \textit{Apples} after Meals.” \textit{An Essay upon Health and Long Life}, in \textit{Miscellanea. The Third Part}, ed. Jonathan Swift (London, 1701), 187.}

That the fruit on which Swift overindulged should be raw was yet another explanation for his chronic giddiness. “All Apples are worst raw,” said Thomas Moffett, whose popular \textit{Health’s Improvement} first appeared in 1655. The oft-cited physician and chemist Friedrich Hoffmann explained more fully: “Vegetables, Roots, Fruits and Herbs, especially if eaten crude, and before they are sufficiently softened by Boiling, are with Difficulty concocted by the Stomach, because their fibrous texture is hard to be dissolved.”\footnote{Friedrich Hoffmann, \textit{A Treatise on the Nature of Aliments, or Foods, in General; Shewing Their Good and Bad Qualities; and Which of Them are Most Proper in the Different Stages of Life}, anon. trans. (London, 1761), 17.} In a treatise on the qualities and nutritive value of various foods, Louis Lémery cautioned that, among the “\textit{ill effects}” of apples, which “contain much Phlegm,” “[t]hey are not at all good for those who have a weak Stomach. Boil’d \textit{Apples} are to be preferred before those that are raw, because they are of easier digestion.”\footnote{Louis Lémery, \textit{A Treatise of Food, in General} (London, 1706), 19.} In Swift’s own humoral understanding, the superfluity of improperly digested phlegm, the cold, wet humor, would have explained his giddiness.

As with so many variables in a humoral medicine specific to every individual physical temperament, it is as much the excess or deficiency of the aliment as it is the
quality—coldness and wetness—that might upset one’s humoral balance. In the case of a chronic disorder, the imbalance might “settle” permanently. Defining surfeit itself as a medical condition, Peter Shaw says that it “may be caused…[b]y voracity, from whence the stomach and intestines are overcharged, digestion weakened, and the chyle render’d crude or viscid, and the blood corrupted.” While we need to examine more carefully Swift’s own claim that he ate a hundred pippins at a single sitting, especially in its rhetorical contexts, any such excess would have been humorally disastrous.

Of his giddiness and deafness, Swift wrote to Ford from Dublin in 1733, “The Doctors here think that both these Aylments in me are united in their Causes, but they were not always so; for one has often left me when the other stayd.” But in his humoral narrative about his illnesses, he himself had always attributed both disorders to cold causes. Like his explanation for how he contracted his chronic giddiness, Swift’s claim that he “got a cold which gave me a deafness that I could never clear myself of” fits into humoral logic, according to which improperly digested phlegm has accumulated in his ears, causing both deafness and tinnitus. This could explain why the deafness began in one ear before affecting the other; such accumulations need not develop bilaterally. That both his progressive deafness and “noise in the Ears” should visit him in episodes, with periods of recovery and relapse, conforms with the humoral notion that Swift could alleviate his disorders with careful management of the non-naturals. The body of the chronic sufferer was always caught delicately between humoral balance and

74. Peter Shaw, A New Practice of Physick (London, 1738), vol. 1, 163.

imbalance; the sufferer had always to try to calibrate the balance as best he could. A later chapter considers ways in which Swift tried to control his unruly body through diet and exercise.

The humoral narrative was one way for Swift to impose order on disorder; dating the respective onsets of his giddiness and deafness was yet another. The problem, however, is that the dates in his various explanations are inconsistent. In the letter to Howard, the dating of the first attack, when Swift would have been twenty-one, accords with his statement in the Journal to Stella of October 1712, “I have had my Giddiness 23 years by fits.” But this date is discrepant with that in the autobiographical fragment, in which he says that he contracted the disorder before he was twenty. Biographers and editors have attempted facile explanations to resolve the apparent inconsistencies. In one extended discussion, Arthur Case agrees with Swift’s nineteenth-century biographer John Forster that the giddiness first attacked Swift not when he was working with Temple but during one of his “boy-visits” to England, when, likely on break from college, he went to see his mother in Leicester. He may have visited Temple’s estate during one of these breaks, or he may have gorged himself in any other nearby orchard. Either way, we have an explanation for his having contracted his giddiness “before twenty years old.” And if, as Case argues, Mrs. Howard was born in 1687, some

76. 9 October 1712, in JS, 451.
two years before Swift went to work with Temple, this, too, would solve the apparent discrepancy of Swift’s saying that he contracted the disorder in the year of her birth.\footnote{Case’s argument would also solve the apparent discrepancy of locations. Swift’s letter to Mrs. Howard states that he contracted his giddiness at Richmond—that is, the estate at Sheen that Temple had left before Swift came to him in Moor Park. Because, as Swift tells us in the autobiographical fragment, Temple’s “Father had been a great Friend to the Family,” it seems likely that Swift would have visited Sheen when he was younger and could then have gluttonized upon the pippins (“Family of Swift,” PW, vol. 5, 193). The language in the fragment is ambiguous, however, and it is difficult to say whether Swift means that he contracted his giddiness at Moor Park or was already suffering from it by the time that Temple employed him there.}

In the letters and the autobiographical fragment, written after Swift was sixty, we might forgive the discrepancies as lapses of memory. Indeed he complains to Stella and Dingley as early as 1713, in his mid-forties, “I have a worse memory than when I left y.”\footnote{24 February 1713, in JS, 502.} And having lived so long with his giddiness and deafness, it may have been difficult to separate the onset of ailments that he could not have known at the time would pursue him to his end from the episodes that followed. But it does seem odd that he would not be able to date with greater certainty an attack of an illness “that almost brought him to his Grave.” Given the inconsistencies and lapses, what seem more important than trying to explain or reconcile the discrepancies are the contexts and rhetorical purposes of his telling the story of how he contracted his disorders.

Swift’s story about gorging himself on forbidden fruit is obviously a postlapsarian fable about having forfeited his health with an original sin.\footnote{See, for example, Carol Houlihan Flynn, The Body in Swift and Defoe (Cambridge: Cambridge University Press, 1990), 97-100.} That Swift should be tempted throughout his life by fruit that he “durst not eat” and always “repent” his lapses establishes biblical typology.\footnote{27 August 1711, in JS, 268.} In his own way, then, Swift universalized his individual
experience with illness by mythologizing it as theodicy. Reading the story of Swift’s reckless gluttony, says Carole Fabricant, “we cannot help thinking of another fruit whose consumption had catastrophic consequences and marked the beginning of man’s sufferings in a fallen world.”

The disorders of Swift’s body have clear significance in the disordered world outside of himself. But if Judeo-Christian myth shaped his illness narrative and gave his individual sufferings meaning beyond his singular experiences, social narrative and self-representation also shaped the stories Swift told about sickness in his letters to Mrs. Howard and Mrs. Pendarves and in the autobiographical fragment. In the letter to Howard, in which he specifies having ravened upon a hundred golden pippins at a single sitting, he casts himself young again, unrestrained, appetitive, prodigious, and sexual. As we shall consider later, this self-representation, however facetious or self-ironic, was a way of reimagining himself in his aging and illness.

In a few brief sentences in the letter to Mrs. Pendarves, written nearly a decade later, Swift draws the arc of his life from his youthful promise in England to his final station in Ireland, the “miserable country,” he wrote elsewhere, “where I am banished.”

Although there was recent talk of travel, he laments, “[T]hose times are past with me….I confine myself entirely to a domestic life. I am visited seldom, but visit much seldom.” Swift does not directly attribute the failure of his ambitions and hopes to his youthful indiscretion and illnesses. But his confinement to the deanery and inability to

82. Carole Fabricant, Swift’s Landscape (Baltimore: The Johns Hopkins University Press, 1982), 64.


84. Swift to Mary Pendarves, 29 January 1735-36, in Corr, vol. 4, 455.
travel are objective correlatives of the neglect and isolation that he feels exiled in a "land of slaves." The story of his gluttonizing upon pippins is at once humoral narrative and emblem of his sad resignation to living out his days in Ireland.

If the autobiographical fragment was an attempt to write the story of his own life, it is also ostensibly a progress tale. He presents himself as a young man of great promise but who, his father dead before his birth, is insecure in both social status and means. That he should be recognized for his abilities by Temple, one of the most esteemed men of his day, fits neatly into Swift’s own myth of exceptionalism: Here is a man who will distinguish himself and establish his social identity by his talents and energies.

The fragment, however, is also a tale of threatened and disappointed promise, which ends abruptly with Swift’s bitter memory of having been passed over for a position that he felt he deserved. As his disorder imperiled his health, so it imperiled his social ambitions. Debilitated at Moor Park by the “giddiness and coldness of Stomach” contracted by the “Surfeit of fruit,” Swift is sent back to Ireland “by advice of his Physicians, who weakly imagined that his native air might be of some use to recover his health.” This is the progress tale frustrated, fittingly with a return to the Ireland that he spent most of his life trying to escape; as such, it fits into the pattern of disappointed hopes that we have discussed earlier. And so humoral narrative and social narrative are one.

---

The autobiographical fragment also establishes a theme of social remaking, crucial, as we shall see in a later chapter, to the way that Swift imagined himself in the sick role. “[G]rowing worse” in Ireland despite his doctors’ advice, he wrote of himself in the third person, “he soon went back to Sr Wm Temple; with whom he was often trusted with matters of great Importance,” some involving the confidence of King William. The illness having set him back, he is the doughty resurgent, set out with renewed hopes of establishing himself as a man of influence and power. Here, then, in the disappointment of his age, Swift reimagined himself socially.

If there is biblical typology in Swift’s tale of having ravened upon fruit, there is also significant family typology. In the autobiographical fragment, Swift speaks at some length about his grandfather Thomas, the Royalist clergyman who was perhaps his only untarnished idol throughout his life. This Thomas, father to the father Swift himself never knew, was persecuted for his heroic guerilla resistance to Cromwell and deprived of his livings. But he died in 1658, before he could be properly rewarded for his services to the Stuarts:

He dyed about two Years before the return of King Charles the Second, who by the recommendations of some Prelates had promised if ever God should restore him, that he would promote Mr Swift in the Church, and otherways reward his family for...his extraordinary Services and zeal, and persecutions in the royal cause. But Mr Swifts merit dyed with himself. 88

87. Ibid., 193-94. Orrery, who did not have access to the autobiographical fragment before Deane Swift first published it in 1755, represents the episode in an entirely different way. Swift, he says, “found so much benefit by the journey [to Ireland], that in compliance to his own inclinations, he soon returned to England, and was again most affectionately received by Sir William Temple” (20). Given Swift’s own habit of telling the same tale in sometimes dramatically different ways to different people, it is hard to know if this is Orrery’s own fiction or the version that Swift told him.

Swift tells us that his heroic grandfather had been disinherited by his own mother, “a capricious ill-natured and passionate woman,” “for no greater crime than that of robbing an orchard when he was a boy.”89 Cast unceremoniously into the world without parents, Thomas “never enjoyed more than a hundred pounds a year” in his village living.90 If Swift himself was ambivalent in his attitudes toward the Stuarts, he nevertheless admired his grandfather for his fierce convictions and heroic self-sacrifice. In tracing the cause of his chronic disorder to his own youthful surfeit upon fruit, he links himself to the orchard-thief.91 Thus he establishes his own heroic lineage. Because Swift himself was disappointed in his own hopes of a clerical “settlement in ENGLAND,” after which he “panted,” says Deane Swift, there is also perhaps social ascendancy in linking himself typologically with Thomas.92 But he also reimagines his own disappointments in this connection: Like the grandfather whose sacrifices were unrewarded, so Swift felt that his own merits would die with himself, alone and forgotten in Ireland.

The stories that Swift told about his illness were important ways to impose order upon the disorders of his body. The humoral explanation not only gave a narrative arc to

89. Ibid., 187.

90. Ibid., 188.

91. Yet another orchard-thief was Augustine, who famously robbed a pear tree with his boyhood friends. Because “[t]his fruit was not enticing, either in appearance or in flavor,” he concluded that the theft was proof of his sinful nature: “I simply wanted to enjoy the theft for its own sake, and the sin…. [I] derived pleasure from the deed simply because it was forbidden.” The Confessions, trans. Maria Boulding, O.S.B., ed. David Vincent Meconi, S.J. (San Francisco: Ignatius Press, 1997), 41. Olivia Weisser explains that sick persons in early modern Britain who blamed fruit for their illnesses often invoked Augustine’s orchard theft as narrative trope to make sense of their own sufferings. Ill Composed: Sickness, Gender, and Belief in Early Modern England (New Haven: Yale University Press, 2015), 46-47, 213.

92. Deane Swift, 28.
his personal sufferings but also gave his experiences larger meaning beyond themselves. Even if he could grumble, perhaps with perverse self-congratulations, that his case was like no other in “this whole Kingdom,” Swift’s claims of having contracted his giddiness and deafness through humoral negligence fit his disorders into a common story about diseases. And years later, he could write to his fellow “Valetudinarian” Pope that his deafness was but a “common illness.”

The biblical and family typologies that Swift invoked in telling the story of his illness also gave his individual experiences as a sick person greater cultural and personal significance. Interestingly, too, both the story of mankind’s fall and that of his grandfather’s sufferings were open-ended narratives: Fallen mankind was unredeemed, his grandfather’s sufferings unrewarded. And Swift’s chronic illnesses were never cured.

As we saw in the discussion of shingles, the humoral explanation of disease processes was a way to impose rational order upon the disorder of an ever-shifting and permeable body. The previous chapter considered how Swift employed this humoral narrative to make sense medically of his chronic giddiness, deafness, and noise in the ears. If the story of his shingles had had a clear beginning and end, however, his chronic illnesses defied narrative closure. These were the disorders that, Swift complained, “hath pursued me from my Youth in England” and which “will at last get the better of me.”¹ In the meantime, he had to learn how to live with them. This chapter and the next discuss the sometimes-desperate measures that Swift took to restore or maintain humoral balances. This one considers the medical interventions and advice that Swift took from others, not only trained physicians but also his “lay” friends and acquaintances. The next chapter turns to Swift’s own attempts to discipline his body with a regimen that regulated the non-naturals.

In his afflictions, Swift turned to the medical advice and treatment of trained physicians like William Cockburn, John Arbuthnot, and Richard Helsham, even when he was skeptical of their abilities. “I agree with your notions of Physick and Physicians,” he

wrote to Charles Ford, “and have as little faith in them as in Mahomet or the Pope.”

That he should continue to consult the doctors even when they could not provide lasting relief and he doubted their powers at first seems baffling. But the trained physicians were only one medical resource for the sick. At the same time that he swallowed Cockburn’s pills and John Radcliffe’s bitters and grumblingly suffered their ministrations, Swift took the advice and medicines of well-heeled friends like Lady Orkney and Lady Kerry; exchanged medical advice with correspondents; and resorted to home “receipts” like garlic cloves steeped in honey, which he inserted into his ear at the suggestion of his tailor. There was no contradiction of terms here. Because laypersons and trained physicians shared the same conception of the body and saw disease as humoral imbalance, medicine was not the exclusive province of the doctor. A solicitous friend like Lady Orkney could arguably make the same claim to cure as Cockburn or Arbuthnot. Everyone shared the belief that the object of any medical intervention was to assist nature in restoring humoral equilibria.

In discussing the therapeutic measures that Swift took to preserve his health and manage a humoral balance, we need to consider first his medical knowledge and that of other laypersons of his time. In our own day, by general acknowledgement, the clinical medicine whose authority is inscribed in social institutions, legal statutes, and professional language is the province of experts qualified by years of specialized education and practice. It claims the imprimatur of positivist science. Certainly there are challenges to both the practical and intellectual authority and the privileging of the clinic. We have only to witness the number of Internet medical blogs; claims of natural and

homeopathic remedies; and political-philosophical defiance of those like Ivan Illich, who attacked the medicalization of Western society.³ But when we get sick, we generally submit to the clinical authority of medical science and our trained doctors.

Swift and his contemporaries lived in a very different medical world. Until the “birth of the clinic” in the early nineteenth century, both patients and doctors shared the universally accepted humoral notion of the body, which was accessible, elegant in its logic, and flexible enough to adapt not only to individual bodies and disorders but also to new discoveries in anatomy and new theories of pathogenesis like those put forth by “nerve doctors.” Any person, trained or untrained, learned or not, could understand the basic principle that disease was humoral imbalance. There was “epistemological parity” in the encounter between doctor and patient, and health was the mutual undertaking of the two.⁴ Given this understanding, the work especially of Roy Porter in the 1980s returned the early modern patient to center of the medical encounter.⁵ And as Porter,


⁴. The expression is that of Nicholas Jewson, who argues famously that, among doctors courting the patronage of well-to-do patients, both diagnosis and therapy were often collaborative. His thesis about social and economic power relations is that the doctor’s reputation, social status, and income rested upon his willingness to bend to the expectations and therapeutic preferences of his patients. Jewson’s argument fails to consider the greater social range of patients treated by a greater social range of practitioners. Nevertheless, his claim that the “bedside” model of medicine, which prevailed before hospital medicine became ascendant toward the end of the eighteenth century, privileged the patient’s own understanding of the body and his or her narrative about that body helps us to understand that medicine of Swift’s day was “patient-centered.” Nicholas D. Jewson, “Medical Knowledge and the Patronage System in 18th Century England,” Sociology 8, no. 3 (1974): 369-85; see also Jewson, “The Disappearance of the Sick Man from Medical Cosmology, 1770-1870,” Sociology 10, no. 2 (1976): 225-44. For a brief but useful assessment of Jewson’s important contributions to medical history, see Stephen Gillam, “The Reappearance of the Sick Man: A Landmark Publication Revisited,” British Journal of General Practice 66, no. 653 (2016): 616-17.

Mary Fissell, and other historians have shown, British medical consumers of the long eighteenth century, of both sexes and across the wide range of social classes, knew a great deal about health and sickness.⁶ They consumed vernacular medical literature, debated theory and practice in the pages of popular periodicals like the Gentleman’s Magazine, exchanged medical receipts, and often acted as de facto physicians to family and friends.⁷ The pursuit of health, say Dorothy and Roy Porter, “was everyone’s business.”⁸ Effectively, laypersons practiced medicine and produced medical knowledge in ways that we grant only to the clinic.

While there is no evidence that Swift himself studied “Physick” systematically, he boasted great medical literacy: For a man whose intellectual temperament had been conditioned by a classical tradition, medicine was part of the common stock of knowledge, not the exclusive property of a profession. On the evidence of the sale catalogue of his library after his death, Swift owned some thirty medical texts or books of medical interest:⁹ We cannot know for certain which books listed in the catalogue he

---


⁸. Dorothy and Roy Porter, Patient’s Progress, 198.

read, but the writings there represent a wide range of medical knowledge. Among others are the classical texts of Celsus and Dioscorides; anatomies by Thomas Gibson and Francis Glisson; books on fever by James Primerose and Thomas Sydenham; Thomas Fuller's Latin *Pharmacopoeia*; Noel Chomel's *Dictionary Oeconomique*, a family encyclopedia that included home receipts; two different editions of the classic *Regimen Sanitatis Salernitanum* and the more recent regimen books of George Cheyne; and less-orthodox works by those like Paracelsus and William Salmon. Among the pamphlets (and perhaps unbound sheets) in his library, Swift left behind “three Bundles” of “Physical and Anatomical Tracts,” whose titles we can only guess. We know that at one time he also owned three volumes of Galen’s *Works*, which he presented to his cousin Martha Whiteway’s son, Theophilus Harrison, a medical student. And he spoke of having read “Galen’s Notes on Hippocrates.” Aside from the works that he owned, he doubtless read numerous others, either in the libraries of medical friends like his Irish physician Richard Helsham or in the library at Trinity College.

---

10. While Gibson’s best-selling *The Anatomy of Humane Bodies Epitomized* (first published in London, 1682) describes the entire body, Glisson’s *Anatomia Hepatis* describes only the liver. (The latter work was published in London in 1654, although the sale catalogue of Swift’s library lists an Amsterdam edition printed in 1650.)

11. In 1733, Swift wrote to Charles Ford of Fuller’s *Pharmacopoeia*, “[A]lthough in the London Dispensatory approved by the Physicians there are Remedyes named both for Giddyness and deafness, none of them that I can find, were prescribed to me. I have the Book, but my books are so confused that I can not find it, nor would I value it if I did.” 20 November 1733, in Corr, vol. 4, 210.

Swift also read widely in the library of Sir William Temple, during his time at Moor Park between 1689 and 1699.\textsuperscript{13} He was said to have devoted ten hours a day to studying in Temple’s library.\textsuperscript{14} Given his mentor’s own medical interests, the two likely engaged in extensive conversation about such matters. After Temple’s death in 1699, Swift edited his \textit{Essay upon Health and Long Life}, which insisted upon the classical dictum of consulting nature in all medical matters. But Swift was also familiar with the medical developments of the “Moderns,” likely acquired not only from his reading but also from his frequent conversations with doctors like Arbuthnot and Cockburn in London and with Helsham in Dublin. The breadth of his medical literacy served him well in his works, both as he lampooned the Scriblerian follies of medicine and as he used medical metaphors to diagnose the body politic. But Swift’s extensive knowledge of the body and of medicine also fits into a thesis about the fierce autonomy on which he prided himself. Bristling always at the attempts by others to expropriate individual liberties, he resisted surrendering authority over his own body to a medical profession quickly staking out its economic, social, and “scientific” ground.

The feelings of most patients toward doctors in early modern Britain, especially medically literate patients like Swift, wavered between faith and misgivings. An

\textsuperscript{13} See Dirk F. Passmann and Hermann J. Real, “Annotating J.S. Swift’s Reading at Moor Park in 1697/8,” in \textit{Reading Swift: Papers from the Seventh Münster Symposium on Jonathan Swift}, eds. Janika Bischof, Kirsten Juhas, and Hermann J. Real (Munich: Wilhelm Fink, Brill, 2019), 101-24. In reconstructing Swift’s reading at Moor Park, Passmann and Real discuss at length the thirty-seven volumes that Swift listed as having read from January 1696 to January 1697. While we need to be wary of making generalizations from this single year, notably absent are books of medical interest. This absence raises important questions about how Swift—or, for that matter, anyone who was not training for a medical career—“read” medical texts. He may have read them systematically, from cover to cover. But as seems more likely from his comment to Ford, above, he used medical books primarily for reference, consulting sections of them either for advice about his own health or for literary purposes.

\textsuperscript{14} Deane Swift, 271.
exchange between Swift and his friend William Pulteney, the first Earl of Bath, exemplifies this ambivalence. Toward the end of 1736, Pulteney wrote, “I am now, God be thanked, tolerably well in health again, and have done with all Physick and Water: drinking; My Constitution must certainly be a pretty good one, for it has resisted the attacks of five eminent Physicians for five months together, & I am not a jot the worse for any of them.”\(^\text{15}\) Swift responded, “I agree heartily in your Opinion of Physicians, I have esteemed many of them as learned ingenious men, but I never received the least benefit from their Advice or Prescriptions. And poor Dʳ Arbuthnot was the onely man of the Faculty who seemed to understand my case but could not remedy it.”\(^\text{16}\) The exchange between Pulteney and Swift gives us a glimpse into attitudes toward doctors and medical interventions: The doctor himself was regarded equivocally, granted increasing authority in some circles but eyed suspiciously in others, as a necessary evil in a fallen modern world.

In his treatise on health and long life, Temple wrote that the increasing numbers of diseases in the world were the convergent results of self-indulgence and negligence, a new culture of luxury, and the crowding of cities. In England, he said, health has been found “rather on the Peak of Darbyshire, and the Heaths of Staffordshire, than the fertile Soils of other Counties, that abound more in People and in Riches.”\(^\text{17}\) “[A]ll of the great Cities…are the Scenes of the most frequent and violent Plagues, as well as other

\(^\text{15}\) William Pulteney to Swift, 21 December 1736, in Corr, vol. 4, 552.

\(^\text{16}\) Swift to William Pulteney, 7 March 1736-37, in Corr, vol. 5, 7. Arbuthnot had died two years earlier in February of 1734-35.

Diseases.” 18 In Temple’s Golden Age tale, it was the fall and alienation of men from nature that had forced “the Use, and indeed the Necessity of Physick in great Towns and very populous Countries; which, remoter and more barren or desolate Places are scarce acquainted with.” 19 The lapsarian narrative that new diseases were the wages of a fall into physical vices, self-indulgence, and indolence was common at all social levels. In his popular mid-eighteenth-century The London Tradesman, Robert Campbell agreed with Temple that as “Vice and Immorality gained Ground, as Luxury and Laziness prevailed, and Men became Slaves to their own Appetites, new Affections grew up in their depraved Natures, new Diseases, and till then unheard of Distempers, both chronick and acute, assaulted their vitiated Blood….Then Physicians became necessary.” 20 The role of the doctor was a function of the fall.

While we often treat our doctors like mechanics, putting our faith in their ability to “fix” what is wrong, the doctor of Swift’s day was apprentice to nature. His job was to assist and encourage the body in righting or maintaining the humoral balance appointed to the patient by nature. The physician should resort to medical “art”—that is, more intrusive interventions—only when the disease was too strong for the ministrations and corrections of nature itself. Temple wrote that “the first Excellence of a Physician’s Skill and Care is discovered, by resolving, whether it be best in the Case, to administer any Physick or none, to trust to Nature or to Art: And the next to give such Prescriptions, as

18. Ibid., 140.
19. Ibid.
if they do no Good, may be sure to do no Harm.”  

Ideally, then, the doctor’s first duty was to decide whether to rely upon nature or art. This decision depended upon the “Semiotical Part of Physick,” the ability to predict the course and outcome of a disorder by reading the signs.  

Therein lay the doctor’s expertise. During the shingles episode, Swift’s physicians were able to make a confident prediction about the course of the disease once they saw the skin eruptions: “Th Doct’s say it would have ended in some violent Disease if it had not came out thus. I shall now recover fast.”  

It was the physician’s ability to predict outcomes by reading the signs that made him useful.

While the physician could claim medical authority with his semiotics, patients could make claim to understanding their own humoral constitutions as well as the doctor; after all, they would know empirically what disorders they were prone to and how their humoral balances might be disrupted by various foods, physical movements, and even their own personal experiences.

---


22. Thomas Apperley, *Observations in Physick, Both Rational and Practical. With a Treatise of the Small-pox* (London, 1731), 142. Herman Boerhaave explained the importance of reading signs to medical diagnosis and treatment: “The third Part of Physic is termed SEMIOTICA, which shews the Signs distinguishing between Sickness and Health, Diseases, and their Causes in the human Body; it also imports the State and Degrees of Health and Diseases, and presages their future Events.” *Dr. Boerhaave’s Academical Lectures on the Theory of Physic*, anon. trans., 6 vols. (London, 1742-46), vol. 1, 78. The debate among Queen Anne’s physicians during her final days, in late July 1714, gives us an instructive look into the importance of semiotics to medical authority. Attending the deathbed, the celebrated Richard Mead, for example, predicted that Anne would die within minutes and was frustrated and apparently professionally embarrassed when she seemed to recover, if only for a brief time; her physician-in-ordinary Arbuthnot was more guarded in his opinion. Charles Ford, who was at Kensington during Anne’s final days, reported to Swift on July 31, 1714:

> Before I came away [Anne] had recover’d a warmth in her breast and one of her arms, and all the Drs agreed she would in all probability hold out till to morrow, except Mead who pronounc’d several hours before she could not live two minutes, and seems uneasie it did not happen so. I did not care to talk much to A[rbuthnot]— because I heard him cautious in his answers to other people, but by his manner I fancy he do’s not yet absolutely despair.

Ford to Swift, 31 July 1714, in Corr, vol. 2, 94. Anne died the next day.

23. 31 April-8 May 1712, in JS, 420.
patterns of sleep, and so forth. A man like Swift might make some claim to self-diagnosis or knowing the proper course for treating his own disorders. We recall that during his shingles episode he himself first made a tentative diagnosis of his shoulder pains as "something Rheumatick." And it was he who "advised te Dr to use [the confluent skin eruptions] like a Blister," which the doctor might otherwise have induced artificially to encourage expulsion of the superfluous and vitiated choler that had disrupted his humoral balance. Given one's experience living in his or her own body, any individual, but especially a literate layperson, might bristle at the notion that "the doctor knows best." As Swift suggested in his letter to Pulteney, there was also the practical matter of providing relief: Even the best doctors could not always cure their patients. Lady Betty Germain, typical of many laypersons of her day, wrote to Swift, "I am always more frighted when my friends are sick…because there's neither Physick nor Physician thats good for any thing."\textsuperscript{24} Despite their best intentions and their best interventions, Swift's own physicians could not seem to do anything to relieve his chronic disorders.

Worse than this skepticism about the doctors' practical abilities was the fear among medical consumers that doctors would do harm. However unjust to men of great integrity like Arbuthnot and Helsham, the alleged cupidity and fatal ineptitude of physicians was a favorite trope of satirists and comic dramatists. A running quip had it that the doctors kill, with impunity. "When a Nation abounds in Physicians," Joseph

\textsuperscript{24} Lady Elizabeth Germain to Swift, 7 November 1734, in Corr, vol. 4, 270.
Addison’s witty maxim had it, “it grows thin of People.” Swift himself routinely satirized medical practitioners as hoodwinking charlatans; Scholastic fools; excrement-bedaubing Bedlamites; and, worse, murderers who “swarm to shew their mortal skill./And by their college-arts methodically kill.” But his comic and satiric representations of the doctors aside, he worried about the serious consequences that their interventions could have upon the state. Alarmed by reports of Queen Anne’s health in the summer of 1711, Swift wrote in the Journal to Stella, “You must understand I have a mind to do a small thing, only turn out all the queen’s physicians; for in my conscience they will soon kill her among them.” This was more than grumbling skepticism about the doctors’ abilities: The health of the nation itself depended upon Anne’s health; so, too, did Swift’s own hopes for political preferment and social elevation.

Despite his skepticism about the doctors, Swift allowed them some credit for their diagnostic and prognostic abilities. There is no reason to doubt that Gulliver speaks for the author himself when he declares of physicians that “[o]ne great Excellency in this Tribe is their Skill at Prognosticks.” Swift granted that Arbuthnot, at least, “seemed to

25. [Joseph Addison,] The Spectator No. 21, 24 March 1711, in The Spectator, 8 vols. (London, 1712-15), vol. 1, 117. In the same Spectator number, Addison cites Temple’s claim that “Students in Physick” have caused a drop of population among Northern peoples.


27. 10 July 1711, in JS, 241. His own friend Arbuthnot was physician-in-ordinary to Anne.

28. Swift knew well how the health of the nation was tied precariously to the queen’s physical health. He wrote to Stella and Dingley in the summer of 1711, “Bank stock is fallen three or four per cent. by the whispers about the town of the queen’s being ill, who is however very well.” 14 July 1711, in JS, 243.

29. GT, 232.
understand my case.” And if he sometimes ignored his doctors’ orders, he was no therapeutic nihilist. However much he complained at times, he swallowed their pills and suffered their vomits, evacuations, and blisters, all intended to take off superfluous humors and right his humoral balances, especially when his own attempts to keep them in check failed. During his days in London, he frequently consulted physicians like “honest Dr. Cockburn,” even when he pretended reluctance to do so.30 “I don’t think any lady’s advice about my ear signifies two-pence,” he wrote to Stella and Dingley just after his arrival in London in 1710; “however I will, in compliance to you, ask Dr. Cockburn.”31 “I saw Dr. Cockburn to-day,” he reported a month later, “and he promises to send me the pills that did me good last year, and likewise has promised me an oil for my ear, that he has been making for that ailment for somebody else.”32 And then early in 1711: “I…take drops of Dr. Cockburn, and I have just done a box of pills.”33 During those years in London, Swift consulted other physicians as well—the celebrated Radcliffe, for example, who prescribed “some herb snuff” for his giddiness. And he socialized with others like Arbuthnot, Samuel Garth, and John Freind, all of whom certainly gave him passing medical advice.

In his later correspondence, Swift frequently talks of consulting doctors for his chronic ailments. “I have been for a month past so disordered with my old giddyness

30. 18 December 1710, in JS, 94.
31. 29 September 1710, in JS, 21. This is the first surviving reference to his impaired hearing.
32. 31 October 1710, in JS, 54. The pills in question are unknown, but Cockburn would have given these to Swift during his first venture to London on behalf of the Irish Church, from November 1707 to June 1709.
that I have put my self into the hands of Deally and taking daily medicines,” he wrote from Dublin to Charles Ford in 1733. Several months later, he apologized to Ford for not having responded to an earlier letter:

> For I have been some months in a bad dispirited way with Deafness, and giddyness, and Fluxes….I have been twice severely vomited, to the utmost I could possibly bear, but without amendment. I believe my disorder is particular, and out of the Experience of our Physicians here: Doc’t Helsham the best of them is very kind and visits me constantly. My Spirits are quite broke.”

“[F]or fear of another Attack,” Swift took precautionary measures: “I must fence by taking Vomits and other Medicines prescribed for me by some Physicians who happen to be my Friends,” he wrote to the Reverend John Blanchford. Elsewhere he admitted that he had “been forced to confine [himself] to the Precepts of my Physicians.” If medicine was among the other “professions” that Swift claimed famously to have “ever hated,” he nevertheless consulted the doctors, took their advice, and endured their sometimes violent treatments.

---


36. Swift to the Reverend John Blanchford, 17 December 1734, in Corr, vol. 4, 277. Swift often uses the word fence in speaking of the measures that he takes against disease. In most cases, the context makes clear the denotation that he is warding off or protecting against disease. But there is also the tantalizing possibility of a dueling metaphor, that Swift as self-imagined aristocrat is parrying and thrusting against an inveterate and wily antagonist.


38. “I have ever hated all Nations professions, and Communityes and all my love is towards individuallys,” he wrote to Pope as he was readying Gulliver's Travels for publication. “[F]or instance I hate the tribe of Lawyers, but I love Councillor such a one, Judge such a one for so with Physicians (I will not Speak of my own Trade) Soldiers, English, Scotch, French; and the rest but principally I hate and detest that animal called man, although I hartily love John, Peter, Thomas and so forth.” Swift to Alexander Pope, 29 September 1725, in Corr, vol. 3, 103.
In his *Essay upon Health and Long Life*, Temple lamented that “the usual Practice of Physick among us runs still the same Course, and turns in a manner wholly upon Evacuation, either by Bleeding, Vomits, or some sorts of Purgation; though it be not often agreed among Physicians, in what Cases or what Degrees any of these are necessary.” Against such violent interventions, Temple argued that “tis very probable that Nature knows her own Wants and Times so well, and so easily finds Her own Relief that way, as to need little Assistance, and not well to receive the common Violences that are offered Her.” Ideally, then, the healthy body would excrete the superfluous or vitiated humors through natural means—daily evacuations of waste, “insensible perspiration” in sleep, “sensible perspiration” in vigorous exercise. We remember the importance of the pus-filled eruptions in ridding Swift’s body of superfluous choler during his shingles. And other “excrements” such as the blood from piles, from which Swift occasionally suffered, were also seen as the body’s natural response to humoral imbalances. “I am glad you got the Piles,” he wrote to Sheridan, “because it is a Mark of

---

39. Temple, 167-68. Some frail constitutions could not bear such violent interventions. On more than one occasion, Pope wrote that he could never visit Swift in Ireland because of his fears of seasickness and vomiting:

> Why cannot I cross the Sea? The unhappiest Malady I have to complain of, the unhappiest Accident of my whole Life, is that Weakness of the Breast which makes the Physicians of opinion that a strong Vomit would kill me: I have never taken one, nor had a natural Motion that way, in fifteen years. I went some years agoe, with Lord Peterborow about 10 leagues at Sea, purely to try if I could sail without Seasickness, and with no other view than to make yourself & Lord Bolingbroke [then in France] a Visit before I dy’d. But the Experiment, tho almost all the way near the Coast, had almost ended all my Views at once.


40. Temple, 168.
Health and a strong Constitution.” A healthy constitution was the first and most reliable defense against humoral disorders.

Despite the Galenic ideal that the body respond naturally to excessive or corrupt humors, we hear more often in Swift’s correspondence of induced, sometimes violent evacuations, the chief medical intervention of which Temple complained. Such evacuations were standard treatment for acute illness. During the shingles episode, Swift wrote that he “must purge & clyster” to encourage the body to expel the corrupt humors; the natural extrusion of choler through pus was not enough. Later, as routine treatment for an ague, he reported to his friend Knightley Chetwode that “after vomiting, sweating and Jesuit’s bark, I got out to-day, and have been since my beginning to recover.” But most often in Swift’s correspondence, we hear about evacuations as interventions for his chronic ailments: “I have been much out of order of late with the old giddyness in my Head,” he writes in the Journal to Stella. “I took a vomit for it 2 days ago, and will take another about a day or two hence.” Many years later, during his final visit to England in 1727, he reported to Sheridan,

I am now Deafer than ever you knew me, and yet a little less, I think, than I was Yesterday; but which is worse, about four Days ago my Giddiness seized me,


42. 31 March-8 April 1712, in JS, 420.

43. Swift to Knightley Chetwode, 10 June 1721, in Corr, vol. 2, p. 390. The Jesuits’ or Peruvian Bark “was the bark of various species of the Cinchona tree, from which quinine is procured, formerly ground into powder and taken as a febrifuge,” especially in malarial cases. OED, s.v. “bark.” The bark was dried and pulverized, then typically mixed for ingestion with a liquid, sometimes wine.

44. Cheyne wrote that “[m]ost chronical Diseases proceed from Repletion; as appears from their being cured by Evacuation.” An Essay of Health and Long Life (London and Bath, 1724), 74.

45. 15 September 1712, in JS, 444.
and I was so very ill, that Yesterday I took a hearty Vomit, and though I now totter, yet I think I am a Thought better; but what will be the Event, I know not. If the blisters and pills, clysters, sweating medicines, and expectorants were sometimes violent, such heroic measures were thought necessary to restore the individual constitution to its natural humoral balance.

No case notes on Swift survive, and, aside from his own incidental, sometimes amused, comments about his physicians’ diagnoses and treatments, there is little documentation of what his doctors thought about his disorders. However, we get a fairly good idea of medical opinions about his chronic ailments and of professional interventions by looking at two letters from Arbuthnot. The first of these letters, in December 1718, came after Swift had suffered a fit of giddiness lasting several months. This is the episode about which he had noted on May 3 a “—terrible Fall Gd knows what may be th Event. betr towards th End.” And in his account books for this time, he lists among “Extrds” (extraordinary expenses) specific outlays for medicines: “Physk. 1s-6d” and “Bitts 1s-6d” on May 17 and “Phisick 7d” on August 28.

If Swift had complained directly to Arbuthnot about his ailments at this particular time, no correspondence survives. However, there seems to have been a confraternity

47. Accounts 178.
48. Accounts, 177, 182.
49. Arbuthnot had written to Swift on October 14 and, says Harold Williams on the evidence of Arbuthnot’s opening line here, Swift had evidently responded. If so, his letter does not survive. Corr, vol. 2, 303n3.
of anxious mutual English and Irish friends who exchanged notes on Swift’s health.

Arbuthnot begins the first letter,

Dear Brother, for so I had call’d yow before were it not for a certain Reverence I pay to Deans. I find yow wish both me & your self to live to be old & Rich. the second gos in course along with the first: but yow cannot give 7 (that is the tith of 70) good reasons for either glad at my heart should I be, if Dr Helsham or I could do yow any good.  

We do not know if Arbuthnot had ever met Helsham, Swift’s friend and personal physician in Dublin. But he presents himself rhetorically here as one who has both respect for his fellow doctor and a mutual concern for Swift’s health. 

While Arbuthnot was universally represented as an amiable and modest man, there is nevertheless a subtle vying for authority in this case, as he addresses Helsham indirectly, through Swift himself. He suggests that, while Helsham “dos not want my advice in the Case,” he himself has had recent success with another patient “in that Complaint of a Vertigo” by prescribing “Cinnabar of Antimony & Castor made up into Boluss with Confect of Alkermes.” He adds, “Small quantitys of Tinctur Sacr: now & then, will do yow good.” Cinnabar of antimony, composed of mercury, sulphur and antimony sublimate, was used as both a “salivating Medicine,” to “dissolve, and evacuate the Mucous and Coagulation of the Lympha, by Dividing and Cutting the Parts


51. Helsham (1683-1738), a Fellow of the Royal College of Physicians of Ireland (1710), was a natural philosopher and celebrated mathematician at Trinity College, Dublin. He was the first Erasmus Smith’s Professor of Natural and Experimental Philosophy (1724-38) and Regius Professor of Physic (1733-38) at Trinity. He was also appointed an executor of Swift’s will but predeceased the Dean by some seven years. While it is uncertain if Arbuthnot had met Helsham in person, in a letter to Swift of November 5, 1730, he notes, “I recommended Dr Helsham to be physician to the Lord Lieutenant [Lionel Sackville, 1st Duke of Dorset, who began as Lord Lieutenant of Ireland the following year]. I know not what effect it will have. My respects to him and Dr DeLany [Swift’s friend and early biographer Patrick Delany].” Arbuthnot to Swift, in Corr, vol. 3, 413.
asunder,” and as a diaphoretic.\textsuperscript{52} Both of these interventions followed the humoral logic of dislodging and expelling the superfluous or peccant humours thought to cause Swift’s giddiness. Castor, an “odoriferous animal-substance” taken from the beaver, was “looked upon as one of the capital nervine and antihysteric medicines.”\textsuperscript{53} And the tinctura sacra (“Tinctur Sacr”) was a name applied to a variety of cordials and electuaries, most used as purgatives but also regarded as a “sovereign Preservative” against seasonal “Distempers that affect the Head.”\textsuperscript{54}

Arbuthnot’s second letter, of November 1730, includes a much more extensive set of prescriptions and instructions for taking them. While Swift had not complained any more than usual of his chronic disorders in the months before this letter, he did plead sickness several times as the reason that he could not visit his English friends, including Arbuthnot: “Nothing could keep me from seeing you but the dread of my deafness returning,” he wrote to Pope in May 1730.\textsuperscript{55} And then to Oxford’s son Edward Harley in August: “Neither my present condition of health, or private fortune will suffer me to make larger Journyes.”\textsuperscript{56} It may be, then, that Arbuthnot wrote to give Swift some hope that he might visit England again. His letter to Swift begins,

\begin{quote}
The passage in Mr popes Letter about your health dos not alarm me, both of us have had this distemper these 30 years. I have found that Steel the warm
\end{quote}

\begin{flushright}
\textsuperscript{52} Joseph Browne, \textit{An Essay towards the Forming a True Idea of Fundamentals in Physick, upon the Mechanism and Structure of the Blood} (London, 1709), 133.

\textsuperscript{53} William Lewis, \textit{The Edinburgh New Dispensatory} (Edinburgh, 1790), 56, 166.


\textsuperscript{55} Swift to Alexander Pope, 2 May 1730, in Corr, vol. 3, 396.


\end{flushright}
Gumms & the Bark all do good in it. therefor first take the Vomit A, then every
day the quantity of a Nutmeg in a Morning of the Electuary markd B with five
spoonfulls of the Tinctur markd D. take the Tinctur; but not the Elect in the
afternoon you may take one of the pills marked C at any time when you are
troubled with it or 30 of the drops markd E in any vehicle evn water. I had a
servant of my owne that was cur’d merely with vomiting. Ther is another
medicine not mentiond which you may trye the pull Rad [Val] sylvestris.57

Arbuthnot then inserts a list of the five prescriptions for compounds specified as letters
A-E, followed by a recipe for a bitter tonic drink. A transcription and explication of
Arbuthnot’s prescription appears in an appendix to this study.

“Mr popes Letter” has been lost, so we do not know whether this was
correspondence from Pope to Arbuthnot or, as David Woolley suggests, a letter from
Swift to Pope, in which Swift gave news of his health, which Pope imparted to Arbuthnot
in turn.58 Because of Arbuthnot’s own claim that he had shared the particular “distemper
these 30 years,” such a letter would clearly help us understand his diagnosis of Swift’s
particular humoral disorders.59

While an early twentieth-century physician suggests that “these receipts may
possibly be useful to some patient troubled with the Dean’s complaint of giddiness,”60
the medicines, all commonly found in the materia medica of the day, were prescribed so
broadly for such a wide range of disorders that it is impossible to work backwards from
prescriptions to discrete diagnosis. As we saw during his shingles episode, Swift liked to

59. Arbuthnot’s own collected correspondence is not particularly helpful here either, since there
are no persistent complaints about any one disorder over many years. See The Correspondence of Dr.
952.
think of himself as exceptional, even in his illnesses. Of his chronic disorders, he wrote to Ford in 1733, “I am sure there is not one Patient in my case throughout this whole Kingdom.” Arbuthnot’s prescriptions, however, follow a standard course of treatment for treating any kind of humoral imbalance: first expelling noxious matter, then strengthening digestion for proper assimilation of the humors, and finally relieving the pressure of accumulated fluids that might cause Swift’s giddiness, deafness, and noise in the ears. As the humoral explanation for Swift’s chronic maladies provided an intelligible narrative for imposing order on his disorders, so Arbuthnot’s prescriptions wrote a therapeutic narrative in kind. If by definition Swift’s case was like no other because his constitution was like no other, he was, in his humoral body, ordinary.

While Swift grumbled when others were not properly grateful for his own services, there is no surviving note of thanks to Arbuthnot for his help. Despite their close friendship, communications between the two lapsed for two full years. It finally picked up again in December 1732 when Pope and Arbuthnot wrote to commiserate with Swift about the death of their mutual friend John Gay. Arbuthnot took the occasion to prod Swift, “I have not had the pleasure of a line from you these two years; I wrote one about your health, to which I had no answer.”


62. There are purging medicines like ipecac, designed to rid the stomach of foul excess in preparation for the remedies that follow; “stomachics” like Roman wormwood and Peruvian bark, used to encourage the appetite and strengthen digestion; and astringents—iron rust and the bitters drink—designed to constrict mucous membranes, thereby reducing the secretions that might otherwise accumulate in the head, and would tone the fibrous parts of the body. Some medicines, like the iron rust, which had both astringent and aperient (gentle laxative) virtues, served more than one purpose. See the appendix to this study.

found any relief from his friend’s prescriptions. But we do know from the correspondence with Pulteney of early Spring 1736-37 that even the beloved Arbuthnot, who had himself died two years earlier, could never provide lasting help. Whatever relief the doctors could give, there was no cure.

Corporate histories of British medical practice, dating as far as back as Charles Goodall’s 1684 history of the Royal College of Physicians of London, claim as a matter of institutional faith that medical practice in early modern Britain was a neat, hierarchically organized and dutifully regulated profession.64 It is by now a commonplace of medical history that this was never the case. Rather, as especially Harold Cook, Margaret Pelling, and Charles Webster have shown, medicine was a sprawling, eclectic jumble of practices and practitioners vying for authority and custom.65 If physician-fellows of the Royal Colleges of London, Edinburgh, and Ireland were nominal arbiters of medical authority, their practical powers were always tenuous. There were apothecaries and surgeons, licensed by corporate statute and guilded. But they often crossed professional boundaries, diagnosing and prescribing independently

64. The full title of Goodall’s work tells its own story of a beleaguered corporation trying to stake out and maintain a legal monopoly against all manner of economic and professional challenges: The Royal College of Physicians of London, Founded and Established by Law; as Appears by Letters Patent, Acts of Parliament, Adjudged Cases, &c. and an Historical Account of the College’s Proceedings against Empiricks and Unlicensed Practisers in Every Prince’s Reign from the First Incorporation to the Murther of the Royal Martyr King Charles the First (London, 1684).

of the doctors. There were graduates of the foreign universities like Leyden, often with progressive clinical skills, who never bothered with licenses, which they thought irrelevant. There were any number of other practitioners heaped together and vilified in the corporate histories as “empiricks” and “quacks.” And there were the family members, friends, and casual acquaintances about whom we have spoken before, all of whom claimed medical authority by experience, family traditions, and their own, often extensive reading around in medical literature. Swift himself wrote to Stella and Dingley in late 1710 of the victory of his own medical opinion in the case of his friend Sir Andrew Fountaine. Fountaine was gravely ill and had called in Swift “to have prayers, which you know is the last thing.” The attending doctors, who were “all in despair about him,” thought that Fountaine could not possibly live much longer. But, says Swift, “I

66. In her Memoirs, Laetitia Pilkington tells a story about having out-doctored the doctors when she cured her gravely ill father, himself a respected obstetrician and president of the College of Physicians of Ireland. The best Dublin medical men—“Dr. Cope, Dr. Helsham, Mr. Nicholls, and in all seven Physicians and three Surgeons (as my Father was universally esteemed)”—had attended him without success. Then in their absence, Pilkington ministered a remedy of “Hock and Sack mix’d”:

When the Physicians came in the Morning, they were agreeably surpriz’d to find my Father’s Fever quite gone, and his Eyes look very lively; he told them, their merry Prescription had done him great Service. I wink’d at them not to undeceive him; they understood me, and Doctor Helsham call’d me aside, under Pretence of giving me some Directions, but, in Reality, to enquire of me, what I had administer’d. I told him, and he could not forbear smiling. He call’d the Gentlemen into the next Room to a Consultation, to which presently after I was summon’d, as both Doctor Helsham and Doctor Cope were Men of Wit and Pleasantry, they rallied me agreeably on presuming to practice Physick, having never taken my Degrees, and assur’d me, I should be call’d before the College of Physicians, and be prosecuted as an Empyrick.

I rose up, and making a low Courtesy, I told them, as the best Part of the College of Physicians were then present, they would, I hop’d, have Candour enough to permit me to make my own Defence; to which they all assented by a gracious Nod, and bade me proceed; I then, making another Reverence, told them, that as to my Right of practicing Physick, I held it extra judice, and smiling said, I suppos’d they all understood Latin—but as their proper Business was to destroy Life, I hop’d they would not take it amiss, if I for once, in a Case which so nearly and deeply concern’d me, had, to the utmost of my Power, frustrated their Designs. (Vol. 1, 151-55)

If the story is another opportunity for Pilkington to congratulate herself on her spunk and wit, it nevertheless exemplifies the contest for medical authority between professional and lay practitioners—and the acute awareness of this contest.
believed he would live; for I found the seeds of life in him, which I observe seldom fail.”

That same evening the patient “was mightily recovered” and when Swift predicted that he would “do well,” “the doctor approved my reason; but if he should die, I should come off scurvily.” Fountaine recovered, albeit slowly, from what Swift reported was “some sort of bile.”

He lived another forty-three years.

If Swift would shore up form and ritual against disorder in the world, he did not scruple over niceties of medical licensing or academic training when it came to his own health. Like most other sick persons of his day, he looked for relief from his sufferings wherever he could find it. So while he submitted to the doctors, he also took both advice and medicines from friends and other medical “laity.” At the same time that he was downing Cockburn’s pills in London, he was also swallowing a medicinal drink given him by Lady Kerry: “I...take drops of Dr. Cockburn, and I have just done a box of pills, and to-day lady Kerry sent me some of her bitter drink, which I design to take twice a day: and hope I shall grow better.” Indeed, he reports a week later, his head “has been much better these last five or six days, since I have taken lady Kerry’s bitter” (he gives no such credit to Cockburn’s pills).

But within a week he reports that he is drinking “Dr.

---

67. 29 December 1710, in JS, 102; 31 December 1710, in JS, 105.

68. 26-30 January 1710-11, in JS, 130. A bitter or bitters were “[b]itter medicines generally, as Peruvian bark, quinine, etc.; spec. alcoholic (or other) liquors, impregnated with the extract of gentian, quassia, wormwood, orange peel, etc. and used as stomachics, anthelmintics, etc.” OED, s.v. “bitters.” Bitters were thought to have astringent qualities, which would prevent secretions of mucus. At the same time, some argued that they promoted “insensible Perspiration,” the imperceptible excretion of moisture as vapor. “And hence ‘tis,” wrote Thomas Short, “that some People cannot endure the Use of Bitters, because they occasion such a vast Dissipation of the Fluids thro’ the Skin, that they are parched with a most intolerable Thirst.” A Discourse concerning the Causes and Effects of Corpulency: Together with the Method for Its Prevention and Cure (London, 1728), 74. The diaphoretic effect would have benefited Swift by sweating out humoral excesses and impurities.

69. 4 February 1710-11, in JS, 133.
Radcliffe’s bitter, and will continue it.” And not long after, he writes to Stella and Dingley, “I have left off lady Kerry’s bitter, and got another box of pills.” Swift’s approach to health here is experimental; he is testing medicines in the laboratory of his own body. Taking them from various sources that he trusts, he does not make mutual exclusions between “professional” and “lay” medicine.

Solicitous of his health, well-to-do friends in London offered ready advice and medicaments. Some of these were violent purges and lead-based ointments, not merely tamer diet drinks and bitters. In the spring of 1713, Swift reported to Stella and Dingley, “Ldy Orkney is gone out of Town to-day, and I could not see her for Lazyness; but writ to her. She has left me some Physick.” “[F]or oo must understand…Ldy Orkney is my Physician.” The physick in question was a strong purgative electuary, “Hiera picra 2 spoonfull, devilish Stuff.” Taken “over night,” it “works [him] next day” so that he is “forced to go home” after some brief business at court.

Even Queen Anne herself was enlisted in the program to remedy Swift. When his giddiness sidelined him from social activities in September 1712, his particular friend, the royal favorite Abigail Masham, “made the Queen send to Kensington for some of her

---

70. 9 February 1710-11, in JS, 140.
71. 13 February 1710-11, in JS, 142.
72. 7 March 1712-13, in JS, 508.
73. 25 March 1712-13, in JS, 517-18.
preserved ginger, wch I take in te morning, and hope it will do me good.”\textsuperscript{75} Many years later, Swift was still taking the advice and medicines of his friends among the upper orders. In 1724 he asked that Ford convey his “most humble Acknowledgments to M. d. V. [Lady Bolingbroke] for her Receit, which I will certainly make use of, because I think there is more Virtue in her Influence, than in the Medicine it self.”\textsuperscript{76} In a later chapter we consider how the concerns of the well-to-do for his health figured prominently in the way that Swift reimagined himself socially in his illnesses. For now, it is enough to know that these were among the many “non-professionals” from whom he took medical advice.

Swift never hesitated to take suggestions also from his acquaintances among the middle and lower orders. Having run out of Hungary water for rubbing into his painful shoulder during his shingles episode, he resorted to “Spirits of wine, wch my Landlady tells me is very good.”\textsuperscript{77} Afflicted for some five months in 1732 with an “accidental Strain” in his leg when he slipped on steps, Swift consulted a surgeon who “now lets me use nothing but flannel.” At the same time, however, he took the advice of the bookseller Benjamin Motte in applying a medicinal plaster: “I tryed your remedy a good while, onely not with the red lead. but I use at present onely one soap playster.”\textsuperscript{78} For his chronic disorders, he also accepted the advice of those from all social orders. In the spring of 1722, he thought that he had found a cure at last for his intermittent deafness:

\textsuperscript{75} 18 September 1712, in JS, 447. Ginger was used widely as a stomachic, carminative (that is, a medicine that expelled flatulence), and mild laxative.

\textsuperscript{76} Swift to Charles Ford, 31 December 1724, in Corr, vol. 3, 46.

\textsuperscript{77} 30 March 1712, in JS, 419.

\textsuperscript{78} Swift to Benjamin Motte, 15 July 1732, in Corr, vol. 4, 42. Motte published the original edition of \textit{Gulliver’s Travels}. 
I thank God for some time past I am pretty well recovered, and am able to hear my friends without danger of putting them into consumptions. My remedy was given me by my tailor, who had been four years deaf, and cured himself as I have done, by a clove of garlic steeped in honey, and put into his ear, for which I gave him half a crown after it had cost me five or six pounds in drugs and doctors to no purpose.79

There is always the risk of being selective in finding contemporary cures prescribed for various disorders of the day. And there are numerous cures suggested for deafness, both as folk remedies and as cures supported by the authority of academic medicine. But indeed the tailor’s suggested cure had precedents in both folk medicine and learned physic. Among others who advised the garlic-honey cure was John Wesley; in his book of natural healing, *Primitive Physick*, he urged that those suffering “DEAFNESS with Head-ach and Buzzing in the Head” “[p]eel a Clove of Garlick; dip it in Honey, and put it into your Ear at Night with a little black Wool. Lie with that Ear uppermost. Put the same in the other Ear the next Night. Do this, if need be, eight or ten days.”80 Learned physicians also advocated the use of both garlic and honey for deafness, even late into the century. In *The New Edinburgh Dispensatory* of 1789, William Lewis noted that “some have recommended, in certain cases of deafness, the introduction of a single clove, wrapt in thin muslin or gauze, into the meatus auditorus.”81 Honey, like garlic, was “deterging,” said the apothecary John Quincy, “and is therefore good in all Obstructions,

---


80. John Wesley, *Primitive Physick: or, An Easy and Natural Method of Curing Most Diseases* (London, 1747), 50. In her popular “Guide to the Female Sex,” an anonymous “Lady” recommended that those suffering from “Noise in the Head” “[t]ake a Clove of Garlick, peel it, and prick three or four holes in the middle, dip it in Honey, and put it into your ear, stop it with black wool; and so continue at times for a day or two, and the noise will cease.” *The Whole Duty of a Woman: or, A Guide to the Female Sex. From the Age of Sixteen to Sixty*, 3rd ed. (London, 1701), 114.

81. Lewis, 121.
especially from viscid and tough Humours….there is no Disorder from Phlegm, or any thing which is the Produce of a cold Constitution, which it is not of service in."\textsuperscript{82} The lesson is that despite any imagined divide between the “empiricism” of folk medicine and the “reason” of learned medicine, the cures were often the same, even if framed in different epistemologies.\textsuperscript{83} A sufferer like Swift, looking for relief from any quarter, would not have quibbled over who had intellectual authority.

If Swift gratefully accepted the advice and medicines of friends, from all social ranks, he also readily offered his own remedies to them. Writing about Henrietta Howard, who shared some of his own maladies, he enjoined Gay to “ask Mrs. Howard whether She will take the remedy with which I twice perfectly cured my deafness, tho’ I am again relapsed; and I will Send her the receipt.”\textsuperscript{84} Swift’s offer is not merely a generous exchange with a fellow-sufferer; it is also a claim to his own medical authority, which he can make from his long experiences in trying to manage a chronically ill body.

\textsuperscript{82} John Quincy, \textit{Pharmacopoeia Officinalis & Extemporanea: or, A Compleat English Dispensatory, in Four Parts} (London, 1718), 226.

\textsuperscript{83} For one articulation of the classic divide between “systematism” and “empiricism,” see Lester King, \textit{The Medical World of the Eighteenth Century} (Chicago: University of Chicago Press, 1958).

Chapter 5
Disciplining the Humoral Body: Swift’s Regimen

If, as Lucinda Beier puts it succinctly, “there was no consensus that licensed healers were the sole authorities in medical matters” during the early modern era, there was also no consensus that medical intervention itself was the only recourse. In the hands of Galenic practitioners, such intervention was never intended as an independent means of cure. Rather, it was expedient to the greater goal of restoring natural humoral balances, preferably by prodding the system gently to right itself but, if need be, by shocking the stubborn body into submission or dislodging recalcitrant settled disorders. It was this principle of assisting nature that guided not only medical interventions but also regimen. Whatever medicines an individual might swallow, whatever treatments she or he might submit to, there was always, finally, the principle of self-governance in health. Because individuals presumably knew their constitutions better than anyone else, they were enjoined to regulate diet, exercise, and the other non-naturals in order to restore or maintain natural humoral balances.

Swift, like others of his day, observed a strict regimen in order to manage his chronic illnesses. In this, he conformed with beliefs about “hygiene”—the pursuit of health—that had persisted since the days of Hippocrates and Galen. But he also found in regimen those habits that suited his own temperament and inclinations: physical discipline, performative rituals, the need to enforce order in the world. With regimen, Swift sought to govern the anarchic body. That he should rely increasingly, even

1. Lucinda McCray Beier, Sufferers and Healers (New York: Routledge, 1987), 4-5.
obsessively, upon exercise tells us as much about his character as it does about his understanding of the body and disease. Walking, running, riding, rowing, swimming might shake loose the improperly digested phlegm that clogged his senses and dizzied him; perspiration might carry it out of the body. But strenuous physical exertion was also the natural occupation of a person who seems always to have been in motion, a man who could not sit still. That he ignored the advice of his doctors, who worried that he exercised too much, also says much about Swift: His flouting of the physicians’ warnings was an act of refusal by a man who bristled always at being told what to do, a willful movement of the body in defiance of the doctors’ attempts to appropriate authority over that body.

In the letter to Swift about having survived the assaults of “five eminent Physicians for five months together,” William Pulteney vowed that he was done with the doctors: “[F]or the future I will preserve my self by your advice, and follow your Rules of rising early, eating little, drinking less, and riding daily. I hope this Regimen will long be of use to both of us, and that we may live to meet again.” Swift congratulated him and presented himself comically as doctor: “[T]o conquer five Physicians all eminent in their way was a victory that Alexander and Cesar could never pretend to. I desire that my Prescription of living may be published, which you design to follow, for the benefit of Mankind.”

zealotry, his “Prescription of living” was hardly a proprietary secret. As early as the fourth century BCE, Hippocratic writers had urged that patients follow a systematic plan of eating, drinking, and exercising to maintain or restore humoral balance. Some centuries later, Galen had codified regimen as a central article of health, insisting that patients carefully regulate what became known as the non-naturals. The Regimen Sanitatis Salernitatum, dating to the twelfth or thirteenth century and available in a number of English translations in the sixteenth and seventeenth centuries, had systematized such rules. And in the long eighteenth century, regimen books addressed ad populam batted upon a new breed of medically literate men and women and a culture of self-determinism in matters of health. George Cheyne’s An Essay of Health and Long Life (1724) had been through eleven London “editions” (reissues) by mid-century; his The English Malady (1733), which touted a “milk-seed” diet, went through six reissues in its first two years. But if Swift’s devotion to regimen was nothing unusual for his day, it is nevertheless important for what it tells us about the man: In regimen he found both the means to manage his particular disorders and a physical discipline by which he could impose order on his unruly humors. For Swift, who chafed always at

4. The literature of regimen is too extensive to review here. But among the Hippocratic writings, see On Regimen; Galen’s best-known writing on regimen comes in On Hygiene and The Art of Medicine.

5. A subtitle of one of many sixteenth-century English translations promises that this is a Boke Teachinge All People to Governe Them in Helthe (London, 1530).

6. Cheyne, a compatriot of Cockburn, had emigrated from Scotland to London in 1701; he became an immensely popular practitioner in London and Bath. Swift likely knew him as one of the “parcel of Scots” who, he complained, seemed always to gang around Cockburn (21 January 1710-11, in JS, 126). The sale catalogue of Swift’s library lists copies of The English Malady and An Essay on Regimen. A Catalogue of Books, The Library of the Late Rev. Dr. Swift, Dean of St. Patrick’s, Dublin. To Be Sold by Auction (Dublin, 1745), 23, 18. That Swift should own the Essay on Regimen, published in 1740, when his reading and writing had slowed to a trickle, suggests that he was still actively searching out advice for health.
anyone’s attempts to exert control over him, regimen also gave him authority over his own contested body.

In a letter of 1736, Thomas Sheridan entreated Swift to preserve his life by following a strict regimen:

I would have written last post, but I had such a violent head ach, that I could no more think than a cabbage. And now all the business I have is to make you a paper visit, only to ask you, how you do? You may think me impertinent for the question; but when I tell you, that I have not above three friends, you will not wonder that I should be afraid of losing one of them; and therefore I must give you some rules of regimen.

1. Walk little and moderately.
2. Ride slow and often.
3. Keep your temper even with my friend Mrs. Whiteway.
4. Do not strain your voice.
5. Fret not at your servants blunders.
6. Take a cheerful glass.
7. Study as little as possible.
8. Find out a merry fellow, and be much with him.

Get these precepts by heart, and observe them strictly, and my life for yours we shall see better times in the next century.7

Even without benefit of Sheridan’s good-humored advice, the evidence of Swift’s attempts to maintain or restore humoral balances by regulating the non-naturals is everywhere in his correspondence. In the Journal to Stella, Swift writes, “I never impute any illness or health I have to good or ill weather, but to want of exercise, or ill air, or something I have eaten, or hard study, or sitting up; and so I fence against those as well as I can: but who a deuce can help the weather?”8 The statement could well serve as


8. 7 June 1711, in JS, 224.
an epigraph for discussing Swift’s lifelong observance of a regimen in pursuit of health.

Not only does he explicitly associate four of the non-naturals with his own health—exercise, air, diet, and sleep—but he also invokes here the self-responsibility that moralizes humoral medicine: The individual must calibrate the balances of his own permeable body in the environment and cannot blame the environment itself (“good or ill weather,” for example) for his ill health.

Swift’s own attention to the non-naturals, the advice that he gets about them from his friends like Sheridan, and the advice that he himself gives to others show that regulation of the non-naturals was deeply ingrained in the health culture of their day. As Andrew Wear observes, early modern preventative medicine, which advocated regulation of the non-naturals, was “one of the primary means whereby the principles and ethos of learned medicine were spread to the literate part of the population, thus helping to create a unified medical culture.”9 But if the attention to the non-naturals was part of a medical discourse common to academic practitioners, theorists, and literate laypersons like Swift and his friends, it was no less the oft-unspoken guiding principle behind household receipt books and the lore of folk medicine. Concern with these non-naturals was shared by a broad spectrum of the British social orders.

Swift’s own concerns with regulating the non-naturals were deeply inscribed in his daily life, and they were often interdependent. Proper food and drink determined sleep; sleep facilitated evacuation of “insensible perspiration”; exercise aided digestion and encouraged proper evacuations; and in exercising, Swift was also taking the air. It

is difficult, therefore, to extract his attention to the non-naturals individually from the more comprehensive regimen that he observed. Attempting to do so, however, is instructive for several reasons. For one, as we see by situating Swift’s attention to the non-naturals in both the theory and practical advice of regimen authors, it shows how his own daily habits conformed with the humoral medicine of his day. For another, looking at Swift’s attention to the non-naturals individually exposes self-contradictions. While claiming to regulate his passions and encouraging others to do so, for example, Swift was, by his own admission, given to fits of “Rage and Rancour.”\(^\text{10}\) And while preaching moderation in his regimen, he exercised so excessively that his doctors worried for his health. Segregating Swift’s attentions to the individual non-naturals also reveals some social biases and aspirations as, for example, in his preference of wine over ale and small-beer. Finally, putting his attention to the non-naturals in comparative relief with one another shows us that he privileged exercise above all others and raises questions about why he did so.

If, as we shall see, Swift turned increasingly to diet and exercise in his attempts to alleviate his chronic disorders, attention to the other non-naturals—air, rest, evacuations and retentions, and the passions—is also scattered throughout his correspondence. He was well aware, for example, of the importance of clean air to his health; predictably, this is often associated with the country. “I never wanted so much a little country air, being plagued with perpetual colds and twenty ailments,” he wrote to Knightley Chetwode from Dublin in 1714.\(^\text{11}\) And on the prospect of a tour of the

\(^{10}\) Swift and Martha Whiteway to the Earl of Orrery, 2 February 1737-38, in Corr, vol. 5, 89.

countryside in 1719, he claimed that he was “going to try a more lazy Remedy of Irish Country Air.” Writing to Sheridan during his final visit to England, in 1727, Swift reported, “I continue ill with my Giddyness and Deafness….I have mentioned the Case as well as I knew it, to a Physician who is my Friend; and I find his Methods were the same, Air, and Exercise, and at last Asses-Milk.” In his early biography, Deane Swift wrote of his cousin that in “his character as Dean of St. Patrick’s, he was perfectly regular and exemplary” in attending services every morning. But his “physicians, long before his death,” worried about the dampness of the cathedral air during winter and “pressed him” to avoid going every single morning. Characteristically, Swift “continued his old practice for a great while, in spight of their remonstrances, until he found by repeated colds and experience, that he could bear it no longer.” The advice of his doctors and Swift’s own hard experience conform with humoral theory. Because the body was permeable in its environment, the individual had to take care not to expose himself to ambient air that might poison the system or disrupt the humoral balance. Especially for a man who attributed his chronic disorders to the accumulation of phlegm, sallying out into cold, wet air was ill-advised.

Swift also knew the value of getting proper sleep for managing his disorders: “I remember old Culpepper’s maxim,” he wrote to Stella and Dingley: “Would you have a settled head, You must early go to bed: I tell you and I tell’t again, You must be in bed at

ten.”\textsuperscript{15} Lack of sleep might disrupt his daily activities: “This day has gone all wrong, by sitting up so late last night.”\textsuperscript{16} But it also upset the appetite and digestion so crucial to humoral health. His sleeping schedule thrown badly off one day, after a midday nap to “mend my night's sleep,” Swift “sent for a bit of mutton and pot of ale from the next cook's shop, and had no stomach.”\textsuperscript{17} In 1716, he wrote to a friend, “I sate up till four this morning writing Dispatches….and am now in no Condition to write, being quite disordered with scribbling over a dozen Letters at a Heat, and want of sleep, which I shall endeavour to make up after I have answered some Parts of y' Lettr.”\textsuperscript{18} Years later, he complained to Alexander Pope, “My state of health is not to boast of; my giddiness is more or less too constant….I sleep ill, and have a poor appetite.”\textsuperscript{19} Like his concern with breathing in pure air for health, Swift’s concern with getting proper sleep also conformed with humoral theory. The physician Richard Brookes wrote that it “is not possible for those to preserve their Health, who do not go to sleep in a regular Manner; for Sleep repairs the Spirits, which are dissipated by watching; and consequently it restores the Strength of those who are weak, indisposed, or labour much; it likewise promotes

\footnotesize{\textsuperscript{15} 19 January 1710-11, in JS, 125. Nicholas Culpeper (1616-54) was the physician, botanist, astrologer, and author of the popular compendium of herbs, \textit{The English Physician} (London, 1652). Abigail Williams says that Swift most likely invented this adage himself (JS, 125n11).\textsuperscript{16} 20 October 1711, in JS, 302.\textsuperscript{17} 9 October 1711, in JS, 296.\textsuperscript{18} Swift to Thomas Walls, 18 June 1716, in Corr, vol. 2, 207.\textsuperscript{19} Swift to Alexander Pope, 7 February 1735-36, in Corr, vol. 4, 458.}
Perspiration, contributes greatly to Digestion, and more to Nutrition.”

Sleep not only restored the body but also encouraged the excretion of excess humors.

While Swift talked often of taking vomits, sweating medicines, and various purgatives, we usually cannot tell if these were heroic interventions during times of particular distress or routine medicines taken to regulate evacuations in his daily regimen. The account books do not help much here; there are no itemized expenses for regular medicines. So we do not know how Swift’s attention to retention and evacuation—the “intake” and “out-go” of our popular parlance—figured into his regimen. Of course, sleep, diet and exercise were closely tied to evacuations: During sleep, “insensible perspiration,” the imperceptible excretion of moisture as vapor, took off excess humors. The Italian medical authority Sanctorius, whose book of aphorisms about the non-naturals numbered among the volumes in Swift’s library, claimed that “at least, three Pound of Excrement” was eliminated through insensible perspiration every night.  

Obviously, a diet proper to one’s particular constitution would also affect regular evacuation of excrements. And in exercise, especially the vigorous kind that Swift undertook, “sensible Discharges” took off noxious and superfluous humors. But most of the explicit evacuations about which Swift speaks seem to have been not a routine


21. Sanctorius, Medicina Statica: Being the Aphorisms of Sanctorius, trans. and annot. John Quincy, 2nd ed. (London, 1720), 220. (This is the edition that Swift owned.) Insensible perspiration is that form in which the water of sweat evaporates before the body senses that the skin is moist; sensible perspiration is that which the body senses as moistness on the skin.

22. Ibid., 49.
part of his daily regimen but medical interventions that he suffered during his fits of
chronic giddiness and deafness.

Perhaps the most slippery of the non-naturals were the “Passions,” or “Affections
of the Mind”—emotions like “Joy, Sorrow, Anger, Love, Hate, Envy, Hope and
Despair”—which were thought to affect the body as much as somatic disorders.23
Medical writers warned that any excess of passion, a pleasant one like joy no less than
pernicious ones like anger or envy, would upset the humoral balance. “You see, Sir,”
wrote a “Physician in London” to his friend, “with what Efficacy the Affections of the
Mind work upon the Body; therefore it is as necessary for Health to hold a Mean and
Moderation in them, as in the five other forenamed [non-naturals].”24 Aware of the tax
that immoderate passions levied against his health, the oft-outraged Swift himself spoke
occasionally of trying to regulate his own. “[T]hō I have as much Provocation to it as any
man alive,” he pointedly tried to avoid the “th Spleen,” that protean disorder that was
variously a medical condition—an excess of humors that manifested as anger or
depression—and a simple feeling or expression of pique, ill humor, or testiness.25 Swift
also tried to regulate his political passions: “[A] Man without Passions might find very
strong Amusements,” he said of the Whig-Tory “Scituation.” “But I find the turn of Blood
at 50 disposes me strongly to Fears, and therefore I think as little of Publick Affairs as I

23. Johannes Groeneveld, The Grounds of Physick, Containing so Much of Philosophy, Anatomy,
Chimistry, and the Mechanical Construction of a Humane Body, as Is Necessary to the Accomplishment
of a Physitian (London, 1715), 137.

(London, 1749), 25.

25. 15-18 September 1712, in JS, 445.
Putting aside such claims of self-restraint, however disingenuous, Swift was a man of famously volatile emotions, embattled against the world, who vented his outrage at political opponents and human folly, even if refracting it through irony and comic misdirection helped him to manage it. Acquaintances like Pilkington presented him as mercurial and irascible, given to unpredictable fits of pique and even cruelty. Patrick Delany attributed the eventual “decay in his understanding” to “that sourness of temper which his disappointments first created in him: and the indulgence of his passions perpetually increased.” And in a letter of late life to Lord Orrery, Swift himself wrote of his unabated passions: “I have been many months the Shadow of the Shadow of the Shadow, of &c &c &c of Dr Sw— Age, Giddyness, Deafness, loss of Memory, Rage and Rancour against Persons and Proceedings.” Chronic disorders, lapses of memory, and fits of passion: All were part of the same humoral complex of physical and psychological disorders.

While Swift understood that regulating air, rest, evacuation and retention, and the passions was important to his health, his attention to the non-naturals focused mostly on diet and exercise, likely for several reasons. First was the simple logic of humoral digestion: If most disease could be traced to the imperfect attenuation of the humors, regulating both the types and quantities of food and drink was obviously important. Exercise, too, was crucial to health, since vigorous movement broke down the fluids, the humoral narrative had it, and made “a great deal of Perspirable Matter…ready for

27. Delany, 99.
Expulsion.” Sweat then took off excess humors that might otherwise accumulate in the body. Second, of all the non-naturals, food, drink, and exercise are both most easily quantifiable and easiest to control. The satirist who knew so well the psychology of projectors and statisticians also kept his own meticulous household accounts, exhaustively inventoried dressing rooms in his poems, even tallied grievances and debts of gratitude. Accounting for the amount of wine that he drank or the number of miles that he rode and walked structured his daily life. Finally, the exercise that was the preoccupation of his regimen—walking, riding, running, rowing—was both a way to contain a restless nature and, as we shall see in a later chapter, proof of his masculinity. There were times of isolation and dejection when he lamented that he had become a “Valetudinarian.” But these were poised always against self-representations of bluff, hardy, athletic vigor. His obsessive exercising was affirmation of sexual vitality, even into his final years.

In a letter to Pope, George Lyttelton joked that, while “the immortal Doctor Cheyney” would “live at least two centuries by being a Real and practical Philosopher,” Swift, as a “Gluttonous Pretender” to the philosophy of a strict regimen, would “die of Eating and Drinking at [merely] fourscore.” If Swift worried at times that he was growing fat, he never resorted to the radical milk-seed diet by which the behemoth

29. Sanctorius, 141.

30. In the fuller context, Lyttelton wrote, “[T]he immortal Doctor Cheyney...desires his compliments to you, and bids me tell you that he shall live at least two centuries by being a Real and practical Philosopher, while such Gluttonous Pretenders to Philosophy as You, Dr Swift and My Lord Bolingbroke die of Eating and Drinking at fourscore.” George Lyttelton to Alexander Pope, 4 December 1736, The Correspondence of Alexander Pope, ed. George Sherburn (Oxford: Clarendon Press, 1956), vol. 4, 46. Given Lyttelton’s obvious tongue-in-cheek tone, Sherburn’s emphatic remark that this “description is additional evidence of Pope’s reputation for overeating!” seems peculiar (ibid., n4).
Cheyne reduced his weight from 32 stone (448 pounds) to a still-formidable 300 pounds.\(^3\) Still, in trying to manage his humoral body, he followed a regimen of moderation in food and drink throughout his adult life. “I ate nothing but herrings,” he reported of one dinner with the Vanhomrighs in London: “[Y]ou must know I hardly ever eat above one thing, and that the plainest ordinary meat at table; I love it best, and believe it wholesomest.”\(^4\) Especially during fits of giddiness, he ate foods thought to be easily digestible. “My head is not in order, and yet it is not absolutely ill, but giddyish,” he wrote to Stella and Dingley in January 1710-11. “I am very temperate, and eat of the easiest meats as I am directed.”\(^5\) Later that spring, he reflected upon a recent fit, “My head…is better, but to be giddyish three or four days together mortified me.” Having vowed to “be very regular in eating little and the gentlest meats,” he reported at day’s end, “God be thanked, I am much better than I was, though something of a totterer. I ate but little to-day, and of the gentlest meat. I refused ham and pigeons, pease-soup, stewed beef, cold salmon, because they were too strong.”\(^6\) “All victuals are equal to my affections,” Swift wrote later in life, “yet I dare not meddle with strong meats.”\(^7\)

---

31. Cheyne tells the story in “The Author’s Case,” the third section of his popular *The English Malady* (London and Bath, 1733).

32. 19 October 1711, in JS, 302. Later Swift wrote, “I have a sad vulgar appetite….I cannot endure above one dish; nor could since I was a Boy and loved stuffing.” 12 March 1712-13, in JS, 511. Reading this comment, David Nokes suggests that Swift’s “childhood of relative poverty left a taste for simple dishes that all the acquired tastes of the town could not alter.” *Jonathan Swift, a Hypocrite Reversed: A Critical Biography* (New York: Oxford UP, 1985), 170. Nokes does not acknowledge Swift’s humoral concerns here.

33. 26-30 January 1710-11, in JS, 130. While he does not specify, we presume that the advice on diet has come from William Cockburn, whose “drops” he reported taking at the same time.

34. 21 April 1711, in JS, 189.

Managing the sick body meant eating food that his cold stomach could properly digest, to avoid the humoral crudities that would clog the system.  

During the shingles episode, Swift reported that he lived on a liquid diet: “I eat nothing but Water gruel.” And suffering a painful mid-life visitation of strangulated hemorrhoids, he lamented, “I fell into a cruell Disorder that kept me in Torture for a Week….which with the attendance of Strangury, loss of Blood, water-gruel and no sleep require more of the Stoick than I am Master of, to support it.” Swift also ate a thin diet in trying to manage the chronic disorders: “I thank God, [I] am much better in my head….My breakfast is milk porridge: I don’t love it, faith, I hate it, but ‘tis cheap and wholesome.” Famously parsimonious, he had a medical rationalization for eating frugally. Household economy aside, however, Swift’s thin diet conformed with humoral logic. Because of the importance of digestion to humoral balance, most medical writers and regimen books, predictably, stressed that the individual suit both the quantity and type of food to her or his particular constitution and condition. Cheyne exhorted those suffering from chronic disorders to follow “a strict Regimen of a thin, fluid, spare and lean Diet.” For “ Fits of Chronic Disease,” Swift’s contemporary Nicholas Robinson advised the same: “I always prescribe the thinnest and most attenuating Diet, and such

36. Speaking in the character of his friend Tom Ashe, “the most eternal unwearied punster that perhaps ever lived,” Swift quipped that “in our dieting, we may be said to die eating.” “To the Earl of Pembroke. The Dying Speech of Tom Ashe,” PW, vol. 4, 263, 264.

37. 31 March-8 April 1712, in JS, 420.


39. 15 May 1711, in JS, 208.

as may lay the least Stress upon the Solids to digest." In eating the “gentlest” meats, Swift was implicitly following the authorities’ prescription that the diet for a man in his condition be “of a light and easy Digestion” and so more easily assimilable into the body. His recourse to water-gruel and milk porridge for both acute diseases like shingles and the chronic disorders that persisted throughout his life followed the logic that an “attenuating” diet would prevent or thin “Viscidities,” accumulated humors, or concretions in the body so that they could be expelled as excrements.

In his correspondence, Swift often discussed what he drinks—milk and wine, for example—specifically as a matter of health. He and his friends debated the relative value of various kinds of milk. The alderman John Barber, who frequently exchanged

---


42. Ibid., 205.

43. Swift often diluted his wine with water and even composed a “good receipt for sobriety”:

Drink little at a time;
Put water with your wine;
Miss your glass when you can;
And go off the first man.

21 April 1711, in JS, 189. While it is a myth that no one drank water in early modern Britain, even in dirty cities, Swift himself rarely drank water by itself. When he and others spoke of “drinking the waters,” they were referring to mineral waters from Wexford, Bath, or one of many other sources. Swift’s friends—Gay, Ford, Bolingbroke, Arbuthnot, Mary Barber—often enjoined him to drink various waters for his health. Mrs. Barber extolled the virtues of the Bath waters specifically for “disorders…occasion’d by a cold stomach”:

I believe there is not any thing in this World so likely to cure that disorder as the Bath Waters which are daily found to be a soverain remedy for disorders of that kind. I know Sir you have no opinion of Drugs and why will you not try so agre[e]able a medicine prepared by providence alone if you wou’d not try for your own sake, why will you not in pity to your Country.

Mary Barber to Swift, 3 November 1736, in Corr, vol. 4, 541. Swift’s one experiment in drinking mineral water for giddiness, in early 1712-13, ended badly, however: “I have drank Spaw Waters this 2 or 3 days; but they do not pass, and make me very giddy: I an’t well fais I’ll take them no more.” 30 January 1712-13, in JS, 490.
notes on health with Swift, wrote of his asthma in 1738, “I impute my being so much better to my drinking constantly the asses milk, which is the best specific we have. I wish to God you would try it, I am sure it would do you much good.” And indeed doctors of the day widely recommended ass’s milk, which is, said one writer on gout, “of all the thinnest, next to human.” In other words, it could more easily be attenuated during digestion. Extending this humoral doctrine, Lord Bathurst suggested that Swift drink a woman’s milk, claiming that it would both “cool” Swift’s fiery satiric temper, which had savaged the ironmonger Wood in The Drapier’s Letters, and relieve his giddiness. Bathurst suggested that Swift “contrive some way or other” to have as his only servant “one sound wholesom wench” who “shou’d have milk, and I can assure y’it is the opinion of some of the best Phisitians that womans milk is the wholesomest food in the world.” In the logic of humoralism, a woman’s milk was most natural to humans and, therefore, most easily assimilable.


45. Johann Doläus, Dolæus upon the Cure of the Gout by Milk-Diet. To Which Is Prefixed, an Essay upon Diet. By William Stephen, M.D.F.R.S. (London, 1732), 147. Pope wrote to Swift, “The Doctor puts me into Asses Milk, and I must neither use Study nor Exercise.” Alexander Pope to Swift, 20 March 1730-31, in Corr, vol. 3, 447. Ass’s milk was also recommended by some for preserving one’s memory in old age. See, for example, Sir John Floyer, Medicina Gerocomica: or, The Galenic Art of Preserving Old Men’s Health. Explain’d: in Twenty Chapters (London, 1724), 95. Swift complained cavalierly of his declining memory as early as his mid-forties; by the time he was sixty, he was genuinely concerned: “I grow every day an ill retainer of memory even in my own affairs,” he wrote to Chetwode (12 February 1729-30, in Corr, vol. 3 370). And to Pope: “My memory is so bad, that I cannot tell whether I answered a Letter from you, and another from Lord Boling—that I received in Jan. last” (26 February 1729-30, in Corr, vol. 3, 373). As we saw earlier, he related this decaying memory explicitly to his chronic disorders: “I have lost by those diseases much of my memory.” Swift to Pope, 1 November 1734, in Corr, vol. 4, 261-62.

46. Lord Bathurst to Swift, 19 April 1731, in Corr, vol. 3, 454. Drinking a woman’s milk seems to have been a fashionable practice of the day. Lady Orrery, whose own newborn rejected her milk, wrote to Martha Whiteway in 1742, “Mr Cleland who attended [the infant] said, as Milk was a Windy Food, the Child must not suck, I have consented, and he is to be brought up by Hand, he feels very well, and will not want my Breast. I may therefore go and suckle her Grace of Marlborough, who lives entirely upon Breast Milk.” Lady Orrery to Martha Whiteway, 29 December 1742, in Corr, vol. 5, 212.
How Bathurst would have Swift “contrive some way or other that” his servant “shou’d have milk” we can only guess. Nevertheless, some months later, Swift responded, “I have gotten into your directions about Milk, onely with the addition of a little rice, sugar, and nutmeg, in which I hope you will be so good to indulge me.” And he advised that Pope also drink woman’s milk: “I am glad you are got into Asses milk. It is a remedy I have a great opinion of, and wish you had taken it sooner…. My old Presbyterian Housekeeper tells me, that if you could bring your Stomach to woman’s Milk, it would be far better then Asses.” While we often see drinking a woman’s milk as fetishism, the advice here accords with the logic of humoral medicine because breast milk was considered most easily assimilable into the human body. The famous Dutch physician Gerard van Swieten wrote about mid-century, “Of the several kinds of milk, the best of all….is human milk, as being most analogous to our nature, and is therefore always to be preferred to that of all other animals.” The simple humoral logic here suits kind with kind.

Wine was Swift’s preferred drink, even when he claimed to dislike it. “I drink less than usual,” he wrote to Pope in 1733, “but to drink so little as you or my Lord Bol[ingbroke] is not to be expected; and yet I do not love wine, but take it purely as a medecine.” The next year he reported to Arbuthnot, “I drink a bottle of French wine my


48. Pope to Alexander Pope, 20 April 1731, in Corr, vol. 3, 456-58. Swift would not yet have received Bathurst’s letter, written the day before; he seems to be making this recommendation independently.


50. Swift to Alexander Pope, 1 May 1733, in Corr, vol. 4, 154. As a younger man, Bolingbroke had hardly been abstemious, but in 1728 Pope reported upon his “great Temperance” after a “return from
self every day, though I love it not; but it is the onely thing that keeps me out of pain.”51
Swift’s comments about disliking wine are either disingenuous or self-satirical: Indeed, he routinely drank a bottle daily. “I drink a pint and half of wine every day,” he wrote to Pope only a month after the previous letter, “the pint at noon, & the half at night.”52 And to Barber: “My chief support is French wine, which, although not equal to yours, I drink a bottle to myself every day.”53 Perhaps the social aspirant Swift valued wine for its social status. But drinking wine fit neatly into humoral theory as well. Afflicted with “cold” disorders, Swift believed that wine warmed his stomach and thereby aided digestion. Writing again to Barber in 1735, he found a kinship in their shared illnesses: “I seldom go to Church for fear of being seised with a Fit of Giddyness in the midst of the Service. I hear you have likewise Aylments to struggle with….But I have one Advantage, that Wine is good for me, and I drink a Bottle to my own share every day, to bring some heat into my Stomach.”54 He frequently couched reports of wine-drinking in discussions of his health: “[M]y disorders, with the help of years, make wine absolutely necessary to

Bath,” where “all peccant humours, he finds, are purg’d out of him.” Alexander Pope to Swift, 28 June 1728, in Corr, vol. 3, 290. In a letter to Charles Ford, Swift argued for the health benefits of wine by inversion: “When I was much younger than You, not above 32 years old, I had by my drinking water, and hating wine, got a swelling in my left Leg.” Swift to Ford, 22 June 1736, in Corr, vol. 4, 505. One might be unhealthy by not drinking wine or not drinking enough of it: “I fear you are too temperate in drinking, and not strict enough in avoiding to eat what is improper in your Disorder,” Swift wrote to Orrery (11 June 1737, in Corr, vol. 5, 44).

54. Swift to John Barber, 3 September 1735, in Corr, vol. 4, 381. Quoting Galen, the Royal Collegian Peter Shaw argued that “sweet Wines are excellent in Diseases arising from a cold Cause, because they heat, tho’ in a mild and gentle Manner.” The Juice of the Grape: or, Wine Preferable to Water. A Treatise, wherein Wine Is Shewn to Be the Grand Preserver of Health, and Restorer in Most Diseases (London, 1724), 15n.
support me.”  

Drinking wine, he believed, preserved his very life. “I am sorry it should cost you two-pence to have account of my health, which is not worth a penny,” he wrote to a fellow clergyman in 1735, “yet I struggle, and ride, and walk, and am temperate, and drink wine on purpose to delay, or make abortive, those schemes proposed for a successor.”  

Prolonging his life by drinking wine, he smirked, would frustrate the ambitions of any younger clergyman eyeing his position as Dean of St. Patrick’s.

In matters of food and drink, said Temple, “all Excess is to be avoided, especially in the common Use of Wine: Whereof, the first Glass may pass for Health, the second for good Humour, the third for our Friends; But the fourth is for our Enemies,” presumably because that fourth, immoderate glass will hasten our demise. Following Temple’s advice, Swift always aimed at temperance in drinking and in his other habits. “I am now resolved to drink ten times less than before,” he vowed to Stella and Dingley in 1711.

Perhaps with his own reckless gorging upon apples in mind, he clucked at the immoderate habits of others. “I am griev’d to hear that my Lord Bolingbroke’s ill health forced him to the Bath,” Swift wrote to Pope. “Tell me, is not Temperance a necessary virtue for great men, since it is the parent of Ease and Liberty?”  

---


57. Temple, 199.

58. 30 July 1711, in JS, 251. Friends testified to Swift’s moderation in drinking. Lætitia Pilkington recalled, for example, that when Swift drank, “[S]trict Temperance preserved; for the Doctor never drank above half a Pint of Wine, in every Glass of which he mixed Water and Sugar” (vol. 1, 43).

often the target of his pleas for moderation, “I beg you will force your nature as much as possible upon temperance and exercise, I mean temperance in a physicall sense.” Swift was and am more temperate than You. I do not value long life; but while it continueth, I endeavor to make it tolerable by Temperance.” Temperance was both moral restraint and humoral prudence.

Swift’s lifelong love-hate relationship with fruit brings into sharp relief the contest between appetite and dietary regimen over rule of the body. We know of his conviction that his youthful gluttonizing on raw apples had caused his initial attack of giddiness. Although Swift loved fruit, he vowed to avoid it: “I envy people maunching and maunching peaches and grapes, and I not daring to eat a bit,” he wrote to Stella and Dingley. And to Thomas Sheridan many years later: “I will be very Temperate; and in the midst of Peaches, Figs, Nectarins, and Mulberries, I touch not a bit.” With his lapses, at once humoral and moral, came relapses of the chronic disorders. “I eat some Kentish cherries t’other day, and I repent it already,” he confessed. “I have felt my head a little disordered.” Reporting later that he had “been much out of order of late with th old giddyness in my Head,” Swift wrote to the ladies, “I have eat mighty little Fruit, yet I impute my disorder to that little, and shall henceforth wholly forbear it.”

62. 1 September 1711, in JS, 271.
64. 6 July 1711, in JS, 239.
65. 15 September 1712, in JS, 444.
later, he still blamed his ailments on his weakness for fruit: “I have been these ten Days inclining to my old Disease of Giddiness, a little Tottering,” he wrote to Sheridan in 1727. “Cyder and Champagne and Fruit have been the Cause.”66 In these confessions and resolutions, scattered throughout many years of correspondence, is an anguished battle between appetite and self-denial.

Swift, of course, would never have seen his own daily labor to maintain humoral balances by minding what he ate and drank as an abstract battle between will and desire playing out in the contested site of his body or his denial of fruit as emblematic of what Carol Houlihan Flynn has called his “fascinated revulsion towards the physical.”67 Nor, despite his preoccupation with maintaining order in the world, would he have seen his regimen as a means of containing unruly matter itself. Even if the humoral explanation of his disease helped Swift make sense of his individual sufferings and the therapeutic regimen was a mean to imposing order on a disordered body, he did not see himself and his experiences as a sick man in terms of a grand cultural metanarrative. For Swift, regimen was functional and commonsensical. Afflicted with chronic, episodic bouts of giddiness, deafness, and tinnitus, he took what practical steps he could to restore humoral balances and relieve those disorders.


67. Flynn sees Swift’s vows to avoid fruit as emblematic of his attempts to contain disordering desire. Fruit is surrogate for sexual desire. Desire is embodied in “an appetite both physical and sexual.” And only by denying his appetite can Swift contain the disordering materiality of the body. Flynn says that in attributing his giddiness to forbidden fruit, Swift “links his ‘bad’ head to his ‘bad’ desires, and connects a disorder which at its worst approaches madness to the irrationality he associates with sensuality.” The Body in Swift and Defoe (Cambridge: Cambridge University Press, 1990), 89, 97. Leo Damrosch responds that “[w]hat really horrified Swift about the body was not physicality in itself, but decay” (368).
If Swift could make claims to temperance in diet and drink, both friends and doctors worried especially in his later years that he had become obsessive in his exercising. Certainly he worked to regulate the other non-naturals in “fencing” against his chronic disorders. But it was exercise that became the preoccupation of his lifelong regimen. Walking, running, riding, rowing, even swimming (a rare occurrence and likely a rarer spectacle in his day)—these were habits that kept him always in motion, from his early adulthood to the very end of his life, even after he had slipped into senility.

Despite the chronic infirmities that afflicted Swift from his early twenties, he was athletic and vigorous. Deane Swift says of him, “His constitution was strong, and his limbs were active.” And he was unusually agile and robust: “[U]pon his own feet he ran like a buck from one place to another. Gates, styles, and quicksets, he no more valued than if they had been so many straws.” During his time with Sir William Temple between 1689 and 1699, says Deane, Swift “spent ten hours a day one with another in hard study.” But every two hours he would break for exercise, running “up a hill that was near Sir W. Temple’s, and back again to his study; this exercise he performed in about six minutes: backwards and forwards it was about half a mile.” If this image of Swift in motion seems amusing, later reports that he trotted horse-like are even more so. “[T]he Dean walked, or rather trolled, as hard as ever he could drive,” recalled Lætitia Pilkington. “I could not help smiling at his odd Gait, for I thought to myself, he had written so much in Praise of Horses, that he was resolved to imitate them as nearly as

68. Deane Swift, 100.

he could.\textsuperscript{70} Perhaps this is merely Pilkington’s comic representation of yet another of his eccentricities; perhaps Swift was purposefully trying to amuse his spectators or vex their expectations. But the image is nevertheless suggestive: At the same time that Swift exercised for health, he was also aware of physical performance. And as we see in letters to friends, he often represented himself as physical performer, riding, walking, moving always with masculine vigor.

Swift, who stood at what was then an average five feet-five inches, was given to chubbiness during his earlier years; his exercising as a younger man may have been motivated in part by a desire to shed pounds. In early 1711, he reported to Stella and Dingley from London of his walks with his friend Prior, “This walking is a strange remedy; Mr. Prior walks, to make himself fat, and I to bring myself down.”\textsuperscript{71} Increasingly, however, he exercised expressly to manage his recurring chronic disorders. He reported often about his walking in the \textit{Journal to Stella}: “I walked gravely home this evening; and so I design to walk and walk till I am well: I fancy myself a little better already.”\textsuperscript{72} And again: “I had good walking to-day in the city, and take all opportunities of it on purpose for my health.”\textsuperscript{73} To his ecclesiastical superior Archbishop King, he wrote in 1721, “My Lord, I row after Health like a Waterman, and ride after it like a Post boy,

\textsuperscript{70} Pilkington, vol. 1, 79. To “troll” is to “move or walk about or to and fro; to ramble, saunter, stroll.” OED, s.v. “troll.”

\textsuperscript{71} 21 February 1710-11, in JS, 148. Throughout his life, Swift spoke of losing weight by exercising vigorously. In later years, he complained of having “not an ounce of flesh between the skin and bone.” Swift to Alexander Pope, 7 February 1735-36, in Corr, vol. 4, 458.

\textsuperscript{72} 1 May 1711, in JS, 199.

\textsuperscript{73} 10 November 1711, in JS, 321.
and find some little Success."  

As we shall see in a later chapter, Swift aspired to social ascendancy. Imaginatively lowering himself to laborer here shows his commitment to restoring humoral balances. At the same time it enforces difference between himself and the lower orders: While the waterman and post boy work to make a living, Swift works to live.

When the Irish weather prevented him from exercising outdoors, Swift roamed the halls of the deanery. “I seldom walk less than four miles, sometimes six, eight, ten, or more, never beyond my own limits,” he wrote to John Barber in later years. “[O]r, if it rains, I walk as much through the house, up and down stairs.” So vigorous was Swift in bounding up and down the steps of his residence for exercise that Pilkington worried that he would hurt himself:

The Dean then ran up the Great-Stairs, down one Pair of Back-Stairs, up another, in so violent a Manner, that I could not help expressing my Uneasiness to the good Gentlewoman, lest he should fall, and be hurt; she said, ‘It was a customary Exercise with him, when the Weather did not permit him to walk abroad.’

If Swift seemed eccentric in his over-exercising, he nevertheless believed that it was one of the few ways to alleviate the pain, loss of equilibrium, and anguish that came with his chronic afflictions. A decade before his death, he wrote miserably to Pope, “I have not been in a condition to write. years and Infirmatyes have quite broke me. I mean that odious continual disorder in my Head. I neither reed, nor write; nor

75. Swift to John Barber, 8 August 1738, in Corr, vol. 5, 118.
76. Pilkington, vol. 1, 81. The “good Gentlewoman,” to whom Swift had entrusted the care of Pilkington, “while he [took his] Walk out within Doors,” was his longtime housekeeper, Anne Brent.
remember, nor converse All I have left is to walk, and ride."

His best creative years behind him, increasingly obscure as a political figure, and despairing of any other powers, Swift still moved through the world as best he could.

"I walk...as much as I can: because sweating is good," Swift said bluntly."

Physical motion, the authorities all agreed, "helps to break the Perspirable Matter smaller, and thereby render it more capable of passing thro' straighter Pores." Exercise thereby assisted nature in thinning the humors, opening the pores by heating the body, and expelling excess or vitiated matter through sweat. It is, said Steven Blankaart in his popular Physical Dictionary, "a most powerful, and prevalent thing to preserve Health, being that which purges, and drives away the superfluous Humours of the Body." Richard Brookes elaborated upon the benefits:

Motion or Exercise increases in the Circulation of the Blood, attenuates and divides the Fluids, and promotes a regular Perspiration, as well as a due Secretion of the Humours; for it accelerates the animal Spirits, and facilitates their Distribution into all the Fibres of the Body, which strengthens the Parts, creates an Appetite, and helps Digestion.

77. Swift to Alexander Pope, 2 December 1736, in Corr, vol. 4, 545.
78. 31 May 1712, in JS, 428.
79. Sanctorius, 76.
81. Brookes, vol. 1, 53. As demonstration of the pliability of the humoral system to evolving medical interests and theories, the iatromechanist Nicholas Robinson adapted the same claim about digestion to the new medicine founded on Newtonian principles: Exercise, he wrote, excites the body to digest the aliments "more commodiously" and distribute them "better made to every Part, for its Support and Nourishment" (65).
“[I]f some of the Advantages accruing from Exercise, were to be procur’d by any one Medicine, nothing in the World would be in more Esteem,” said Francis Fuller in *Medicina Gymnastica.* Swift himself echoed those sentiments: “I continue in an ugly State of Health by the disorder in my Head, which Blister upon Blister and Pills upon Pills will not remove, and this whole Kingdom [Ireland] will not afford me the medicine of an unfoundred trotting Horse.” Exercise would succeed when medical interventions failed.

Among other self-injunctions for “When I come to be old” that Swift wrote before he was thirty, he cautioned himself “[n]ot to be too free of advise [sic] nor trouble any but those that desire it.” And yet with evangelical zeal, he urged his friends to exercise for their health, invariably using himself as a model. “What shall we do for poor Ppt?” he wrote to Stella from London in 1711. “Walking has done me so much, good that I cannot but prescribe it often to poor Ppt.” Swift scolded his ailing friend Anne Long, “Your Illness is the Effect of too little Exercise. I fence against the same Distemper you complain of, by perpetually walking when the Weathr will permit me.” His certainty that

---

82. Francis Fuller, *Medicina Gymnastica* (London, 1705), [xiii].

83. Swift to Charles Ford, 16 February 1718-19, in Corr, vol. 2, 322. Not long after this letter, Swift’s friend Prior wrote to him, “I hope there is a little Spleen mixt with yor Distemper [giddiness], in wch case yor Horse may be your Physician, and your Physician may have the happiness of being your Companion (an honor wch Many here would envy him). Matthew Prior to Swift, 5 May 1719, in Corr, vol. 2, 323.

84. PW, vol. 1, xxxvii.

85. 23 May 1711, in JS, 212.

86. Swift to Anne Long, 18 December 1711, in Corr, vol. 1, 277.
exercise helped to restore or maintain health emboldened him even to remark of Queen Anne, “The Queen is in very good Health, but doth not use as much Exercise as she ought.” 87 And in the same sense of social leveling through shared health concerns, he wrote to Edward Harley, the Second Earl of Oxford,

The good account you are pleased to give me of my Lady Oxford’s health, hath removed a great load from my shoulders; for I was ever in pain about her Ladyship’s want of appetite: and could only forbear acting the Physician, by prescribing my onely remedy, which I take twice a day in fair weather, and once in foul; I mean Exercise, which although it be the cheapest of all drugs, yet you great people are seldom rich enough to purchase. 88

Swift’s worries about the health of particular friends—Stella, Pope, Sheridan, Ford, Barber—led him to nag them again and again to exercise. And if we are to believe their responses, his friends, high and low, followed his injunctions. Pulteney, we have seen, promised to follow Swift’s rules for sleeping, eating, drinking, and exercising. Lady Betty Germain submitted to Swift in 1731, “[T]o show how strictly I obey your orders I came from the Dutchess of Dorsets Country House to my own, where I have ridd and Walked as often as the Weather permitted me.” 89 And others reported better health by following Swift’s lead. “I remember your prescription,” wrote John Gay, “& I do ride upon the Downs, and at present I have no Asthma.” 90 In this case, both exercise and country air worked interdependently to bring relief.

87. Swift to Archbishop King, 29 March 1712, Corr vol. 1, 295.
89. Lady Elizabeth Germain to Swift, 7 September 1731, in Corr, vol. 3, 496.
Temple wrote that “[t]he best Cares or Provisions for Life and Health…consist in the discreet and temperate Government of Diet and Exercise: In both which,” he added, “all Excess is to be avoided.”

Despite this injunction, Swift exercised with what in his own day was seen as increasing obsession. In later years, his devotion to this *medicina gymnastica* worried his friends and physicians. In his suggestions about regimen, we recall, Sheridan advised that Swift “Walk little and moderately” and “Ride slow and often.”

Though Ford allowed that riding was supposed “to be good for a giddy head,” he wrote to Swift, “I have often wished that you would be more moderate in your walks” because “the violent sweats you put yourself into are apt to give colds, and, I doubt, occasion much of your other disorder,” that is, the deafness attributed to cold.

Swift’s doctors worried, too, in part because he had lost too much weight in his walking and riding: “Doctor HELSHAM and Doctor GRATTAN, frequently admonished him of his….incessant and intemperate exercise,” Delany reported. In keeping with humoral theory, Delany himself acknowledged that “the constant and free discharges by perspiration from exercise, kept him clear of coughs and rheums, and other offensive infirmities. But he carried this contention, (as he was apt to do every other) too far.”

This concern about excessive or too-violent exercise was shared uniformly by medical authorities, from the days of Hippocrates and Galen to Swift’s own. “Ancient Physicians, who were sagacious Observers, have been apprized of some ill Effects that followed the

---

91. Temple, 199.
Violence, of a *continuing* too long in the Exercise they had recommended,” wrote Swift’s London doctor Cockburn. Rather than encouraging proper digestion, as it should, argued Nicholas Robinson, excessive exercise “greatly impairs the Constitution, and is apt to overstrain the Solids, and on a full Stomach is still worse; for then it raises Flushings, and, instead of a good Digestion, causes Flatulencies, and a *Languor* upon the Nerves and Spirits.”95 In exercise, as in all things non-natural, balance begot balance.

Why, we should ask, did exercise become the preoccupation of his health measures, even when Swift himself seems to have been aware of his own immoderation? “I ride and walk every day to such excess that I am afraid I shall take a surfeit of it,” he wrote to Gay and the Duchess of Queensbury.96 It may be that exercising was the regimen that best suited his temperament and habits. Swift seemed always in motion, a man who could not sit still. Even in his final senility, he walked the halls and stairs of the deanery for hours. But he seems always to have wagered the labor of exercise against its benefits: “I am sure, if I am not better in health after it, ‘tis not worth the pains.”97 Under this conviction, he made a desperate and uncertain bargain with time in his efforts to control his unruly body. I “battle with [my] disorders…by riding and walking,” he wrote to Pope in 1731, “at which however I repine, and would not do it meerly to lengthen life, because it would be ill husbandry, for I should save time by Sitting still, though I should dye seven Years sooner; but the dread

95. Robinson, 65.


97. Ibid.
of pain and torture makes me toyl to preserve health from hand to mouth as much as a laborer to support life.”

Here again he metaphorizes himself as laborer in his commitment to restoring humoral balance.

Delany wrote that Swift “paid no sort of regard to [his doctors’] monitions” that he cut back on his exercise. This refusal to moderate his regimen may have been the insistence of a man whose long experience with his own body had taught him that the physicians’ interventions and few of his own other measures had brought any relief. But his disregard of the doctors’ warnings may have been an act of refusal by a man who always chafed at being told what to do, a willful movement of the body in defiance of the physicians’—or anyone else’s—attempts to appropriate authority over that body.

In his stubborn autonomy, Swift often seemed alone. As we shall see in the next chapter, he became increasingly isolated socially because of chronic giddiness that made his body unstable and progressive deafness and tinnitus that impaired his ability to communicate with others. Despite sharing his enthusiasm for exercise with his friends, Swift seemed increasingly alone, and lonely, in the pursuit of health as well. “I go where I was never before,” he wrote during one of his long rambles through the Irish countryside, “without one companion, and among people where I know no creature, and all of this to get exercise, for curing an ill head.”

Forced into a smaller world by his chronic disorders, he wrote to Chetwode, “I live wholly within myself; most people have dropped me, and I have nothing to do, but fence against the evils of age and sickness


as much as I can, by riding and walking."\textsuperscript{101} His increasingly lonely and increasingly obsessive exercising continued even into his final senility. "[T]he Dean's understanding quite gone" by 1742, his cousin Martha Whiteway reported that he "walked ten hours a day" through the halls of the deanery.\textsuperscript{102} What had once been exercise taken in pursuit of humoral health had become an obsessive habit, which contributed to the popular notion of Swift in his final years as a mad, haunted genius.

In considering the practical measures that Swift resorted to in trying to manage his disordered body there are important lessons. One is that the experience of living in the humoral body could never be passive. We might trust that the doctor can fix our ailments by first identifying a local or systemic problem, a disease entity, and then providing a pharmaceutical or surgical cure; there are outside interventions to manage, if not cure, even most chronic sicknesses or medical conditions. The patient of Swift’s day had always to be vigilant in maintaining humoral balances. He or she might find cure for an acute disorder like shingles as the superfluous or peccant humor was driven out of the body. But this was not the killing off or driving out of an exogenous pathogen; rather, it was the righting of the humoral balance natural to the individual constitution. This balance would change from year to year as the body aged, from month to month as the seasons changed, even from day to day or morning to evening as one ate and drank, took in the ambient air, slept, indulged or restrained the passions. The individual would take medicines—those evacuants, sudorifics, vomits—or resort to surgical


\textsuperscript{102.} Martha Whiteway to the Earl of Orrery, 22 November 1742, in Corr, vol. 5, 207.
interventions—bleedings and blisters—not to cure her or his body but to balance it. So while our clinical medicine might encourage diet or exercise to manage cholesterol, blood sugar levels, and insulin, or to strengthen muscles and bones, it would find ludicrous or dismiss as fool’s errand the belief that one rights the humoral balance by sweating out excess phlegm or drawing out peccant choler with blisters. For Swift, however, these measures were medical—and moral—responsibility.

Another lesson is that Swift’s own devotion to regimen, as immoderate as it sometimes seemed to doctors and friends, conformed exactly with universally accepted humoral principles. Swift could laugh at the excesses or follies of the doctors or describe the gross processes of the humoral body in a work like *Gulliver’s Travels.* But he accepted the “Fundamental” humoral precept “that all Diseases arise from Repletion” and that the individual was responsible for restoring or maintaining humoral balance. In his final years, he believed that he had nothing else left to keep this balance but exercise; it was, he sighed, “all I have to trust to, though not in regard to Life but Health.” Even then, the fact that he favored exercise over other aspects of managing the non-naturals tells us much about his temperament, habits, and image of himself as a vigorous, athletic man. It is also emblematic of the discipline that he tried to impose upon his unruly body. Perhaps, as his lapsarian tale of gorging on apples suggests, he thought that this body needed to be punished. More likely, however, he


104. *GT*, 231.

105. Swift to John Barber, 3 September 1735, in *Corr*, vol. 4, 381.
saw his regimen as the way, however severe at times, to discipline and impose order upon an “unteachable” Yahoo body by putting it to hard labor. Otherwise, it would brim over into humoral chaos. In this way, his attempts to keep his disorderly body in check were counterpart to his concerns for political, religious, and social order in the larger world.
Chapter 6
The Disordered Social Body

As we saw with his attack of shingles, Swift experienced illness socially as well as physically. Confined to his rooms in agony for several weeks, he could not “go to Church or Court” or visit the London friends he loved to talk with. Even his correspondence, itself a conversational performance, was disrupted. So it was with Swift’s chronic disorders. Forced to withdraw from the world during his fits of illness, he spoke of the embarrassments of tottering in public and of the “unconversible” deafness and tinnitus that made conversation impossible with any but those persons with “treble and Counter-tenor Voices.”¹ The man who aspired to social elevation and influence felt helpless and dependent upon others when he could not do things for himself. The man who prided himself on his masculinity and athletic vigor felt weak, feminine, impotent, and he complained that the ladies had “forsaken” him in his illnesses. Worse, the man so preoccupied with maintaining order in the world against the anarchies of “Party-mad[ness]” and crazed religious enthusiasm was terrified that he himself was slipping into madness, the disorder that would cut him off at last from society.² Thus the disorders of Swift’s body disordered his social identity.

In discussing how Swift experienced illness socially, this chapter first gives attention to the problem of language. Challenged by the difficulties of expressing the subjectivities of illness—what it felt like physically and psychologically to suffer from

chronic giddiness, deafness, and tinnitus—Swift turned to the language of social experience. He talked of his difficulties in hearing others, his abilities to attend to church duties or to entertain company or to travel to see friends, his increasing confinement and isolation. Worse for the man who saw correspondence as conversation, Swift felt that his physical disabilities disordered his writing and disrupted even that social mode. Confined, socially isolated, helpless, emasculated, Swift found that his sphere of influence had shrunk. And so the disorders of body and mind became the disorders of his social identity. Returning Swift to his humoral body thus helps us understand better the “divided self” that has provoked much biographical and critical debate.

Describing illness is a powerful means of containing disorder. Language objectifies and puts our experiences into order so that we can stand back and make sense of them rationally. So, as we saw, Swift’s humoral narrative about his illnesses was an important way for him to make sense of them. But because the language of pain or, for that matter, any physical sensation is inevitably self-referential, expressing the subjectivities of sickness—what it felt like to be giddy or deaf—challenged even the Dean’s formidable verbal abilities. Occasionally Swift resorted to narrative. We recall, for instance, his reporting to Stella and Dingley that in a fit of vertigo his room seemed to spin round for a full minute. Much later in life, he “was seised with so cruel a fit of giddyness” while riding outside of Dublin that he “was forced to lie down on a bed in an empty house for two hours before [he] was in a condition to ride” home.  

failed, Swift turned to metaphor. In his giddiness he walked “like a drunken Man.” The noise of his tinnitus churned like watermills and rolled like “a hundred oceans.” But the physical experience of his sufferings was mediated always by language that was never quite sufficient.

In describing the psychological experiences of suffering from physical disorders that attacked without warning, Swift faced the same limitations. He talked often of uncertainty and terror. In one of the earliest surviving records of his giddiness, in December 1708, he reported a “bad fitt at M’rs Bartons 24. bettr, but—dread a Fitt. 2d Month better still to the End.” This note is all the more revelatory because it comes in his private accounts book; it is one of the few statements of illness in which there is no studied self-representation for the sake of others. But in letters to friends throughout the years that followed, Swift used the same language of terror and foreboding to convey the psychological experiences of living “disordered.” He frequently described the “dread of pain and torture” that could surprise him at any moment. He was “seldom in a tolerable humour by the frequent returns or dreads of deafness,” he said in 1729. And to his friend Thomas Sheridan a few years later: “Some sudden turns are every day threatening me with a giddy fit.” This talk of dread and terror, however, is little more

6. Accounts, 63.
helpful in conveying the singular experience of illness than the language that Swift used in trying to describe his bodily sufferings. Unable to express adequately (or perhaps even to understand fully) the subjectivities of illness, Swift referred instead to the language of social experience. The story of his disordered body became a social narrative.

This social narrative of Swift as an ill man did not begin with his life in Ireland after 1714. We saw how the episode of shingles in 1712 took him off the political stage for several months and cut him off from the society of polite friends and those men of power in whom he placed his hopes for preferment. Much earlier, at the very moment when his future seemed brightening in the employ of Sir William Temple, the first attacks of giddiness sent him back to Ireland for his health, interrupting his political and social ambitions. With his “banishment” to Ireland in 1714, however, there was a distinct turn in the way that Swift represented himself ill. Increasingly, the body disordered was his social identity disordered. And often the idioms of disappointed ambitions and sickness were the same. The neglect and ingratitude of those who had left him forgotten and unthanked in Ireland, the isolation and confinement in his chronic illnesses: Swift frequently spoke of these in the same breath.10

While Swift claimed to be “hinderd by perfect Lazyness, and Listlessness, and anéantissement” after first going into his Irish “exile” in Summer 1714, he engaged his new clerical duties vigorously and conscientiously.11 But these were dark days of

10. “Doctor Swift,” said Laétitia Pilkington, “very well observes, that many Persons have done a just, many a generous, but few a grateful Act” (vol. 3, 8).

11. Swift to Charles Ford, [30 or 31 August 1714], in Corr. vol. 2, 126. With the French anéantissement—“annihilation” or “devastation”—Swift seems to mean psychological exhaustion.
despondency, adjustment, and political danger. Associated with those who were agitating for the return of the Stuarts to the English throne, if only inferentially, he was under suspicion of Jacobite sympathies by the new Whig authorities. His letters were seized, and he was alerted that he was under surveillance: “I had warning given me to beware of a fellow that stood by while some of us were talking. It seems there is a trade going of carrying stories to the government.”

His Tory friends in England—Oxford, Bolingbroke, Arbuthnot, Matthew Prior—had all lost their positions. Charles Ford had been arrested, and the Whigs were gathering charges against Oxford and Bolingbroke. Swift had heard talk that he himself would “be examined upon these impeachments.”

At one time he imagined himself “at Court again,” before being wakened again to the grim reality of his situation: “I recollected I was in Ireland, that the Queen was dead, the Ministry changed, and I was only the poor Dean of St. Patrick’s.”

Disappointed and under suspicion, Swift was also trying to keep the importunate Esther Vanhomrigh—Vanessa—at bay. Having fallen passionately in love with him during his years in London, she had followed him to Ireland in November of 1714, despite his attempts to discourage her. Not long after, concerned about “the Tattle of this nasty Toun [Dublin],” he pleaded for her discretion: “[T]hat was the Reason why I said to you long ago that I would see you seldom when you were in Ireld.”

For all of these pressures, public and private, we hear little about his health. Swift complains about “perpetual colds and

13. Ibid., 174.
twenty ailments”; reports on an injury to his thigh while riding; and writes a melancholy poem “In Sickness,” which is more a complaint about his banishment to Ireland, where his “State of Health none care to learn,” than it is about illness per se.\textsuperscript{16} But for nearly four years, at least in his surviving correspondence, there are no explicit complaints about his giddiness or deafness.\textsuperscript{17} In fact, Swift managed his “health well enough” by riding often and regulating his diet.\textsuperscript{18}

Then in his account book for May of 1718, Swift noted without explanation a “terrible Fall” that he had taken.\textsuperscript{19} We do not know if this fall was caused by a severe attack of giddiness or a tumble from his horse (of which he sometimes complained). Over the next few months, however, there were outlays in his account books for “physick” and bitters, which Swift had not listed for some time. In November he reported to Knightley Chetwode that he had been unable to correspond earlier because he had “been hindered from writing by the illness of my head and eyes, which still afflict me.”\textsuperscript{20}

\textsuperscript{16} Swift to Knightley Chetwode, 20 October 1714, in Corr, vol. 2, 137. For his riding injury, see Swift to Thomas Walls, 6 May 1716, in Corr, vol. 2, 201. Swift, “In Sickness: Written Soon after the Author’s Coming to Live in Ireland, upon the Queen’s Death, October 1714,” line 5, Poems, vol. 1, p. 203.

\textsuperscript{17} Swift speaks only obliquely of his own giddiness, writing to Chetwode, “You surprise me with the account of a disorder in your head; I know what it is too well.” 28 June 1715, in Corr, vol. 2, 174. If Swift himself did not complain of his chronic disorders in the extant letters, his friends nevertheless worried about him. In May 1715, the Duke of Ormonde enquired, “How is your health, how the giddiness of your head? I can see no body that can tell me those minute Circumstances that are so necessary to our quiet.” 3 May 1715, in Corr, vol. 2, 16.

\textsuperscript{18} Swift to Archdeacon Wells, 22 May 1715, in Corr, vol. 2, 170. We know from a number of his letters that Swift spent his early days in Ireland searching for a reliable horse for riding.

\textsuperscript{19} Accounts, 178.

And in December of 1718, Arbuthnot sent the first of two letters prescribing medicines for the “Complaint of a Vertigo.”\(^{21}\) The following year, Swift began to complain regularly of his giddiness and deafness: “I have been long pursued with one or two Disorders, which though not very painful, are so incommodious, that they quite disconcert me,” he wrote to Prior in January 1719-20. “Since I begun this Letter I have been so pursued with a giddy Head that I could not finish it.”\(^{22}\) The giddiness, deafness, and tinnitus “that hath pursued me from my Youth” stalked him relentlessly from this time until the end of his life.\(^{23}\)

For Swift, it was not only the sudden and frightening spinning of the world around him but also the inability to control his performative body that was so disconcerting. The man who tried to impress order through ritual and forms dared not attend to his clerical duties at St. Patrick’s or even venture beyond the safety of the deanery walls during episodes of giddiness. “I seldom go to Church for fear of being seised with a Fit of Giddyness in the midst of the Service,” he wrote to his old London friend John Barber. “I have not been out of Doors further than my Garden, for severall Months.”\(^{24}\) The man who slipped seamlessly in and out of character in company and conversation now “tottered” embarrassedly as he walked and sometimes had to leave guests for bed without warning. He wrote to Ford in 1720 that a sudden fit of giddiness had forced him

\(^{21}\) John Arbuthnot to Swift, 11 December 1718, in Corr, vol. 2, 303. I explicate Arbuthnot’s prescription letter in an appendix to this study.


\(^{23}\) Swift to William Pulteney, 8 March 1736-37, in Woolley, vol. 4, 393.

\(^{24}\) Swift to John Barber, 3 September 1735, in Corr, vol. 4, 381; Swift to Barber, 17 January 1737-38, in Corr, vol. 5, 85.
to deputize one of the Grattan brothers to stand in for him as host: “[T]hree Days ago having invited severall Gentlemen to dinner, I was so attacked with a fitt of Giddyness for 5 Hours, that I was forced to constitute a Grattan to be my Deputy and do the Honors of the House while I lay miserable on my Bed.”25 We wonder how conversational order could ever have been enforced without Swift’s eye on his watch.

Swift’s hearing disorders did not affect his physical mobility or force him to bed, but they restricted him no less than his giddiness. And they were even more socially disabling. “[F]requent Fits of Deafness,” Swift wrote in the early 1720s, “hath confined me to my Deanry-House and Garden.”26 The “noise in my ears and deafness…makes me an unsociable creature, hating to see others, or be seen by my best friends, and wholly confined to my chamber.”27 Unable to shine brilliantly among the men of learning and influence by whom he defined himself socially, he had to exchange their wit and conversation for the shrill voices of the “Lilliputian” Pilkingtons, Matthew and Lætitia, and those like his cousin Martha Whiteway, who would “tear [their] Lungs” out to make themselves heard: “I never stir out, or suffer any to see me but trebles and counter-tenors, and those as seldom as possible,” he wrote to Chetwode in January 1721-22.28

Discussing Swift’s Dublin life in the late 1730s, Irvin Ehrenpreis speaks of the “continued vitality of [his] social pattern even at this time.”29 He found comfort in his Irish

friends, especially those of the “middle kind for both understanding and fortune.” But in his illnesses, Swift often represented himself in a contracted sphere of company and influence, an increasingly isolated and friendless man. Writing to Mary Pendarves during an episode of giddiness in January 1735-36, he lamented, “I confine myself entirely to a domestic life. I am visited seldom, but visit much seldomer.” He groused, no doubt with some pleasure, of the solicitudes of well-intentioned friends, “I am vexed when my visitors come with the compliment usual here, Mr. Dean I hope you are very well.” In place of the visitors Swift claimed to resent and those he turned away at his door, the disorders themselves had now become his society. His deafness and giddiness were the “two friends” who had “begun to come together.”

The man who had long cherished hopes of preferment and political power now found his sphere of influence straitened by the very body that he tried so desperately to govern. Swift made extended visits to Irish friends whose homes allowed him some measure of control: Sir Arthur Acheson and his wife Anne, who tolerated him good-naturedly at their Market Hill estate for months at a time; and Sheridan, whose home in squalid Quilca, in County Cavan, was less savory, his wife less welcoming (Swift dubbed her “Diabollisam”). In 1725, he left Dublin for five months, to escape company during a long onset of deafness. “Your Lordship[’s] Letter,” he wrote to the Second Earl

of Oxford, “was sent to me where I now am, and have been for four months in a little obscure Irish Cabbin about forty miles from Dublin, whither I fled to avoyd Company in frequent Returns of Deafness.”35 His claims of avoiding company were not entirely genuine: He was staying with the Sheridans; with him were Stella and Dingley.36 But these were the intimates who would nurse him and accommodate his disabilities: He did not have to worry that deafness would stymie or embarrass his public performance.

With the increasing length and unpredictability of the paroxysms of vertigo, however, Swift kept to the domestic space and “Monastick life” of the deanery of St. Patrick’s.37 After his final trip to England in 1727, during which he was much confined to his hosts’ homes because of his disorders, he abandoned future travel plans. There was excited talk in 1731 of visiting John Gay and his patrons, the Duke and Duchess of Queensbury. It came to nothing. By January of 1735-36 he was writing to Mary Pendarves, who had urged him to travel to Bath to take the waters that he “had neither health nor leisure for such a journey; those times are past with me.”38 Soon the dread of a sudden attack of giddiness kept him from traveling far even in Ireland. He wrote to his friend William Richardson in 1737, “Although I were ill enough when I saw you [last], I

35. Swift to Edward Harley, Second Earl of Oxford, 14 August 1725, in Corr, vol. 3, 84. Swift’s absence was noticeable enough that the newspapers picked up on it, reporting after his return to Dublin in late September, “We hear from Dublin, that the Reverend Dean Swift is so well recovered of his late illness, that he was arrived in that City from his Country Seat.” Daily Post, no. 1897, 23 October 1725. Swift had stayed with the Sheridans from about April 20 to the end of September 1725 (Corr, vol. 3, 86n2). Quilca was hardly a “Country Seat”; in a poem written during his stay, Swift said that “Sloth, Dirt, and Theft around her wait.” “To Quilca, a Country House in No Very Good Repair, Where the Supposed Author, and Some of His Friends, Spent a Summer,” line 12, Poems, vol. 3, 1035.


am fourty times worse at present, and am not more able to be your guest this summer than to travel to America.” And to Richardson’s niece the next winter, he sighed, “[M]y traveling days are over.” The Richardsons lived just over a hundred Irish miles from Dublin. 

At last Swift would not risk even a day’s journey from St. Patrick’s. “I dare not so much travel here [in Ireland], without being near enough to come back in the Evening to lye in my own Bed,” he wrote to Barber in 1735. And the same year he reported to Pope the “cruel” attack of giddiness that had “seised” him during a ride outside of Dublin:

> I have my own little regular Oeconomy with my very few Servants about me; and dare not venture to be a days Journey from this Town, for fear of taking a fit of giddyness that sincks me for a month, & by which I lose ground that I never quite recover. I was caught so some months ago in a Village six miles from hence, & with the utmost difficulty got home.

His sphere of action and mobility shrinking as he ceded to his disorders, the lost ground is both literal distance that he can no longer travel and metaphor of military retreat.

We might think that correspondence and imaginative writing would become surrogates for the visits and conversation of friends that he could not enjoy in the confinement and isolation of his illness. Writing is social performance, too. For Swift it was a conversational mode. Having made a suggestive remark to the ladies in the

---


42. Swift to Alexander Pope, 12 May 1735, in Corr, vol. 4, 335. See also page 188, above.
Journal to Stella, he caught himself, “Pshaw, what’s all this I’m saying? methinks I am
talking to MD face to face.”43 In another letter he wrote that he was gesturing as he
talked to them on his way to bed. “[A]ll the while I was undressing my self, there was I
speaking monkey things in air, just as if MD had been by.”44 As it disrupted his talk,
then, his inability to write during fits of deafness and giddiness was also social
withdrawal. He often ended a letter abruptly: “My head is too ill to write or think.” “This is
a long Letter for an ill Head: So adieu.”45 Having just apologized to his friend Ford for
having prattled on in his “old Woman’s Talk” about his illnesses, Swift signed off
summarily, “I can write no more for my Head, and so much the better for you.”46 And so
his illnesses forced him to withdraw from the conversation of correspondence.

Worse than the sudden interruptions of conversation, Swift complained that the
cognitive confusions brought by his giddiness, deafness, and tinnitus made nonsense of
his writing. In 1724, he wrote to Chetwode, “I am now relapsed into my old disease of
deafness, which so confounds my head, that I am ill qualified for writing or
thinking….You will allow for this confused paper for I have the noise of seven watermills
in my ears.”47 Pressed by his bookseller Benjamin Motte about revisions to Gulliver’s

43. 10 November 1711, in JS, 321.
44. 4 January 1710-11, in JS, 112.
45. Swift to Knightley Chetwode, 10 June 1721, in Corr, vol. 2, 391; Swift to Thomas Sheridan, 12
47. Swift to Knightley Chetwode, October 1724, in Corr, vol. 3, 35-36. Recent neurological studies
support connections between physical disorders and disordered language and writing, and sensory-motor
disturbances of the kind that his chronic illnesses inflicted upon Swift may cause agrammatism (the
inability to construct grammatically correct forms), paraphasia (the substitution of one word for another),
and other such acquired expressive language disorders and disfluencies. See, for example, Marjorie
Lorch, “Language and Memory Disorder in the Case of Jonathan Swift: Considerations on Retrospective
198
Travels, he bristled, “My Head is so confused with the returns of my deafness to a very great degree…that I am in an ill way to answer a Letter which requires some thinking.” To his fellow “Valetudinarian” Pope, Swift groaned, “[M]y giddiness is more or less too constant….I can as easily write a poem in the Chinese language as my own.” In one of his final letters, he sighed, “I hardly understand one word I write.” This from the agile conversationalist and wit who performed brilliant high-wire linguistic capers and is recognized today as the greatest prose satirist writing in the English language.

Paradoxically, of course, Swift’s claims that his disordered head made gibberish of his writing come in clear, well-ordered sentences. And so in writing about his cognitive disorders he found both a way to contain them and, as we shall see, new imaginative opportunities. Nevertheless, Swift was convinced that his physical illnesses caused his mental “decays” and disordered his social performances. In discussing how he experienced illnesses socially, we have to consider his persistent complaints about losing his memory and, more terrifying to the man who would keep order in the world, his fears of going mad.

In 1721, Swift wrote of a long-lasting fit of deafness that it “wholly disconcerts and confounds me to a degree that I can neither think nor speak nor act as I used to do,


nor mind the least business even of my own.”51 “I will go on no further on my own infirmityes,” he said to Charles Ford in 1733, “than to add that I have lost half my memory, and all my Invention.”52 Because of the “continual disorder in my Head,” Swift lamented to Pope in 1736, “I neither reed, nor write; nor remember, nor converse.”53 Swift ascribed these cognitive disorders directly to his physical ailments. “[M]y Age and perpetuall disorders, and chiefly my vexatious Deafness, with other Infirmityes, have compleated the utter loss of my Memory,” he wrote in one of his final letters, “so that I cannot recollect the Names of those friends who come to see me twice or oftner every Week.”54 The disorders of mind were also social disorders.

Swift feared that as his giddiness, deafness, and tinnitus increasingly confined and isolated him, his disordered mind would at last cut him off irrevocably from the society by which he defined himself. In their social constructions of madness, Swift’s early biographers like Samuel Johnson attributed what they saw as his final madness to this very withdrawal from the world. Those who are isolated and alone, deprived of the regulatory checks of conversation and company, may go mad. Johnson exhorted his own “disordered” friends to heed Robert Burton’s injunction against madness, “Be not

52. Swift to Charles Ford, 5 April 1733, in Corr, vol. 4, 137.
solitary.” Swift, he claimed, went mad because in his disorders and confinement, he had nothing to “renovate” his mind: company, conversation, or reading.

Some early biographers literalized this social isolation by claiming that Swift was the first inhabitant in the “Hospital for Incurables” that he himself had funded in his will. “He died mad,” said one, “among fellow-creatures similarly visited, but sheltered by his munificence,” a claim made the more outrageously by the fact that the hospital did not open until 1757, some twelve years after Swift’s death. More routinely, his biographers show him as the pitiable, speechless old man roaming aimlessly for hours through the halls of the deanery. They make his complete social isolation all the more emblematic by describing the busy comings-and-goings of servants, officious friends, and younger clergymen all around him. While the facts of his late-life decline are certainly important, more significant here are his complaints about his disorders of mind and the ways that he represented his fears of decay and madness. As we shall see in the final chapter of this study, his imaginings of himself as Struldbrugg or as Gulliver mad in his final

55. Samuel Johnson to Mrs. Thrale, 12 November 1773, in Letters to and from the Late Samuel Johnson, LL.D. To Which Are Added, Some Poems Never Before Printed, 2 vols. (Dublin, 1788), vol. 1, 144; Johnson to James Boswell, 27 October 1779, in The Life of Samuel Johnson, LL.D, by Boswell, 2 vols. (London, 1791), vol. 2, 308. Johnson claimed that he himself had been “mad all my life, at least not sober.” Quoted by Roy Porter, Mind-Forg’d Manacles: A History of Madness in England from the Restoration to the Regency (New York: Penguin Books, 1987), 59. In a long letter to Deane Swift, Lord Orrery suggested that Swift’s late-life decline was due in part to his bachelorhood: “Men in years ought always to secure a friend to take care of declining life, and watch narrowly, as they fall, the last minute particles of the hour glass. A bachelor will seldom find, among all his kindred, so true a nurse, so faithful a friend, so disinterested a companion, as one tied to him by the double chain of duty and affection.” 4 December 1742, in Corr, vol. 5, 209.


misanthropy were themselves ways of objectifying and containing his disorders. These representations were also acts of social engagement and reaffirmation.

David Turner has written that disabled men in the eighteenth century worried that their disorders “made them excessively reliant on servants, or transformed them from a position of masterly command to infantile dependence.” The prospect of dependency was especially difficult for a man of power and influence because “it might make [him] reliant on his social inferiors, or unable to exercise his ability to command them.”58 Swift could grumble, with delighted irritation, about friends from the upper orders who stopped by the deanery to wish him well in his illnesses, “I am vexed whenever I hear a knocking at the door, especially the raps of quality.”59 But he complained more often that his illnesses confined him to the company and ministrations of domestics. He wrote to Alexander Pope in February 1728-29, “I see no creature but my servants and my old Presbyterian house-keeper, denying myself to every body till I shall recover my ears.”60 In “denying” himself to those solicitous well-to-do friends, Swift tried, at least narratively, to exert authority and influence. The next chapter argues that Swift found opportunities to reimagine himself socially, as a man of power and influence. Bewailing here his confinement to the deanery in his fits of giddiness and deafness, however, the prickly champion of liberties who always hated “tyranny and oppression” had to cede authority


over his own body to the physical “oppressions [that] torture me” and social influence and power to his domestics.\(^61\) Especially in his final years we hear of Swift’s pitiable dependence upon Mrs. Whiteway and other protective friends and servants.\(^62\)

Turner writes that because the domestic space was considered “feminine,” men who were immobilized and confined to the bedchamber by disability often felt emasculated.\(^63\) During some attacks of giddiness and deafness, Swift himself felt this emasculation and feminization; during others, he felt desexualized all together. Illness disordered his sexual identity as it did his body and mind.

Physical vigor was for Swift masculine identity. In his zealous recommendations that his sickly male friends like Pope and John Gay exercise, he scolded them for their sedentary habits: “Your Illness is the Effect of too little Exercise. I fence against the same Distemper you complain of, by perpetually walking when the Weathr will permit me.”\(^64\) But in boasting of his own athletic prowess, there are often subtle digs at their diminished masculinity. To the invalid Pope he wrote, “The misfortune I most lament is your not being able by exercise to battle with your disorders, as I do by riding and walking.”\(^65\) He later remarked that “you and I are valetudinarians of a direct contrary

\(^{61}\) Swift to Francis Grant, 23 March 1733-34, in Corr, vol. 4, 229; Swift to Alexander Pope, 3 September 1735, in Corr, vol. 4, 385.

\(^{62}\) After Swift slipped into senility in 1742, Deane Swift wrote to Lord Orrery, “His old Friend Mrs Ridgeway still continues in his House, is very faithful to her Trust, and treats the Dean with great Care and Tenderness. His Butler is kept to attend him constantly, and his Butler’s Mother [Mrs. Barnard] is his Nurse-keeper. Their Wages are high, and it is their Interest to preserve him. The Dean is always clean and decent, as if twenty People were employed about him.” 17 December 1742, in Woolley, vol. 4, 667.

\(^{63}\) Turner, 110.

\(^{64}\) Swift to Anne Long, 18 December 1711, in Corr, vol. 1, 277.

kind. I am almost every second day on horseback for about a dozen Miles.”⁶⁶ If Pope “hath always loved a domestick life from his youth,” Swift’s friend Gay, given to corpulence, is subject to “a rooted Lazyness”:

A coach and Six horses is the utmost exercise you can bear, and this onely when you can fill it with Such company as is best Suited to your tast, and how glad would you be if it could waft you in the air to avoyd jolting; while I who am So much later in life can or at least could ride 500 miles on a trotting horse.”⁶⁷

Swift also accused Oxford’s son Harley of “Lazyness” and says of his own chronic giddiness, “I oppose it by constant riding and walking, where I wish you would follow my example.”⁶⁸ Couched in the recommendations to exercise for health is a display of Swift’s own masculine vigor and movement—and a feminizing of his friends, confined to their lazy, sedentary domestic lives.

But Swift himself felt emasculated in his illness. On more than one occasion, he represented himself feminized in his episodes of sickness. “I am forced to entertain you like an old Woman with my Aylments,” he wrote to Ford in 1719.⁶⁹ Elsewhere, he represented himself both feminized and socially diminished when he likened himself to a maidservant who might cry out for attention, “Oh, I’m very sick, if any body car’d for it!”⁷⁰ Perhaps most explicitly, however, Swift shows himself feminized in illness in poems to Stella. In the longish “To Stella, Visiting Me in My Sickness,” he bewails his sufferings

---

“in unmanly Strains.” Stella in turn assumes masculine virtues, “a manly Soul”
“molded…with Female Clay.” And while the man of great motion and vigor languishes helplessly on his “sickly Couch,” she takes heroic initiative, even tasting “each nauseous Draught” on his behalf.\footnote{71}{Swift, “To Stella, Visiting Me in My Sickness,” lines 88-113, in Poems, vol. 2, 726-27. For Swift’s representations of Stella’s masculine virtues, see Nora Crow Jaffe, The Poet Swift (Hanover: University Press of New England, 1977), 89-90.} There is also manly resolve in Stella’s Stoicism. We remember that during the shingles episode, Swift represented himself to his superior Archbishop King in the masculine, heroic discourse of uncomplaining suffering. In one of Swift’s birthday poems to Stella, however, it is she who suffers without complaint while he lets loose his passions:

And, when indecently I rave,  
When out my brutish passions break,  
With gall in ev’ry word I speak,  
She, with soft speech, my anguish chears,  
Or melts my passions down with tears:  
Although ‘tis easy to descry  
She wants assistance more than I;  
She seems to feel my pains alone,  
And is a Stoic in her own.\footnote{72}{Swift, “To Stella…Written on the Day of Her Birth, But Not on the Subject, When I Was Sick in Bed,” lines 10-18, in Poems, vol. 2, 754.}

In the same poem, Swift apologizes for the very ingratitude that he despised so much in others: “Ungrateful,” he deems himself, “since to her I owe/That I these pains can undergo.”\footnote{73}{Ibid., lines 7-8.} If this is a poem of contrition, it is also ironic self-representation: In his illnesses, Swift is emasculate, passive, impotent.
Elsewhere Swift represented himself desexualized entirely. Ever self-observant, he had vowed even as a younger man that he would never “boast of my former beauty, or strength, or favour with Ladyes, &c.” when he came to be old. But in ways that have provoked much biographical and critical debate, he courted always the attentions of admiring younger women—Stella, Vanessa, Lætitia Pilkington. In his age and illness, he grieved the loss of these attentions. “I have observed among my own sex, and particularly in myself, that those of us who grow most insignificant expect most civility,” he wrote to Mary Pendarves in his sixty-eighth year. “I am grown sickly, weak, lean, forgetful, peevish, spiritless, and for those very reasons expect that you, who have nothing to do but to be happy, should be entertaining me with your letters and civilities.” At the same time he wrote to Pope, “My state of health is not to boast of; my giddiness is more or less constant….What vexes me most is, that my female friends…have now forsaken me.” On the prospect of visiting England ten years earlier he had promised that he would “venture all” and risk the trip if Pope could get him “two or three Harridan Ladys that will be content to nurse and talk loud to me while I am deaf.” Desexualized in illness, he had resigned the flatteries of the younger ladies to the ministrations of shrill and bossy old women. The next chapter argues that Swift found opportunities in illness for reimagining his sexuality. Here, however, the man who

prided himself on his masculine vigor and would be seen as a man of influence and power is sexless, neglected, inconsequential.

Faced with the difficulties of expressing the subjectivities of illness, this chapter argues, Swift told instead the story of his social experiences. And so the “personal” and social are inseparable from each other. In speaking of his “identity,” we find the same confusions of personal and social selves and expression. As Swift represented himself, especially in his illnesses, his personal and social identities were nearly indistinguishable. Part of the problem, of course, is that his personal identity is always mediated by social discourses. We can know the man as he “was” only through such self-representational and socially performative modes as correspondence, the autobiographical verses, and, inferentially, imaginative works like *Gulliver’s Travels*. Determining Swift’s identity is complicated further because it is removed yet again from his experiences by his characteristic “vexing” of his readers and his ironic self-representations. As I show below, biographers and critics have ascribed the self-concealment and “defensive indirection” of which Claude Rawson speaks to Swift’s “divided self,” for which they offer various psychological, ideological, intellectual, and aesthetic explanations. Without excepting any such explanations, I argue that we also consider the disorders of his humoral body in the discussion of his identity. Because Swift’s health mediated this identity, the disordering of his fluid body made that identity all the more indeterminate and helps us understand perhaps why Swift could never write a sustained and coherent autobiography.
Laæitia Pilkington lamented of Swift, “It is a very great Loss to the World, that this admirable Gentleman never could be prevailed on to give us the Particulars of his own Life.” Of course, autobiography is everywhere, in his comic apologias like Verses on the Death, in those poems in which he imagines himself as he must appear to others, and in grimmer verses like “In Sickness” and “On His Own Deafness.” But his indirections and comic deflections in these self-representations frustrate any attempt to construct “the Particulars of his own Life.” His single surviving attempt to write the story of his own life, found in manuscript after his death, is a disjointed fragment titled “Family of Swift.” This autobiographical fragment is one of the few sources for Swift’s own explanation of his chronic illnesses; more so, it documents a disordered identity that was correlative to a disordered body.

Pilkington attributed Swift’s failure to write an autobiography to his fear that his enemies would “throw the blackest Aspersions” upon his life and memory. And while Swift himself readily parodied and scorned the behavior and manners of others, he would not easily suffer the mockery of others, even, if we are to follow Pilkington, after his death. But his profound self-skepticism seems also to have thwarted any attempts

78. Pilkington, vol. 1, 43.

79. Ibid. Complaining of the rapacious bookseller Edmund Curll’s practice of publishing sensationalized, often invented lives of famous persons immediately after they had died, Arbuthnot quipped that biography “is one of the new terrors of Death.” John Arbuthnot to Swift, 13 January 1732-33, in Corr, vol. 4, 101.

80. Pilkington reported on Swift’s rage when he himself was mimicked. As an entertainment, the Dean and his friends decided to hold an annual dinner in which the servants would impersonate their masters and the masters wait on their servants:

The first Time they put this Scheme in Practice, was at the Deanery House. When all the Servants were seated, and every Gentleman placed behind his own Man, the Dean’s Servant took an Opportunity of finding Fault with some Meat that was not done to his Taste, and taking it
to write a full-fledged autobiography. In a memorandum written while he still in his early thirties, Swift vowed “[n]ot to talk much, nor of my self” “When I come to be old.” 81 And his failure to write the story of his own life may have come, in part, from what he saw as the vanity and folly of talking about oneself. Notoriously, when Swift did tell stories about his own life, he often told different versions in different company. 82 This tendency to tell the same story differently may have been elaborate mythmaking about his past. As his biographer Leo Damrosch remarks, Swift “liked to be mysterious toward everyone.” 83 The different versions of his own story may have simply been playful teasings of his audiences, which left his friends and earliest biographers both amused and befuddled. Lord Orrery called him “my hieroglyphic friend”; Deane Swift said that his cousin’s character was “so exceedingly strange, various, and perplexed, that I am afraid it can never be drawn up with any degree of accuracy.” 84 But this making and remaking of himself suggests also that identity itself was for Swift performative, at times improvisational and, like his humoral body, fluid. And it explains not only his gifts of

up in his Hand, he threw it in his Master’s Face, and mimick’d him in every other Foible which he had ever discover’d in him.

At this the Dean flew in a violent Rage, beat the Fellow, and put every Thing into such Disorder, that the Servants affrighted, fled the Room.

“There,” says Pilkington, “ended the Feast of Saturnalia” (vol. 3, 56). Verses written in umbrage at the slights and attacks of others upon him suggest that he could be remarkably thin-skinned.


82. As but one example is the story of his wet nurse’s “abduction” of him when he was a year old. He told at least four different versions of this tale, some of them dramatically different. See Paul William Child, “Swift’s ‘Carefull’ Nurse and Sick Relations,” in From Enlightenment to Rebellion: Essays in Honor of Christopher Fox, ed. James Buickerood (Lewisburg: Bucknell University Press, 2018), 133-49.

83. Damrosch, 2.

84. Orrery, 134; Deane Swift, 359.
impersonation but also the vexations and instabilities of his narratives, which often shift in point of view or work by rhetorical indirection and double-speak. As we shall see in the next chapter, the constructions and reconstructions of self also figure importantly in the discussion of how Swift imagined and represented himself socially in the “sick role.”

Because of Swift’s scattered and often contradictory self-representations, in both correspondence and imaginative writings, his social, political, and national identities have been much contested by biographers and critics who talk of his “divided self”: Was he Englishman or Irishman? Tory or Whig? Pious? Irreligious? Staunch maintainer of political orthodoxy and hegemony on the one hand or ardent champion of individual conscience and civil disobedience on the other? To some, he is “Anglo-Irish,” the self-contradictions explained by the “existential dilemma” that came with displacement.\(^\text{85}\) He was, say others, “a Whig in politics and Tory in religion.”\(^\text{86}\) One dubbed him a “skeptical fideist.”\(^\text{87}\) George Orwell called him famously a “Tory anarchist.”\(^\text{88}\) And his earliest biographer Orrery, for all of his complaints about Swift’s misspent genius, declared simple that Swift was sui generis:


\(^{86}\) Christopher Fox, introduction to *The Cambridge Companion to Jonathan Swift* (Cambridge: Cambridge University Press, 2003), 36.


\(^{88}\) Orwell wrote, “We are right to think of Swift as a rebel and iconoclast, but except in certain secondary matters, such as his insistence that women should receive the same education as men, he cannot be labelled ‘Left.’ He is a Tory anarchist, despising authority while disbelieving in liberty, and preserving the aristocratic outlook while seeing clearly that the existing aristocracy is degenerate and contemptible.” “Politics vs. Literature: An Examination of *Gulliver’s Travels*,” in *The Collected Essays, Journalism, and Letters of George Orwell*, ed. Sonia Orwell and Ian Angus, 4 vols. (New York: Harcourt, Brace & World, 1968), vol. 4, 209.
I am pursuing the Dean through the mazy turnings of his character. But they will easily be reconciled, when you consider that, of all mankind, Swift perhaps had the greatest contrasts in his temper. He was neither Whig nor Tory, Jacobite nor Republican. He was **DOCTOR SWIFT**.89

Rather than try to resolve the contradictions, Orrery would see them as a singularity of character.

In trying to explain Swift’s “divided self,” more recent readers like Michael McKeon and Seamus Deane ascribe the perplexing contraries in the man and his works to his “omnivorous skepticism.” At the same time that he worried that order in the world was crumbling, he could not allow any ideology, myth, social position, or intellectual attitude to stand unchallenged, even his own.90 We might say also that the anguished “double vision” that was functionary of that skepticism made an unforgiving, hyper-aware self-observer, always imagining himself as others would see him, checking, filtering, often subverting his self-representations ironically. There are also the simpler facts of his birth and social class: His father dead before he was born, he was a man of uncertain birth, class, and nationality, who was never rewarded with the preferment or title that he seems to have believed would fix his social identity. (And, we should never forget, Swift also craved the financial security that would come with this elevation.) His skepticism about all things, his merciless self-observations, his social insecurities, all may explain Swift’s temperamental disinclination toward autobiography: They would not allow him, finally, to fix the story of his life.

89. Orrery, 248.

Without challenging any of these assumptions about Swift’s “divided self,” as defined by religion, politics, social class, nation, and modes of thinking, I ask that in this question of identity we also consider the indeterminacy of his very body. Like all humoral bodies, Swift’s was ever unstable and fluid in the processes of unmaking and remaking. The unpredictable, disorienting, and sometimes terrifying fits of giddiness, deafness, and tinnitus made his all the more unstable. “I am in a middling Way, between Healthy and Sick,” he wrote to Sheridan in 1728, “hardly ever without a little Giddiness or Deafness, and sometimes both; So much for that.”91 Caught between health and sickness, balance and imbalance, order and disorder, Swift’s body and social identity were indeterminate. At times he was the entertaining conversationalist and social performer; at times, he was friendless and alone, isolated and immobilized socially by what became “almost a perpetuall Deafness and Giddiness.”92 He was the Drapier, the champion of Irish liberties whose birthday was celebrated by the citizens of Dublin with bonfires; he was the man forgotten, “[d]eaf, giddy, helpless, left alone” and languishing “obscurely” in Ireland.”93 And the “settlement of [his] health” never realized, so, too, his identity was unfixed and uncertain.94

Here we return to the autobiographical fragment in which Swift set out to write his own life. Most biographers agree that he composed this piece sometime between 1727


93. “On His Own Deafness,” line 1, in Poems, vol. 2, 673; “In Sickness: Written Soon after the Author’s Coming to Live in Ireland, upon the Queen’s Death, October 1714,” line 3, in Poems, vol. 1, 203.

and 1729, when he was about sixty. An “Exile” in Ireland, beset by his chronic illnesses, most of his brilliant imaginative work behind him, his beloved Stella recently dead or dying (without a firmer date we cannot know), Swift found his world disordered. At this climacteric, he designed, it seems, to establish a personal identity by writing the story of his life. Beginning ab ovo, he spends most of the narrative reconstructing a family history in which to situate himself. Not until the thirteenth of barely twenty autograph pages does Swift finally announce his own birth in Dublin, posthumously to his father. But conjunctively in the same sentence he tells a tale of having been abducted by his wet nurse, who spirited him away to England, where, according to his story, she raised him for three years before returning him to his mother and uncle in Dublin. Coming as it does after he has worked hard to establish his identity in a family, this tale disrupts and makes uncertain the very identity that Swift seems intent upon establishing in the fragment. A page or so later, he abruptly and bitterly ends the narrative in his thirtieth year, when he was passed over for the Deanery of Derry because another candidate had bribed his way into the position.

For any attempt to establish an identity, the fragment shows the indeterminacies and disorders of that identity. Swift talks of family stories passed down from son to son,

---


some of which are remembered, others forgotten. And although he would objectify himself by telling the story of his own birth and progress “in the character of a third person,” he slips occasionally into the first person as archival researcher processing his materials: Of one great family member Swift says, “I am ignorant whether he left heirs or no”; of a document that would be useful to his account he says, “I never could get a Copy, and I suppose it would now be of little use.” And the manuscript itself is littered with erasures, emendations, smudgings-out, and marginal corrections. All of these shifts and ruptures and second-guessings throw into question the reliability of the document. We should not, as Denis Johnston warned, rely upon the fragment for biographical facts. Nonetheless, it is valuable as it documents a history and an identity in process, unstable and fluid, like Swift’s very body. The piece, in fact, seems to support his own conviction that his disordered writing was the idiom of his disordered body.

97. Deane Swift, 7n.
Chapter 7
Swift in the Sick Role

In 1951, the medical sociologist Talcott Parsons argued that in the modern clinical encounter, a patient submits to both the physician and the authority of “medicine,” accepting the doctor’s diagnosis and the expectations that come along with that diagnosis. That is, the patient plays the “sick role,” behaving as a patient, following the doctors’ orders, and taking measures to get better. At the same time, in this sick role the person has certain rights and exemptions—“sanctioned deviance”—because she or he is unable to perform expected daily duties or contribute meaningfully during the illness. So the sick person might get a “free pass” from work or school or social obligations.¹ Of course, not everyone follows the doctor’s orders or even consults a physician in times of sickness. But for those who do, there are implicit social contracts established and mediated by the authority of the doctor and the clinic.

As we saw in our discussion of the different medical resources and epistemologies competing with one another in Swift’s day, physicians and a medical “establishment” had only passing authority. Swift might invoke his doctors’ orders to claim exemptions from social obligations. “I should have waited on Your Grace.” he wrote to the Duke of Dorset in 1735, “if I had not been prevented by the return of an old disorder in my Head, for which I have been forced to confine myself to the Precepts of

my Physicians.” But even without the doctors, he routinely played the sick role to avoid social obligations and entrapments, and he sometimes reacted testily when others did not honor his claims to sick exemptions pro forma. He also claimed sickness as excuse for the venom of his satires. And he pleaded illness for what he saw as his disordered writing.

In pleading exemptions and excuses in his illnesses, Swift played the sick role in a typical way. However, his social identity fluid, like his humoral body, he found singular opportunities for imagining and reimagining himself socially in his disorders. Confined and isolated in his illnesses, he found community with “fellow-sufferers” in “sick talk”; in sick talk with the well-to-do, he imagined social elevation. Dependent upon servants in his helplessness, he imagined the privilege and ascendancy that he did not have by birth and that had not, at least by his own reckoning, been awarded to him for his abilities and merit. Emasculated by his disabilities, he reimagined himself young, athletic, sexual. If all these imaginings in the sick role were yet further ways for Swift to impose order upon disorder, they were also ways to write his identity. Sickness made him exceptional.

Swift understood the expectations of the sick role, and when his friends and correspondents were ill, he wrote solicitously to them. “God Almighty bless poor dear Ppt, and her eyes and head,” he cried to Stella. “What shall we do to cure them, poor, dear life?” “God Almighty be praised that your disorders lessen, it encreases my hopes

mightily that they will go off." “Pray Gd mend pooppts Health.”³ Swift worried about his other sick friends, too. “Madam, I am extremely concerned at the account you give of your health,” he wrote to Jane Waring in one of his earliest surviving letters.⁴ “Pray put me out of ear as soon as you can, about that ugly report of your illness,” he begged Pope many years later.⁵ His worries about the health of these and other friends—Oxford, Bolingbroke, Arbuthnot, John Gay—are among the most persistent themes in his letters. Swift not only enquired personally of them but also presented them sympathetically to others: “My poor Friend Arbuthnot I heartily pity, and would purchase his Health with the half of my Kingdom,” he wrote to Charles Ford in the early 1720s.⁶ A decade later, he lamented that “Mrs Barber…hath been afflicted with so many repetitions of the gout, that her limbs are much weakned, and Spirits sunk….Neither could she be in much disposition to increase her volume [of verse]; for health and good humor are two ingredients absolutely necessary in the poetical trade.”⁷ While there is nothing to suggest insincerity in Swift’s concerns about his friends’ health, they were expectations that came with the sick role.

³. 21 October 1710, in JS, 44; 8 January 1711-12, in JS, 363; 5 February 1712-13, in JS, 493.

⁴. Swift to Jane Waring, 4 May 1700, in Corr, vol. 1, 32. Swift met Waring, memorialized as “Varina” in his letters, when he was a prebend in Kilroot in Northern Ireland, in 1695-96. He returned to Sir William Temple’s employ not long after she disappointed his hopes for marriage. David Nokes writes that Swift’s Latinizing of Waring’s name fit into a pattern of his romantic relations: Varina, Stella, and Vanessa. “The device was a common enough feature of the amatory lyrics of the time,” says Nokes, “but in Swift’s case his habit of renaming these fatherless girls is a distancing process that both elevates them to mock divinities and reduces them to pets. At all events, it stops him from having to confront them as women.” Jonathan Swift, a Hypocrite Reversed: A Critical Biography (New York: Oxford University Press, 1985), 31.


Throughout the many years of letters, Swift’s correspondents in turn worried about his health: “I hear you were ill, and am heartily concerned for it,” wrote Archbishop King in 1712. “I can only give you the assistance of my prayers, which I assure you I do with constancy.”8 “I have been under an unspeakable concern at an account I lately saw from Ireland of a return of your old disorders of giddiness and deafness,” wrote another acquaintance years later.9 The language that his friends used in expressing these concerns and sympathies is the same, again and again: “I was very much concerned to hear that you were so much out of order.”10 “I am extreamly concerned to hear the bad state of your health.”11 In some few cases, the language of sensibility crept in. “Your letter would have given me the greatest pleasure of any thing I have met with,” wrote Katharine Richardson, “had it not been for the complaints you make of your health, which give me a most sensible concern, as they ought to do everybody that has any regard for this kingdom.”12 Even then, Swift knew too well that sick talk, too, was prescribed and mediated by social forms:

When you are Sick, your Friends, you say,  
Will send their Howd’ye’s ev’ry day:  
Alas! that gives you small relief——!  
They send for Manners——; not for Grief——!13

The sick role enforced an implicit social contract; for Swift, it was yet another way of imposing order on disorder.

If some friends found out second-hand about his illnesses, most heard the news from Swift himself. “I am very much concerned at the account you gave me of your health,” fretted Lord Howth in 1735. And having received a letter from Swift after a lapse in correspondence, Ford wrote, “The pleasure I had in not being quite forgot, was soon abated by what you say of your ill health….Your giddiness and deafness give me the utmost concern.” This self-reporting of his illnesses brings up problems of defining illness—what for Swift was sickness—and, more significantly, of self-representation. “I am very much concerned at the disorder you complain of,” wrote Mary Pendarves. “I hope you submit to take proper care of yourself; and that the next account I have of your health will be more to my satisfaction.” While there is no suggestion that Pendarves doubts Swift’s “account” of his illnesses, there is an important subtext here: The “reality” of his illnesses is indistinguishable from his representations of himself sick. This blurring of illness and self-representation raises possibilities for “performing” illness. Knowing what is expected socially of the sick person—and what the sick person can expect of others—one might play the sick role for advantage.

16. Mary Pendarves to Swift, 24 October 1733, in Corr, vol. 4, 199. There are significant gaps in Swift’s correspondence with Pendarves (later wife to his friend and biographer Delany) because some of his letters to her were destroyed before she died (Corr, vol. 4, 179n3). We have neither the earlier complaint about which she speaks here nor any other letters to her until October 7, 1734.
David Womersley says that “[s]ocial entrapment [was] one of the forms of vulnerable immobility which preoccupied Swift in his later years.”¹⁷ We can understand this entrapment in two ways: For one, Swift chafed at the constraining, artificial social forms of his day—the prescriptive “manners” that he knew all too well, parodying them in works like *Polite Conversation* and vexing social expectations with what many of his contemporaries and biographers saw as eccentric behaviors. These manners, however, were the very forms that enforced social order in the world and the due respect that Swift thought was owed him.

Social entrapment can also mean, more basically, social obligations, the expectations that Swift appear on schedule in certain places, perform certain duties for others, even respond readily to friends’ letters. Paradoxically, the very giddiness and hearing impairments that “immobilized” Swift, confining him to the Deanery, also allowed him to wriggle free from such entrapments: His body disordered by illness, the sick role exempted him from physical performances; it also exempted him from social obligations and gave him excuse for escape from awkward situations or intractable problems. When his efforts in the summer of 1714 to mend the fatal breach between Oxford and Bolingbroke failed, for example, he fled to the English countryside, writing to Thomas Walls in Dublin, “I have been in the country these 5 weeks, and probably shall return to Toun no more….I sett abundance of People at a Gaze by my going away; but I layd it all on my Health.”¹⁸ That an “abundance of People” might wonder at his sudden


¹⁸. Swift to Thomas Walls, 3 July 1714, in Corr, vol. 2, 49. After the collapse of the Tory ministry, Anne’s death, and the accession of the Whigs under the new Hanoverian regime in the same year,
departure during this crisis certainly gratified his sense of celebrity; at the same time, sickness allowed him an excuse for having failed to reconcile his two Tory friends. Swift’s deafness and giddiness were mutually cause and explanation for his withdrawal from society.

Swift also routinely used the sick role to excuse himself from visits and other obligations. He asked that Thomas Wallis, Dean of Derry, serve as proxy for a diocesan visitation from John Evans, the Bishop of Meath because “my health will not suffer it.” Swift and Evans mutually disliked each other. But Swift also pleaded sickness to excuse himself from visiting those he got along with. “If I had not still continued (as I have been for three months) confined by deafness and giddiness,” he wrote to Eaton Stannard, a lawyer friend, “I would have waited on you with my acknowledgements for your favour and goodness” And to John Hoadly, William King’s successor as Archbishop of

Oxford and Bolingbroke faced prosecution for alleged Jacobitism. Bolingbroke fled to France, where he remained until he was pardoned in 1723 and returned to England; Oxford was imprisoned in the Tower of London for two years until he was acquitted by the House of Lords and released in 1717. In 1721, Matthew Prior, himself under custody between 1715 and 1717, wrote to Swift that Oxford has been in the country these two years, very ill in his health, and has not for many months been out of his chamber; yet what you observe of him is to true, that his sickness is all counted for policy, that he will not come up, till the public distractions force somebody or other (whom God knows) who will oblige somebody else to send for him in open triumph, and set him in statu quo prius.

25 April 1721, in Corr, vol. 2, 382. Several years later, on the prospect of Swift’s return to visit his friends in England, Bolingbroke wrote to him,

Remember this solemn Renewal of yr Engagements, Remember that tho’ you are a Dean, you are not great enough to despise the reproach of breaking yr word. yr deafness must not be a hackney excuse to you as it was to Oxford. what matter if you are deaf, what matter if you cannot hear what we say? you are not dumb, & we shall hear you, and that is enough.


Dublin, he pleaded, “I have been a long time, and still continue so perpetually tormented with Deafness and Giddyness, that I am not fit for any Company or Conversation, and this disorder hath made it impossible for me to wait upon your Grace.”

Swift wrote to Knightley Chetwode that during his final visit to England in 1727 he did not “go to Court, except when I was sent for and not always then.” Knowing by this time that he was largely irrelevant in court affairs, anyway, he added, “Besides my illness gave me too good an excuse the last two months.”

But if this is perhaps sighing self-consolation, there were comic possibilities, too. Arbuthnot joked that Swift keep his sickness at the ready to escape social demands: “Your deafness is so necessary a thing, that I almost begin to think it is an affectation.”

The Dean and his circle were well aware of how serviceable the sick role could be.

The sick role scripted the rules for both the patient and those around him. And Swift bristled when others did not grant him exemptions in his illnesses. He opened a letter of 1724 to Ford, “I wonder how You expect that I can write Letters, when I am deaf and have been so these 2 months, and am afraid I shall never recover.”


23. John Arbuthnot to Swift, 17 October 1725, in Corr, vol. 3, 110. Arbuthnot joked that he could cure Swift’s deafness, Pope wrote, “but would not advise you, if you were cured, to quit the pretence of it; because you may by that means hear as much as you will, and answer as little as you please.” Alexander Pope to Swift, 14 September 1725, in Corr, vol. 3, 96. In the allegorical *John Bull Still in His Senses* (1712), Arbuthnot’s character Nicholas Frog (representing Holland) uses various sicknesses as a “shuffling Excuse” to avoid meeting Bull (England) and Lewis Baboon (France) for talk of an “agreement” (the Treaty of Utrecht, proposed to end the War of the Spanish Succession). One of Frog’s excuses, that “he got a great Cold, that had struck him deaf of one Ear,” comically memorializes Swift’s own illness. *John Bull Still in His Senses: Being the Third Part of Law Is a Bottomless-Pit* (London, 1712), 43-44.

24. Swift to Charles Ford, 27 November 1724, in Corr, vol. 3, 41. Between the time of this letter and Swift’s previous one to Ford, in June 1724, no intervening correspondence from Ford survives, so we cannot know what his complaint was or how it was communicated to Swift.
natured scolding of his dear friend, Swift could also respond angrily when his claims of illness were not accepted as a matter of form. He wrote in outrage to Bishop Evans, who had refused to excuse his absence from the annual visitation because of sickness:

I have received an account of your Lordship’s refusing to admit my proxy at your visitation, with several circumstances of personal reflexions on myself, although my proxy attested my want of health; to confirm which, and to lay before you the justice and Christianity of your proceeding, above a hundred persons of quality and distinction can witness, that since Friday the 26th May, I have been tormented with an ague, in as violent a manner as possible, which still continues, and forces me to use another hand in writing to you.25

Swift was inarguably a sick man. And usually we can tell from a pattern of reports over a certain time when he was being truthful in using illness as an excuse from social and professional commitments. But to doubt his word or challenge his claims, as Evans did, was to impugn his integrity. And the embattled Swift would have none of this, even if, we sometimes suspect, he did find the sick role useful in wriggling free of obligations.

Swift might even plead humoral disorder as excuse for the viciousness of his satires. We remember his imagining that some persons will “complain/There’s too much satire in my vein.”26 The line, which Swift used more famously in Verses on the Death, makes peccant humor of his intolerance of a wicked, foolish world. The satiric temperament was itself a sickness. “Drown the World,” he wrote to Pope in 1725, as he was revising Gulliver’s Travels:

I am not content with despising it, but I would anger it if I could with safety. I wish there were an Hospital built for it’s despisers, where one might act with safety and it need not be a large Building, only I would have it well endowed.27

27. Swift to Alexander Pope, 26 November 1725, in Corr, vol. 3, 117. Pope responded,
Given Swift’s claims elsewhere that he wrote from the body, it is difficult to know if he is speaking literally or figuratively in calling the “too much satire in [the] vein” humoral disorder. But the line appears in apologia poems, in which he defends the severity and offensiveness of his attacks on the foolish, wicked world. If satiric temper is foul humor, in the sick role Swift might plead exemption of those who would see him as mad misanthrope—Samuel Johnson, Walter Scott, William Makepeace Thackeray, and those others who complained. Certainly he must be allowed to bleed off the superfluous humor in restoring humoral balance.

When Swift began to plead sickness not only to excuse himself from social and professional obligations but also to explain cognitive failures—the decaying memory and inability to put his thoughts into order that we saw in the previous chapter—there were important implications for his imaginative writing. We usually make a Cartesian separation between mind and body. For Swift, however, the decay of memory and the inability to put his thoughts into order for writing were functions of his chronic illnesses. Even in his mid-forties, Swift had complained of memory loss. In his later years, he used it again and again as excuse. “My memory is so bad, that I cannot tell whether I answered a Letter from you, and another from Lord Boling— that I received in Jan. last,” he sighed to Pope.28 To John Barber, his old friend and past Mayor of London, he


I wish as warmly as you, for the Hospital to lodge the Despisers of the world in, only I fear it would be fill’d wholly like Chelsea with Maim’d Soldiers, and such as had been dis-abled in its Service. And I wou’d rather have those that out of such generous principles as you and I, despise it, Fly in its face, than Retire from it. Not that I have much Anger against the Great, my Spleen is at the little rogues of it.

explained, “To shew my Memory gone, I wrote this Letter a week ago and thought it was
sent till I found it this morning.” The sick role gave Swift excuse for not only his lapsing
memory but also all of the cognitive disorders that confused and disordered his world.

“About a Month ago I received your last Letter, wherein you complain of my long
Silence,” he wrote to Thomas Sheridan in 1737:

I have one Excuse which will serve for all my Friends. I am quite worn out with
Disorders of Mind and Body; a long Fit of Deafness, which still continues, hath
unqualified me for conversing, or thinking, or reading, or hearing; to all this is
added an Apprehension of Giddiness, whereof I have frequently some frightful
Touches.

Conversing, thinking, reading, hearing: Here are all of the rational activities and
performances by which Swift understood and imposed order upon the chaos of human
experience. In the sick role, however, he could find consolation and plead excuse for his
inability to enforce that order

As evidence that Swift’s contemporaries saw his disordered writing as “symptom”
of humoral disorder, we have a letter that Bolingbroke wrote him from exile in France:

I pity you the more, in reading yr letter I feel yr pulse, and I judg of yr distemper
as surely by the figures into which you cast your ink, as the learned Doctor att the
hand & urinal could do, if he por’d over yr water. you are really in a very bad
way.

Bolingbroke is physician here, diagnosing Swift’s illnesses from what he has written. As
we saw in the previous chapter, Swift himself attributed any confusions and nonsense in
his letters to the disorders of body and mind. But if the sick role allowed him some

excuse for this disordered writing, it also allowed, likely inspired, imaginative play. In a letter to Henrietta Howard of 1727, he pleaded sickness as apology for the transpositions and substitutions of letters in his words:

I make nothing of Slily for Ilay, Knights of a Share for Knights of a Shire, Monster for Minister; in writing Speaker I put an n for a p and a hundred such blunders, which cannot be helped, while I have a hundred oceans rolling in my ears, and into which no sense have been poured this fortnight; and therefore if I write nonsense, I can assure you it is genuine, and not borrowed.\(^{32}\)

But the apology is itself proof that we cannot reduce Swift's writings to mere mechanical productions of his disordered body and mind, despite his own claims. His artful “mistaking one thing for another” ingeniously hits at his Whig enemies, the Prime “Monster” Walpole and his sneaky, share-grabbing political cronies: Archibald Campbell, Earl of Islay, who acted “Slily” as Walpole's informant, and Sir Spencer Compton, the “Sneaker” of the House of Commons, who had betrayed his Tory friends by going over to the Whigs.\(^{33}\) This is hardly the nonsense of someone whose mind and writing were addled by his chronic illnesses.

In humoral pathology, in fact, Swift found new imaginative opportunities. There are the brilliant Latino-Anglicus that he exchanged with Sheridan, his ingenious puns, and the coinages of *Gulliver’s Travels*: Lilliputian, Brobdingnag, Yahoo, and Houyhnhnm. All of them create new order from linguistic disorders. In the *Travels*, Swift also played games with size and perspective, shrinking bodies down and blowing them up. In the next chapter, we consider such ways in which he represented the physical.


\(^{33}\) Harold Williams explains these allusions in notes to this letter (Corr, vol. 3, 233n2, 233n3).
and social experiences of illness in his imaginative writing. It is enough to know here that the sick role not only excused what Swift thought were the disorders of his writing. It also licensed his wild imaginative play.

Olivia Weisser contends that sickness was “an important site of self-production in early modern England, a stage for constructing a sense of self.”

In an earlier chapter, we saw how Swift himself invoked both biblical typology, the story of the fall, and family typology, the story of his grandfather, the orchard-thief, to give his personal sufferings meaning beyond themselves. Such typology was yet another means of imposing order on the disorders of his body, a way of making sense of them. But in drawing contours for his experiences as a sick man, it was also the construction of an identity.

To this point we have been considering Swift’s role as typical. He used it to claim exemptions and to explain failures of social performance, including his disordered writing. Swift also found opportunities in the sick role to reimagine himself socially. He forged a sympathetic community with other sick persons. He imaginatively conferred upon himself the social rank that he did not have by birth and had not been able to earn by merit and service. He even reimagined himself sexually, forming intimate relations with women who, like him, were chronically ill. Such were the imaginative opportunities that Swift found in the sick role.

At the same time that he complained of increasing isolation in his progressive disorders, Swift formed an epistolary community with others who were sick. There were,

to begin, those of his own social station, with whom he found some comfort in shared illnesses. As we saw earlier, he often exchanged enquiries about health with his friends—Stella, Pope, Gay—and he had advice for them about diet, exercise, and management of the other non-naturals. He also pointedly identified with sick acquaintances. Of his fellow Scriblerian and clergyman, the poet Thomas Parnell, Swift wrote in the *Journal to Stella*, “[H]is Head is out of order like mine, but more constant, poor boy.”

And after Matthew Prior’s death in 1721, he complained, “I have been for some weeks confined by a deafness and noise in the ears, which disorder my excellent friend [Prior] was subject to.”

Many years later he wrote to Barber and his wife, the poet Mary, “I wish we three valetudinarians were together we should make excellent company.”

Swift shut the gates of this little de facto disability community to any but “fellow-suffers.” “You healthy People cannot judge of the sickly,” he wrote to Charles Ford in 1720. He insisted upon the exclusion in a letter to the same four years later: “You are a Stranger to sickness and not a judge pour nous autres maladifs.”

And as we shall see in a discussion of how he reimagined himself sexually, Swift formed an

35. 6 March 1713, in JS, 508.


38. “I find that you and I are fellow-sufferers almost equally in our healths, although I am more than twenty years older,” Swift wrote to Martha Whiteway late in life. 29 April 1740, in Corr, vol. 5, 183.

even greater intimacy with Stella through shared illness, while pointedly excluding the third-party Dingley, whom he cast as crudely healthier and, as such, socially inferior.

Swift’s fond hope that he spend time with his fellow valetudinarians was one thing in imagination, something different in reality. We saw earlier the unpretty picture of himself sick being treated by Stella, who tended him “like an humble slave” while suffering silently in her own illness. In the verses, he is raving and “brutish,” while Stella is “Stoic in her own.” If the self-representation is apologetically self-ironic, it nevertheless cynically undercuts any congenial ideal of “fellow-feeling” in shared illness. However much the sick role idealized the sympathy that one might expect or extend to others in illness, catering to sick persons is difficult and often thankless. We see this especially in time that Swift spent with his fellow valetudinarian Pope in the spring and summer of 1727.

Swift often commiserated with Pope about sickness and was genuinely concerned about his health. “Pray let me have three lines under any Hand or pothook that will give me a better account of your health; which concerns me more than others,” he implored. And he routinely exchanged medical notes with his younger friend. For his own part, Pope claimed brotherhood through shared infirmity: “The natural imbecility of my body, joyn’d now to this acquired old age of mind, makes me at least as old as you, and we are the fitter to crawl down the hill together; I only desire I may be able to


41. Swift to Alexander Pope, 4 August 1726, in Corr, vol. 3, 149.
keep pace with you.” At the same time that he found kinship in illness, however, Swift seems to have resented the sad reminders of his own mortality and of the grief that must follow: “I am unhappy in Sickly friends,” he wrote to Pope in January 1730-31:

There are my Lord and Lady Bolin[gbroke] the Doctor [Arbuthnot] You, and Mr Gay, are not able to contribute amongst you to make up one Sturdy healthy person. If I were to begin the World, I would never make an acquaintance with a poor or Sickly Man, with whom there might be any danger of contracting a friendship. For I do not yet find that years have begun to harden me.

If shared sickness brought some comfort to Swift, it also brought suffering and loss.

In the summer of 1725, Swift wrote to Pope, as excuse for not having come to visit (by this time for eleven years), “I would have seen you many times if a Cursed Deafness did not Sease me every 2 or 3 Months.” But he “will venture all” if he lives still and if Pope can get him the “two or three Harridan Ladys” who can nurse him and bellow at him in his deafness. Upon this hint, Pope promised that there were women in his household who could accommodate his friend in his ailments: “If you come to us I’ll find you elderly Ladies enough that can halloo, and two that can nurse, and they are too old and feeble to make too much noise; as you will guess when I tell you they are my own mother, and my own nurse.” As part of his own self-representations, Pope often wrote letters even to his intimate friends with an eye toward publication; many are artful

42. Alexander Pope to Swift, 28 November 1729, in Corr, vol. 3, 364. Pope was forty-one at the time of this letter.


45. Alexander Pope to Swift, 14 September 1725, in Corr, vol. 3, 96. Pope’s mother, who lived into her nineties, was by this time quite ill; his old nurse, Mary Beach, died only two months after this letter.
and self-conscious. Here, however, he seems genuinely concerned about Swift’s health. His offer of making accommodation for Swift’s particular disorders is both sympathetic and specific.

After the almost immediate success of *Gulliver Travels* in November 1726, Swift made a final visit to England the following year, no doubt eager to enjoy his newfound celebrity but also hoping one last time for a preferment in the English Church. During this time he stayed with Pope in his villa at Twickenham. Despite the generous hospitality and accommodations, Swift soon tired of his time with the sickly Pope, whose tubercular condition made every movement painful. He himself was suffering from severe fits of both deafness and giddiness and claimed social embarrassment: “I am very uneasy here, because so many of our Acquaintance come to see us, and I cannot be seen.”46 Irvin Ehrenpreis writes, charitably, that “Pope’s hospitality and good nature grew more impressive as the illnesses of the poet, his [own aged and infirm] mother, and their guest kept calling for attention.”47 But Swift confided to Sheridan that he found his friend’s disabilities confining, his willingness to make himself agreeable indebting: “Mr. Pope is too sickly and complaisant; therefore I resolve to go somewhere else.”48 Despite his own disorders, Swift was still a man of great energies, Pope a frail invalid.

---


48. Swift to Thomas Sheridan, 12 August 1727, in Corr, vol. 3, 229. The complaint that Pope is too *complaisant* suggests that Swift found his deference and willingness to please cloying or unnatural. The context here also suggests Pope’s passivity or lethargy.
who had to be laced into a corset for support when he stood up.49 “[Y]ou and I are
valetudinarians of a direct contrary kind,” he later wrote to his friend.50 He left Pope after
four months, apparently with little warning, and went to his cousin Patty Rolt (Lancelot):
“I will leave this Place, and remove to Greenwich, or somewhere near London, and take
my Cousin Lancelot to be my Nurse.”51 Having given Pope “Pretence of some very
unavoidable Occasions,” Swift left for London on the last day of August.52 By the end of
September he was on his way back to Ireland.

Pope was hurt. After Swift’s return to Dublin in October, he lamented, “Would to
God I could ease any of [“your complaints”], or have been able even to have alleviated
any! I found I was not, and truly it grieved me. I was sorry to find you could think your
self easier in any house than in mine.” He added that if he lived long enough “to visit
[Swift] in Ireland, and act there as much in my own way as you did here in yours. I will
not leave your roof, if I am ill.”53 Swift responded shortly thereafter, “I find it more
convenient to be sick here, without the vexation of making my friends uneasy.” But he
added that Pope’s own illnesses made it difficult for him to care for a guest’s as well:

But it hath pleased God that you are not in a state of health, to be mortified with
the care and sickness of a friend: Two sick friends never did well together; such
an office is fitter for servants and humble companions, to whom it is wholly
indifferent whether we give them trouble or no.54

49. Damrosch, 389.


52. Alexander Pope to Thomas Sheridan, 6 September 1727, The Correspondence of Alexander
Pope, vol. 2, 445. In the same letter to Sheridan, Pope claims that he visits Swift in London “as often as
he will let me” (ibid.). There is no record of his having done so in fact.


If sympathetic connections with fellow valetudinarians were comforting in the abstract, they were tiresome and demoralizing in reality. Nevertheless, in a world increasingly narrowed by his disabilities, Swift could find community with fellow sick persons, however imagined. For Swift, however, the sick role allowed even greater imaginings: Ever insecure in his social position, in his illnesses he could confer upon himself the rank and recognition that he had always hungered for.

As historians like Roy Porter have shown, the traditional “three-class model” of a rigid social hierarchy—upper, middle, and lower orders—does not hold up against the facts on the ground. There was much social fluidity, at least among individuals, especially at the class margins. Younger sons of peers went into business while the daughters of wealthy merchants married into titles. Even the enterprising sons of drapers, farmers, and coal miners might, in extraordinary cases, rise to rank in the Church or military or accumulate wealth in business. Such, thought those like Swift himself, were the rewards for exceptional merit and industry. He himself acknowledged, perhaps comically, his own aspirations to social elevation, writing to Bolingbroke and Pope, “[A]ll my endeavours from a boy to distinguish my self, were only for want of a great Title and Fortune, that I might be used like a Lord by those who have an opinion of my parts.” Characteristically, he undercuts his own desired ascendancy by reducing social rank to image and performance. Then, unconvincingly, he consoles himself that

“the reputation of wit or great learning does the office of a blue riband, or of a coach and six horses.”

We hear the voice of a man hurt by neglect and the feeling that his services and talents had gone unrewarded.

For Swift, wit and learning were themselves the currency by which he hoped to purchase social ascendancy. He wrote tellingly to Bolingbroke in 1729,

My Birth although from a Family not undistinguished in its time is many degrees inferior to Yours, all my pretensions from Persons and parts infinitely so; I a Younger Son of younger Sons, You born to a great Fortune....[B]ecause I cannot be a great Lord, I would acquire what is a kind of Subsidium, I would endeavour that my betters shall seek me by the merit of something distinguishable instead of my seeking them.

At the same time that he would rise by his own merits and agency, he knew too well that he was dependent upon the recognition and rewards of those in power. He was ever disappointed in them. The positions of those grateful friends like Oxford and Bolingbroke were themselves too precarious to do him lasting good. Other men of influence, even Temple, were too often neglectful, forgetful, or capricious. In a later-life letter to Pope, Swift sighed of his celebrity as Irish patriot,

My popularity that you mention is wholly confined to the common People who are more constant than those we miscal their betters. I walk the streets, and so do my lower friends, from whom and from whom alone, I have a thousand hats and blessings upon old scores, which those we call the gentry have forgot. But I have not the love, or hardly the civility of any one man in power or station.

Here are both the drawing of class lines and the rankling of a disappointed man who always kept score of those “grateful” and “ungrateful.”


Even though his deafness and giddiness encumbered his clerical duties, social interactions, and writing, Swift himself never imputed the failure of his ambitions directly to his chronic disorders. We never hear, for example, nor does he suggest, that he was passed over for a preferment in England because he would have been a bad health risk. Swift does, however, represent his confinement and isolation during illness as objective corollaries to the neglect and obscurity of his life in Ireland. Ruing his banishment to “this enslaved Country to which I am condemned during Existence, (for I cannot call it Life),” he wrote in the same breath that deafness “hath confined me to my Deanery-House and Garden” and made a “Speculative Monk” of him. 59 “I have been this month so ill in a giddy head, and so very deaf, that I am not fit for human Conversation…and most of my Friends with very great Justice have forsaken me.” 60 Confinement to the deanery during episodes of giddiness and deafness was spatial counterpart to his “Exile and Oblivion” in Ireland. 61 “I am now good for nothing,” he wrote to Oxford’s son Harley, “very deaf, very old and very much out of favour with those in Power. My dear Lord; I have a thousand things to say, but I can remember none of them.” 62 The neglect and forgetfulness of his friends in his illnesses—which more imagined than real—were sadly emblematic of the abandonment and ingratitude of powerful men.

At the same time that illness disabled and confined Swift, however, it gave him opportunities to imagine his own social ascendancy. In the sick role, he could claim not only sympathy and exemptions but also privilege and rank. With them, imaginatively, he could imagine a stable social identity.

In the blurring and permeability of social boundaries that came with illness, Swift made pointed connections between himself and the well-to-do. “I met Sir George Beaumont in the Pall-mall,” he reported to Stella and Dingley. “I was telling him of my head; he said he had been ill of the same disorder, and by all means forbid me bohea tea; which he said always gave it him.”63 He clucked at well-heeled friends like Bolingbroke and Sir Andrew Fountaine for their immoderate habits. And he scolded Lord Orrery, “[Y]ou are neither fitted in body or Mind…for such a way of living.”64 In sick talk, his betters were his familiars, illness a mode of imaginative ascendancy. He wrote to Stella and Dingley, “Lady Kerry is just as I am, only a great deal worse…and we conn ailments, which makes us very fond of each other.”65 He imagined that Stella had her own sick talk with her own circle of friends: “Han’t I seen you conning ailments with Joe’s wife, and some others, sirrah?”66 “Joe’s wife” was the spouse of Joseph Beaumont, an Irish linen-draper. Stella might have held sick court with tradespeople and “some others,” presumably from the lower orders. But in his illnesses, Swift stood with

63. 7 May 1711, in JS, 202.
65. 13 February 1710-11, in JS, 142. To “conn” is to study or learn (OED, s.v. “conn”). There is also the sense of considering thoroughly, in comparison to something else.
66. 1 February 1710-11, in JS, 132.
the most important people in England. After writing to the ladies in October 1712 that he was “deep in Pills with Assa fetida, and a Steel bitter drink,” he reported his “Head much better than it was”: “The Qu, L[d] Treas[r] [Oxford], Ldy Masham and I were all ill togeth[e]r; but are now all better.”67 The queen, her favorite Abigail Masham (who herself had begun in common circumstances), Oxford—and Swift, as he imagined himself through illness—were the power-brokers of the nation.

Swift was particularly aware of the kinship he had in illness with Oxford, the political figure he admired most. “Did I ever tell you that lord treasurer hears ill with the left ear, just as I do?” he asked the ladies. “[H]e always turns the right; and his servants whisper him at that only.”68 Not long after Oxford’s death in 1724, Swift wrote to his son, “I have the Honor to be afflicted with the same Disease with Your Lordships Father, frequent Fits of Deafness.”69 Swift found a form of intimacy with Oxford in their shared disorder. But this repositioning through illness was not merely imagined social ascendancy. Swift knew well that sickness could serve his interests. In reporting to Stella and Dingley about the impaired hearing that he shared with Oxford, he added, “I dare not tell him, that I am so too, for fear he should think I counterfeited, to make my court.”70 And as we shall see, at the same time that he was commiserating with

67. 9 October 1712, in JS, 448. At another time he wrote of a lingering cold that “is not yet off,” “[D]id I tell y: that I believe it is Ldy Masham’s hot room that gives it me; I never knew such a Stove; and in my Conscience, I believe, both my Ld [Masham] & she; my Ld Treasr, Mr Secrty & my self, have all suffered by it.” 25 February 1711-12, in JS, 396. Henry St. John (“Mr Secrty”) had not yet been elevated to his viscountcy as Bolingbroke, but he was the son of Henry St. John, 4th Baronet. Swift again is the odd man out among the elite here.

68. 7 September 1711, in JS, 274.


70. 7 September 1711, in JS, 274. In Book 3 of Gulliver’s Travels, Swift comically represents Oxford’s and his own hearing disorders in the flapper episode, which I discuss in the next chapter.
Henrietta Howard on their shared giddiness and deafness, he was also courting her influence in final hopes for an appointment in the English Church.

Because of “a continuance of giddyness,” Swift complained, “a domestick Life is necessary.”71 Confined to the deanery, away from the world of public affairs, he was powerless, inconsequential, dependent upon the ministrations of friends and servants. But, paradoxically, the sick role empowered him with social command. Likening himself to the Earl of Oxford in the deafness they had in common, Swift wrote to his son Harley of his chronic illnesses, “[W]hile I am thus incommoded I must be content to live among those whom I can govern, and make them comply with my Infirmityes.”72 In 1727, he tried to entice the invalid Pope to visit him in Ireland in 1727 with the promise of inferiors who will cater to their needs in sickness: “I have a race of orderly elderly people of both sexes at command, who are of no consequence, and have gifts proper for attending us; who can bawl when I am deaf, and tread softly when I am only giddy and would sleep.”73 These solicitous servants and family, “orderly” in the face of his disorders, were certainly of much consequence to Swift. His description of their comic deference is an ironic picture of himself in the sick role.

Elsewhere Swift pointedly connected the privileges of the sick role with social rank. Confined by illness, he complained to the Duchess of Queensbury, “I now hate all people whom I cannot command,” adding in jest that “consequently a Dutchess is at this

time the hatefullest Lady in the World to me.”74 People of the lower ranks would certainly comply with his sick needs—and sick whims. “I reckon that a man subject like us to bodily infirmities,” he wrote to Pope in 1728, “should only occasionally converse with great people, notwithstanding all their good qualities, easinesses, and kindesses.

There is another race which I prefer before them”:

I mean a middle kind both for understanding and fortune, who are perfectly easy, never impertinent, complying in everything, ready to do a hundred little offices that you and I may often want, who dine and sit with me five times for once that I go to them, and whom I can tell without offence, that I am otherwise engaged at present.

The well-to-do of their acquaintance, said Swift, “are only fit for our healthy seasons.”75 Three years later, he wrote that “when a Man is Sick, or Sickly, great Lords and Ladies…are not half so commodious as middling folks, whom one may govern as one pleases, and who will think it an honor and happiness to attend us, to talk or be silent, to laugh or look grave just as they are directed.”76 Perhaps Swift is making wry comment upon literary celebrity. But the sick role is also performance of rank. That Lord Sunderland and Lord Sommers had such compliant factotums was recommendation enough for Swift: “I often thought you wanted two or three or either Sex in such an employment, when you were weary, or Sick, or Solitary, and you have my probatum est.”77 Privileges of rank came with the sick role.

---

77. Ibid.
For Swift, social ascendancy in the sick role went even further. If he lorded over those who were “of no consequence” in his illnesses, Swift also commanded those who were of consequence. On the prospect of visiting the Duchess of Queensbury in 1731, he wrote with mock imperiousness of the accommodations that she must make for him at her Amesbury estate:

Valitudinarians must live where they can command, and Scold; I must have horses to ride, I must go to bed, and rise when I please, and live where all mortals are Subservient to me. I must talk nonsense when I please; and all who are present must commend it. I must ride thrice a week, and walk three or 4 miles besides every day…. If I wait on you, I declare that one of your women, which ever it is that had designs upon a Chaplain, must be my nurse. if I happen to be Sick or peevish at your house: and in that case you must Suspend your domineering Claim till I recover….I promise you Shall have your will Six minutes in every hour at Amesbury, and Seven in London, while I am in health. But if I happen to be sick, I must govern to a Second.  

To accommodate Swift in his illnesses, the Duchess must surrender her command; such are the privileges of the sick role. She responded that while she, too, “can scold & command,” she also “can be silent, & obey” but added wanly, “if she pleases.” Swift insisted that other well-to-do make similar accommodations. In one of his final letters, he pledged that he would visit Lady Orrery, “in spight of [his] two Grievances,” deafness and giddiness, but only “upon a Promise that you will extend your voice untill you make me hear You.” To these friends of quality, the commands are jesting and good-humored. Nevertheless, Swift has imaginatively inverted the reliance and dependency of well-to-do disabled men upon their social inferiors that David Turner talks about. He

is ordering around his social betters and commandeering *their* households in his illnesses.

Swift, it turns out, never made the trip to England, and there is no evidence that he visited the Orrerys. But he claimed to make the well-to-do accommodate him in his disorders. “I am vexed whenever I hear a knocking at the door, especially the raps of quality,” he wrote of well-wishers during a fit of illness. “I see none but those who come on foot.”

“To all people of quality, and especially of titles,” he wrote to Pope, “I am not within; or, at least, am deaf a week or two after I am well.” Even if comic or self-ironic in his descriptions of his commands, Swift nevertheless found prerogative in his disorders. Having waited for the recognition of the well-to-do throughout his life, he now turned them away from his door. His chronic illnesses gave him license to perform like his social betters.

As Swift reimagined himself socially, so he reimagined himself sexually in his illnesses, establishing curious, sometimes intimate relations with women who, like him, were chronically ill. Some of them, like Lady Kerry and Henrietta Howard (later the Countess of Suffolk) were his social superiors; as we shall see, at least in his relations with Howard, his kinship in illness becomes at once socially and sexually transgressive. But it is his relationship with Stella in sickness, which has been given little attention by biographers and literary critics, that compels particular interest first. Because Stella’s correspondence to Swift during his London years does not survive, we can only infer


what she reported to him about her own health and her solicitudes about his. In his talk of illness and health specifically to Stella, however, often to the exclusion of the third-party Dingley, we see a singular intimacy formed in sickness.

In the Journal to Stella, Swift asks again and again about Stella’s health. Here we hear him at his tenderest. “God Almighty bless poor dear Ppt, and her eyes and head,” he wrote not long after arriving in London in fall of 1710. “What shall we do to cure them, poor dear life?”84 “Sure you don’t deceive me, Ppt, when you say you are in better health than you were these three weeks,” he scolded,

for Dr. Raymond told me yesterday, that Smyth of the Blind-Quay had been telling Mr. Leigh, that he left you extreamly ill; and in short, spoke so, that he almost put poor Leigh into tears, and would have made me run distracted.85

Beneath what seems comic representation of Stella’s health as town gossip and the image of Swift running mad through London, likely in his cassock, there is genuine concern and affection. We hear this even when he guards himself against sentimentality with his “little language”: “Gd be thank’d that Tp'l im bettr of her disoddles [disorders]; pray God keep her so.”86 The health of the woman he loved profoundly was one of Swift’s persistent concerns, not only in the Journal but also in the often-anxious letters that he wrote to others when he and Stella were apart. Infantilizing her by enquiring about her “disoddles,” Swift seems here to fix her in time, so that illness and decay and mortality can never reach her.

84. 21 October 1710, in JS, 44. Abigail Williams notes that Johnson’s chronic “eye problems and headaches may have been the after-effects of facial palsy that she suffered as a child” (JS, 44n7).

85. 30 November 1710, in JS, 76. Anthony Raymond and James (Jemmey) Leigh were Irish friends in London at the same time as Swift. Williams, “Appendix F: Biographical Appendix,” in JS, 642-43, 664-65. Smyth is unidentified.

86. 12 December 1712, in JS, 464.
In his enquiries about Stella’s well-being, we see a particular pattern emerging as Swift connects his own health with hers, often conjoining the two syntactically in a maladie à deux. “My health continues pretty well; pray God Ppt may give me a good account of hers.”87 “I…hope to hear that Ppt has been much better in her head and eyes; my head continues as it was, no fits, but a little disorder every day.”88 He and Stella are bound sympathetically in their chronic disorders: “I hoped ppt would have done with her illness; but I think that we both have tht Faculty never to part with a Disorder for ever; we are very constant.”89 Constancy here takes on new meaning if we consider that shared illness is in its own way shared affections.

So focused is Swift in his concerns about Stella’s health that we forget that Rebecca Dingley was also party to the letters. But she is excluded from this sick talk. While nursing sympathetic kinship with the chronically ill girl, Swift peremptorily dismisses Dingley, because she is healthy. “How does poor Ppt?” he asks. “Dd is well enough. Go, get you gone, naughty girl, you are well enough.”90 In a letter of March 1710-11, after concerns that the palsy-water he sent “may do my dearest little Ppt good” and then a long turn to literary news, enquiries about mutual friends, even a report on his servant Patrick’s pet bird, he asked, “And I suppose Dd is so fair and so fresh as a lass in May, and has her health, and no spleen.”91 In the tête-à-tête between the sick

87. 17 September 1710, in JS, 13.
88. 25 February 1710-11, in JS, 150.
89. 9 October 1712, in JS, 451.
90. 1 May 1711, in JS, 199.
91. 7 March 1710-11, in JS, 156-58. The “lass” Dingley would have been about forty-four at this time, a year older than Swift himself. Palsy-water was a scented infusion of spices and flowers like lavender, drunk or applied topically, to relieve nervous disorders (JS, 26n21).
persons, Dingley is eavesdropper or afterthought. Worse, Swift would have the healthy woman serve the ill, reading and writing for Stella, whose eyes were delicate: “Poor dear Ppt, don’t write in the dark, nor in the light neither, but dictate to Dd; she is a naughty, healthy girl, and may drudge for both.”92 Stella, like Swift exceptional and privileged in the sick role, commands the ministrations of the sturdy, dull, and healthy Dingley.93

Swift often advised both ladies to walk for health, but while the chronically ill Stella, like him, had to watch her diet, he presumed that the healthy Dingley need not worry about such niceties. Enviously watching the Lord Keeper Simon Harcourt “champing and champing” on “delicious peaches” while he himself “durst not eat one,” he wrote, “I wished Dd had some of them, for poor Ppt can no more eat fruit than pdfr [that is, himself].”94 On the prospect of the ladies’ going to Wexford in the summer of

92. 23 May 1711, in JS, 213.

93. Even in verse homage to Dingley on her birthday, Swift writes that “she, tho’ over-run with care,/Continues healthy, fat, and fair.” In the lines that follow, he develops an elaborate humoral metaphor, which likens any cares that Dingley may have to gouty humors, driven from her brain to her extremities; she is healthy and bustling but witless:

Rebecca thus I gladly greet,  
Who drives her cares to hands and feet;  
For, tho’ philosophers maintain  
The limbs are guided by the brain,  
Quite contrary Rebecca’s led,  
Her hands and feet conduct her head,  
By arbitrary pow’r conveys her  
She ne’er considers why, or where:  
Her hands may meddle, feet may wander,  
Her head is but a mere by-stander:  
And all her bustling but supplies  
The part of wholesome exercise.


94. 12 August 1711, in JS, 257.
1711 so that Stella could take the waters, Swift enjoined them to “[l]ove one another, and be good girls; and drink pdfr’s health in water, madam Ppt; and in good ale, madam Dd.”\textsuperscript{95} He was bewildered later to find that Dingley had taken the waters, too: “But why Dd drinks them I cannot imagine; but truly she’ll drink waters as well as Ppt: why not?”\textsuperscript{96} Even years later, while he and the ladies were staying in rural Quilca with the Sheridans, Swift represented Dingley as the outsider, self-preoccupied and unconcerned with her sick companions, while he and Stella are both ill: “Mrs. Dingley full of Cares for herself, and Blunders and Negligence for her Friends. Mrs. Johnson sick and helpless: The Dean deaf and fretting.”\textsuperscript{97} While we cannot put too much stock in punctuation, which Swift used irregularly, the conjunctive colon married Stella and Swift in their illness. Dingley is set off alone with a period.

In sick talk with his beloved Stella, Swift could imagine “constant” and exclusive romantic relations; in sick talk with women “of quality,” he could imagine both intimacy and social ascendancy. Of “poor Lady Kerry, who is much worse in her head than I,” Swift wrote to Stella, “[W]e are so fond of one another, because our ailments are the same; don’t you know that, Madam Ppt?”\textsuperscript{98} If there is comic teasing to jealousy here—Kerry cast as the other woman in sick relations—there is also social reimagining. In sick talk with a Lady Kerry, Masham, Orkney, or Germain, a Duchess of Ormond or

\textsuperscript{95} 26 June 1711, in JS, 230. For information on the Wexford waters, recommended for their chalybeate qualities, see James Kelly, “‘Drinking the Waters’: Balneotherapeutic Medicine in Ireland, 1660-1850,” Studia Hibernica 35 (January 2008): 99-146.

\textsuperscript{96} 24 August 1711, in JS, 263.


\textsuperscript{98} 1 February 1710-11, in JS, 132.
Queensbury, Swift could establish connections with well-heeled women in shared physicality. The most sexually suggestive of such relations in shared illness was that with Henrietta Howard, later Countess of Suffolk.\textsuperscript{99}

Alexander Pope had introduced Swift to Howard. In trying to entice the Dean to visit him in England, Pope had promised supplying the “elderly Ladies…that can halloo” to him in his deafness. He added, “I can also help you to a Lady who is as deaf, though not so old as your self.”\textsuperscript{100} Howard, the lady in question, was then about thirty-six, Swift almost fifty-eight. Swift responded, “I have almost done with Harridans and shall soon become old enough to fall in love with Girls of Fourteen.” And then of Howard, he added, “I am glad she visites you but my voice is so weak that I doubt she will never hear me.”\textsuperscript{101} When he did visit England in 1726, he quickly established an acquaintanceship with her, no doubt in part because he still cherished lingering ambitions for a clerical appointment in England: Although Howard was “no Party-woman,” said Pope, Swift must certainly have known that she was mistress to the

\textsuperscript{99} While she had not yet ascended to her title when Swift wrote to her, Howard was from the upper ranks, the daughter of Sir Henry Hobart, 4th Baronet. When her father was killed in a duel, Howard became the ward of the 5th Earl of Suffolk, Henry Howard. She married his son Charles, unhappily. Although the two separated, they did not divorce, and when Charles succeeded to his father’s earldom in 1731, she became Countess of Suffolk.

\textsuperscript{100} Pope to Swift, 14 September 1725, in Corr, vol. 3, 96.

\textsuperscript{101} Swift to Pope, 29 September 1725, in Corr, vol. 3, 103. This comes from the same letter in which Swift famously professes to “hate and detest that animal called man, although” he “hartily love[s] John, Peter, Thomas and so forth.”
Prince of Wales, even though she maintained discretion and propriety.\footnote{102} Perhaps she could work her influence with George for Swift's benefit.\footnote{103}

In his first surviving correspondence with Howard, written after his return to Dublin in 1726, Swift established a mutual sick-relation: “Dr Arbuthnot lately mortified me with an Account of a great Pain in your Head I believe no Head that is good for any thing is long without some Disorder, at least that is the best Argument I have for any thing that is good in my own.”\footnote{104} Although Swift was never one to sentimentalize illness or to see sickliness as a sign of refined sensibility, as did the “nervous” of the later eighteenth century, he does suggest here that the disorder he shares with Howard betokens superior intellectual endowments.\footnote{105}

In the summer of 1727, when Swift returned to England and was staying with Pope, he and Mrs. Howard exchanged a rapid-fire series of letters over six days, during which he forced a kind of intimacy through their shared disorders. On August 12, he had

\begin{enumerate}
\item\footnote{102} Pope to Swift, 14 September 1725, in Corr, vol. 3, 96. For a recent biography of Howard, see Tracy Borman, *King’s Mistress, Queen’s Servant: The Life and Times of Henrietta Howard* (London: Jonathan Cape, 2007).
\item\footnote{103} Despite Swift’s hopes, Howard was never able to help him to a preferment in the English Church. Long after her time as George’s mistress, Lord Hervey wrote of her, “After twenty years duration [in 1734] ended the nominal favour and enervate reign of poor Lady Suffolk, who never had power enough to do good to those to whom she wished well, though, by working on the susceptible passions of him who she endeavoured to irritate [that is, George], she had just influence enough, by watching her opportunities, to distress those sometimes to whom she wished ill.” *Lord Hervey’s Memoirs. Edited from a Copy of the Original Manuscript in the Royal Archives at Windsor Castle*, ed. Romney Sedgwick (London: Puffin, 1984), 385; quoted by Angus Ross, ed., *The Correspondence of Dr. John Arbuthnot* (Munich: Wilhelm Fink, 2005), 282n1.
\item\footnote{104} Swift to Henrietta Howard, [October 1726], in Corr, vol. 3, 177.
\end{enumerate}
written to Sheridan that he was miserably ill and was planning to leave England soon.

Two days later, in his first letter to Howard, who was only a few miles away at Richmond, Swift was surprisingly jaunty. With only the most perfunctory opening civility, he began,

Madam. I wish that I were a young Lord, and you were unmarried. I should make you the best husband in the world, for I am ten times deafer than ever you were in your life, and instead of a few pain[s] in the face, I have a good substantial giddyness and Head-ake; the best of it is, that although we might lay our heads together, You could tell me no secrets, that might not be heard five rooms distant.106

He imagined, that is, that they would be heard throughout the house as they screamed at each other in their shared deafness.

If there is comic raillery and playful performance here, there is also blunt physicality: Sharing Swift's chronic disorders, Howard is an “understanding Body.”107 Isolated, deaf, dizzy, sexless, “insignificant” in his sixtieth year, Swift casts himself as young, rakish, noisy, and titled, in a marital relation with a social superior twenty-two years his junior. Sick bed is sex bed. And Swift makes Howard's attentions exclusive. He effaces any rival male so that he enjoys her sole attentions, replacing not only her husband but also her lover, the newly crowned monarch (and this on the very day that George was visiting Richmond). So this sick talk is both sexually and socially transgressive. Because Swift says that the secrets that he and Howard bawl at each other will “be heard five rooms distant,” illness is also public performance, however


107. Swift used this expression in sick talk with another correspondent. Worried that his friend Stopford had no one to nurse him in his illness, he wrote, “[Stella and Dingley] tell me you are in an Ague, and what is worse have no Creature to take care of you, for God sake have some understanding Body about you.” Swift to the Reverend James Stopford, ? April 1725, in Corr, vol. 3, 56; Wooley dates this letter 11 December 1725 (vol. 2, 534).
comic. It is important to Swift that his social ascendancy and his sexuality be recognized.

At the end of this first letter, as if to acknowledge that he has taken liberties, Swift says that he is “an odd sort of man” because he would “speak freely to Princes.” Responding two days later, Howard pointedly, even if playfully, checked this overstepping:

I did desire you to write me a love letter but I never did desire You to talk of marrying me. I had rather you and I were dumb as well as deaf for ever then that shou’d happen; I wou’d take your giddyness, your head-ake or any other complaint you have, to resemble you in one circumstance of life. so that I insist upon your thinking your self a very happy man, at least whenever comparasion between you and I.

Despite her gentle reprimand, Howard, in the indeterminacy of her own disorders, can also remake herself. Unhappily married to a husband whom Lord Hervey described as “wrong-headed, ill-tempered, obstinate, drunken, extravagant, brutal,” she would gladly take on Swift’s greater ailments to be single, like him. As Swift could reimagine himself socially and sexually in the sick role, so Howard would buy her freedom with the currency of illness and reimagine her own identity.

His flirtatiousness having been tamped down, Swift reasserts rhetorical control with protective self-irony in his next letter. No longer the rakish husband but no less

108. Ibid.


high-ranking, he is now “like a great Minister in a tottering condition.” He then retreats further by putting his disorders into a medical context, however ironically:

> I chiefly valued my self upon my bad head and deaf ears if these be no charms for you, I must give over.... [S]ince my best qualityes will not move you, I am so desperate that I resolve to get rid of them as soon as possible and accordingly am putting my self into the apothecary's books, and swallowing the poisons he sends me by the Doctors orders.

Here the appeal to the doctors’ authority and his role as dutiful patient are rhetorically serviceable. He can play the sick role to draw back protectively from the very intimacy that he had imagined in their shared illnesses.

Responding to a second playfully scolding note from Howard in a final letter of their exchange, Swift famously diagnoses his own ailments, attributing them to his reckless youthful gluttony at Richmond, as we saw in an earlier chapter. At the end of his explanation for the disorders that once brought him into Howard’s bed, he closes, “So much for the calamityes wherein I have the honor to resemble you; and you see your sufferings are but children in comparison of mine.” In his illnesses, his body unstable and his identity fluid, he had cast himself as Howard’s social equal and bedmate. Tracing back in this last letter what he often calls elsewhere his “old Disorders,” Swift now reasserts differences in both degree of illness and age and recasts himself and Howard in the father-daughter relationship that so often

---

111. Arbuthnot had written to Swift a few years earlier that “Lord whitworth our plenipotentiary had this disease [vertigo] (which by the way is a little disqualifying for that imployment) he was so bad, that he was often forcd to catch hold of any thing to keep him from falling.” John Arbuthnot to Swift, 7 November 1723, in Corr, vol. 2, 470.


characterized his associations with younger women. In so doing, he desexualizes himself protectively. But even here he reaffirms sexuality and masculine vigor. If his claim to having eaten the hundred golden pippins at one sitting is confession of humoral self-abuse, it is also grandiose boast. This would have been a prodigious feat, something worthy of Swift’s favorite Gargantua or his own Gulliver in Lilliput. The story of his gorging upon apples is a reimagining of himself young and unrestrained. It is also his original sin, of course. And here, too, is shared sexuality. Like Adam, Swift is also sexualized in his sin of appetite. The fact that Mrs. Howard, chronically disordered by her own “bad head, and deaf ears,” was residing at Richmond when he wrote, implicitly bound her to him in that fall.\textsuperscript{114} It was there that Swift had eaten those apples so many years earlier.

At the end of this letter to Howard, as a final way of restoring distance and decorum, Swift resorted to characteristic self-protective comic and ironic representation of himself in his illnesses. In response to his promise to swallow the apothecary’s “poisons,” Howard, who had been urging him to visit, asked “if poison or other methods don’t enable you soon to appear in person.”\textsuperscript{115} Swift seized upon the opportunity for word play:

\begin{quote}
I wish the poison were in my Stomach (which may be very probable considering the many Drugs I take) if I remember to have mentioned that word in my Letter, but Ladyes who have poison in their eyes, may be apt to mistake in reading—Oh, I have found it out; the Word Person I suppose was written like poison, ask friends I write to, and they will attest this mistake to be but a trifle in my way of writing, and could easily prove it if they had any of my letters to shew.
\end{quote}

\textsuperscript{114} Henrietta Howard to Swift, 18 August 1727, in Corr, vol. 3, 232.

\textsuperscript{115} Ibid.
The artful transpositions and substitutions of letters discussed earlier and his apology for writing nonsense follow. Swift is able to lay the blame for any indiscretions upon his disorders and to protect himself through refractory irony. One of his favorite refuges.

The letters to Howard plot the imaginative possibilities that Swift found in illness. There is first playful rakishness and physicality, as Swift, in his age and sickness, insinuated himself into the bed of a woman more than twenty years his junior. As “husband” in illness to a noblewoman (and one he hoped would use her influence to promote his ambitions), he also imagined social rank. But gently rebuffed, he restored decorum by playing the role of doctors’ patient, telling the story of his humoral disorders, reaffirming the difference in age, and resorting to comic and ironic self-representation. Over a correspondence of only five days, Swift navigated chronic illness, ambition, sexuality, all through sick-talk.

Illness allowed Swift exemptions from social and professional obligations. But, more generally, he found opportunities for self-reimagining in the sick role. Forging sympathetic bonds with other sick persons—Stella, Pope, the Tory ministers and well-to-do—gave him both community and social rank. In his illnesses, Swift made intimate connections with his fellow sick; he also imagined the social ascendancy that he felt he duly deserved. These self-representations were no less ways of imposing order upon disorder than the humoral explanation of his ailments and the governance of his own body in regimen. But as we saw especially in the exchange with Mrs. Howard, the sick role for Swift was sometimes improvisatory and provisional, a trying-out of identities through performance. In sickness he could play rake, imperious man of quality and
importance, dutiful patient, addled oldster, or self-berating fool as the moment and audience determined. For Swift, the man who had tried earnestly to establish who he was in the autobiographical fragment and had failed, identity as a sick person was no less fluid and unstable than the humoral body itself.
Chapter 8

Imagining the Humoral Body in *Gulliver’s Travels*

As Swift’s modern biographers have uniformly accepted the retrospective diagnosis of Ménière’s Disease and then written his life and experiences through the lens of the modern clinic, so literary critics have made a critical lens of that diagnosis and found in his works imaginative representations of his Ménière’s symptoms. One brief but representative article finds direct correspondences between Gulliver’s hearing impairments and the “[i]nformational isolation” that comes with Ménière’s Disease.¹ Another, more recent essay on Swift’s sicknesses claims that “[e]very symptom of this mystery sickness [Ménière’s Disease]—down to the anxiousness and the way it forced his friends to shout—appears in *Gulliver’s Travels.*”² Even Clive Probyn, in an otherwise valuable article on Swift and the medical profession of his day, makes the unusual statement that one of Swift’s poems “indicates the Galenic reading Swift had done in order to understand for himself the debilitating bouts of labyrinthine vertigo (Ménière’s syndrome) which afflicted him.”³ Galen would obviously have had little to say about a

---


3. Clive Probyn, “Swift and the Physicians: Aspects of Satire and Status,” *Medical History* 18 (1974): 255. Probyn is talking about the poem “The Answer to Dr Delany,” in which Swift cites Galen’s *De Partium Usu*, which discusses the auditory nerves. Even though Abigail Williams is remarkably careful in historicizing Swift’s experiences in her extraordinary edition of the *Journal to Stella*, she notes that “Swift mistakenly attributed his attacks of Ménière’s disease to the consumption of fruit” (JS, 54n). Almost all modern biographers and even the otherwise scrupulous editors of his correspondence, Harold Williams and David Woolley, accept the retrospective diagnosis.

254
disorder that was not identified until the mid-nineteenth century, and he would have been baffled by the clinic's conception of the body.

Within the logic of retrospective diagnosis, such readings of Swift's works are useful. They make the case that Swift was writing from the body, that is, that his bodily experiences somehow conditioned what he wrote and how he wrote it. And reading events in a work like Gulliver's Travels as imaginative representations of Ménière's symptoms is serviceable as analogy: If we understand the physical and mental sufferings of Ménière's patients, we can appreciate better the disabilities and anguish of both Gulliver and Swift himself. However, using Ménière's Disease as a critical lens by which to read a work like the Travels imposes the same anachronisms and limitations upon Swift's writings as using it as a diagnostic lens does upon his biography. It finds in his works imaginative representations of a clinical body and reads them as clinical narrative. It sees Swift's giddiness, deafness, and tinnitus as symptoms of a particular disease and then makes a sort of connect-the-dots game of reading, looking for imaginative representations in the Travels of those particular symptoms. So, for example, knowing that the Ménière's patient typically loses hearing in the left ear first, one reader focuses on Gulliver's turning his right ear to hear on several occasions. 4 Another sees his transformation from optimist to misanthrope as representation of Swift's own vertigo, an "otological symptom" of his Ménière's disease. 5 Before my own thinking about retrospective diagnoses evolved, I, too, blithely accepted that Swift


suffered from Ménière’s Disease and read *Gulliver’s Travels* and other works in light of that diagnosis.

However, Swift’s was a *humoral* body not a clinical one. This distinction is crucial in reading the *Travels*. Both clinical and humoral readings share the premise that his physical disorders affected his writing; both can agree that Swift represents these disorders imaginatively in the work. But for all of the correspondences of Gulliver’s experiences and the symptoms of Ménière’s Disease, making a clinical case study of the *Travels* constrains our reading of Swift’s disorders. It makes critical arbiter of the clinic, reducing the rich imaginative representations of Swift’s experiences as a chronically ill man to physical symptomatology and narrow taxonomy. It subjects the work itself to the clinical “gaze.”

Returning Swift to his humoral body, we can understand much more fully how he imagined disorder in *Gulliver’s Travels*. First, there are the subjectivities of illness, what it felt like to be a person disordered by his particular ailments. As we saw in an earlier chapter, Swift, like all of us, did not have a ready vocabulary for expressing his own physical and psychological sufferings, what it felt like to be ill. Gulliver’s experiences imagine and represent not only the physical debilities of giddiness, deafness, and tinnitus but also the terrors and anxieties that came with them. In Gulliver’s failures of communication and awkward and embarrassed bodily performances, Swift also represented the social debilities that came with his chronic illnesses. His body disordered by size or nature in each of the fantastic kingdoms, Gulliver is, like Swift himself, helpless, dependent, emasculated. Lurking behind all of these imaginative representations of his disorders in the *Travels* is an allegory of identity. In the
indeterminacy of Gulliver’s identity, what he is in relation to Lilliputian, Brobdingnagian, Houyhnhnm, and Yahoo, is the indeterminacy of Swift’s own.

Finally, reading *Gulliver’s Travels* as humoral narrative helps us respond to those readers who see the work as evidence of Swift’s own madness. Swift, we know, complained that his giddiness, deafness, and tinnitus confused his thinking and caused his memory to fail. In the “mortifying Sight” of the Struldbruggs, he has imagined his own cognitive decays. But the horrified representation is itself a way of objectifying and thereby imposing order upon his disorders. The same can be said of Gulliver’s final repudiation of all mankind. This is not, as the critics would have, proof of Swift’s own madness. While Swift exorcised his anger against folly and viciousness in the *Travels*, Gulliver’s mad misanthropy was a way of objectifying and making ironic his own fears of madness. It was yet another means of imposing order upon the unruly body and mind. Imagining his disorders was a strategy of containment.

Before turning to the ways in which Swift imagined the experiences of illness in the *Travels*, we need to theorize briefly the much-debated issue of self-representation itself in his works. While formalists, especially those who teach works like “A Modest Proposal” and the *Travels*, insist upon making an absolute separation between Swift and his “personae,” critics like Irvin Ehrenpreis respond that we can never, finally, extract the historical Swift, his attitudes, and his experiences from his writings. 7 Claude

6. GT, 199.

7. For the rich debate about how we are to read Swift’s “personae,” especially in the *Travels*, see Christopher Fox, “A Critical History of *Gulliver’s Travels*,” GT, 269-304.
Rawson, especially, has argued that, even in “A Modest Proposal,” the attitudes of Swift’s speakers are never entirely distinct from his own. Author and speaker “are neither the same nor separable,” contends Rawson. To insist that a modest proposer, Grub Street hack, freethinker, or Gulliver is a separate character—or even a “character” at all—is to insist upon textual unity that does not exist and to miss Swift’s “unofficial energies” simmering beneath the text.

The problem of physical self-representation is all the more complicated when we consider whether the “personae” or “voices” that Swift presents are themselves embodied or are mere abstractions floating free of physical connections. To choose from among the best-known, the Grub Street hack who tells the Tale of a Tub announces that his work was “begun, continued, and ended, under a long course of physic.” The modest proposer, surrounded by bodies in a culture of consumption, likes his children seasoned with pepper and salt to his own tastes. And the voyeurs of the “scatological” poems are preoccupied with the gross physicality of their subjects, even if not always aware of their own. In all of these works Swift is confronting and representing imaginatively the intractability of his own material body. Among all such embodied speakers, however, Gulliver, who eats, breathes, reports on his daily bodily functions, and moves about in the various worlds that he inhabits, is more substantially

---


a body living among bodies, even if he is not entirely coherent as character or consistent in his attitudes. Unsurprisingly, then, much of my own interest lies in the way in which Swift imaginatively represented his experiences as a sick man in *Gulliver’s Travels*.

The composition history of the *Travels* itself supports the argument that Swift found source material in his own disorders. The work likely “originated in Swift’s mind,” says Leslie Stephen, during “the course of his meditations upon Scriblerus.”11 When he and his “brothers” set out to parody “all false tastes in learning,” Swift apparently took on the task of writing Scriblerus’ travels. However, he wrote *Gulliver’s Travels* between 1721 and 1725.12 During these several years, Swift suffered fits of giddiness and deafness more frequently and for longer periods than he had at any previous time. In the first surviving mention of the work, he reported to Charles Ford in April 1721, “I am now writing a History of my Travells…but they go on slowly for want of Health and Humor.”13 In almost every letter in which he updates his friends on the progress of the work until its publication in November 1726, he complains of his giddiness, deafness, and tinnitus.

If Swift thought that his “ill head…disposes me to blunders,” however, he also found imaginative possibilities in sickness.14 We recall his claim to Henrietta Howard that his disordered head was his “best Argument” “for any thing that [was] good in [his]

own”\textsuperscript{15} His illnesses served as creative catalyst: Gulliver’s experiences often imaginatively represent Swift’s own disabilities. More so, his particular disorders of body and senses and mind confused and destabilized all of those categories by which he would make sense of the world. Empirical, epistemological, ontological, and linguistic order uncertain, Swift could imagine fantastic bodies, new languages, monstrous identities. He might turn the indeterminacies of perception, language, and identity itself to satiric purposes. But his own disordered humoral body was his imaginarium.

Reading the \textit{Travels} at a first level of representation, there are imaginative depictions of Swift’s recurring physical debilities—deafness, tinnitus, and giddiness—that the clinical reading might see as symptoms of Ménière’s Disease. As his hearing waned, we remember, Swift said that he could “bear no company but trebles and counter-tenors” and “converse onely with treble and Counter-tenor Voices.”\textsuperscript{16} He complained that he was confined to “a scurvey home where I can command people to speak as loud as I please, before the vexation of making a silly figure and tearing the Lungs of my friends.”\textsuperscript{17} In \textit{Gulliver’s Travels} Swift imaginatively represented the “thickness of [his] hearing” in the little voices of the Lilliputians and Gulliver’s own pipsqueaking voice in Brobdingnag.\textsuperscript{18} Tethered to the beach in Lilliput, the bewildered

\textsuperscript{15} Swift to Henrietta Howard, October 1726, in Corr, vol. 3, 177.


\textsuperscript{18} Swift to Alexander Pope, 1 November 1734, in Corr, vol. 4, 264.
Gulliver wakes to hear “a confused Noise about me,” then “a shrill, but distinct Voice” crying out “Hekinah Degul.”\(^{19}\) The voice of the Lilliputian Emperor, he says later, “was shrill, but very clear and articulate, and I could distinctly hear it when I stood up.”\(^{20}\) The situation reversed in Brobdingnag, the puny Gulliver must scream “as loud as I could” to make himself heard by creatures twelve times larger than he.\(^{21}\) When he is rescued from that kingdom by English sailors, the captain wonders “to hear me speak so loud, asking me whether the King or Queen of that Country were thick of hearing.”\(^{22}\) In Book 3, Swift imaginatively represents his own hearing disorders in Gulliver’s encounters with the “flappers.” So “wrapped up in Cogitation” are the Laputans that anyone who is “able to afford it” employs a menial to rouse him from his abstraction when he needs to hear or speak. Armed with rattles made of “blown Bladders” filled with dried peas or pebbles, this “flapper” gently “strike[s] with his Bladder the Mouth of him who is to speak, and the Right Ear of him or them to whom the Speaker addresseth himself.”\(^{23}\) Here, say those who read *Gulliver’s Travels* as clinical document, is comic representation of Swift’s own deafness.\(^{24}\)

---

19. GT, 41, 42. There is some debate about whether words like this mean anything or are merely playful nonsense. In an admirably Scriblerian study of language in the *Travels*, Paul Odell Clark translates “Hekinah Degul” as “What in the Devil!” “A Gulliver Dictionary,” *Studies in Philology* 50, no. 4 (October 1953): 600.

20. GT, 49.

21. GT, 98.

22. GT, 145.

23. GT, 154.

There are also imaginative representations of tinnitus. In 1724, as he was completing the *Travels*, Swift complained to Knightley Chetwode, “You will allow for this confused paper for I have the noise of seven watermills in my ears and expect to continue so above a month.” The physical disorder became source material for his imaginative writing. Reduced to Lilliputian size in Book 2, Gulliver tries to communicate with the Brobdingnagian farmer twelve times his size: “He spoke often to me, but the Sound of his Voice pierced my Ears like that of a Water-Mill.” After dinner the same evening, Gulliver would show his gallantry by drinking the health of the farmer’s wife. He bawls out a toast to “her Ladyship” in his loudest voice, “which made the Company laugh so heartily” that, in a pointed parallel to Swift’s own tinnitus, Gulliver is “almost deafened with the Noise.” The next moment, a cat purrs with a “Noise…like that of a Dozen Stocking Weavers at work.” Then an infant screams in “a Squall that you might have heard from London-Bridge to Chelsea.” In the din and confusion of these noises, collapsed into a single episode, Swift imaginatively represented the “noise in my head, which deafens me,” the tinnitus that the clinical reading would see as symptom of Ménière’s Disease.

Swift also imagined his vertigo in the *Travels*. Twelve times larger than the inhabitants of Lilliput, Gulliver looks down dizzily from his great height. Shrunken to one-twelfth the size of the Brobdingnagians, he is always in fear of falling. In the opening

26. GT, 96.
27. GT, 97-98.
chapter of that episode, the farmhand who discovers him in the field holds him “in the Air above sixty Foot from the Ground”; Gulliver “resolve[s] not to struggle in the least…for fear I should slip through his Fingers.” Later, in the most dramatic and suggestive representation of Swift’s own giddiness, Gulliver is snatched up by a monkey in Brobdingnag, who carries him to a rooftop. There it crams nauseating victuals into his mouth while a crowd gathers to watch the spectacle. At last the monkey drops Gulliver on a ridge of the roof and escapes. “Here I sat for some time five Hundred Yards from the Ground,” he says, “expecting every Moment to be blown down by the Wind, or to fall by my own Giddiness, and come tumbling over and over from the Ridge to the Eves.” After he is rescued and his “dear little Nurse” Glumdalclitch has picked out “the filthy Stuff the Monkey had crammed down my Throat,” says Gulliver, “I fell a vomiting, which gave me great relief.” In this episode, Swift imaginatively represented not only the vertigo but also the attendant nausea that Ménière’s patients report.

If we impose a clinical body upon Swift, however, and reduce “disorder”—in all of its comprehensive meanings—to disease entity, we narrow our reading of the *Travels*. There is, for example, his persistent worry about his failing memory. While some Ménière’s patients talk of “brain fog” and report short-term memory loss, the clinical symptomatology of the disease does not readily account for a cognitive disorder that Swift himself explicitly attributed to his physical illnesses. In a letter to Pope of 1734 of he lamented of his “two inveterate Disorders, Giddyness and deafness,” “I have lost by

29. GT, 95.
31. GT, 124.
those diseases much of my memory, which makes [me] commit many blunders, in my common Actions at home, by mistaking one thing for another."\textsuperscript{32} Nor can a clinical reading of the \textit{Travels} appreciate the profound terror that Swift felt in the prospect of dying “from the top down.” In Book 3 of the work, he imagines this terror in the nightmare-creatures of decayed memory, the Struldbruggs.

These “Immortals,” whom Gulliver encounters in the kingdom of Luggnagg, are cursed that they “should never dye.”\textsuperscript{33} At first “struck with inexpressible Delight” at the prospect of immortality, the projector Gulliver imagines that if he were a Struldbrugg, he would reform mankind with examples of “the Usefulness of Virtue” from his “own Remembrance, Experience and Observation.”\textsuperscript{34} He then learns the horrifying facts: Although the Struldbruggs live forever, they grow increasingly disordered in body and mind. They lose teeth and hair and taste. They become more and more grotesque in their passions. Here is the humoral body dissolving, without the mercy of final dissolution.

More frightening to Gulliver—and to Swift himself—is the decay of the Struldbruggs’ memories: “They have no Remembrance of any thing but what they learned and observed in their Youth and middle Age, and even that is very imperfect.”\textsuperscript{35}

\begin{itemize}
\item \textsuperscript{32} Swift to Alexander Pope, 1 November 1734, in Corr, vol. 4, 262.
\item \textsuperscript{33} GT, 193.
\item \textsuperscript{34} GT, 194, 195-96.
\item \textsuperscript{35} GT, p. 198. Swift wrote to his old friend John Barber, “I have a constant Giddyness in my head, and what is more vexatious, as constant a Deafness: I forget every thing but old Friendships and old Opinions.” 31 March 1738, in Corr, vol. 5, 102. Pope wrote consolingly the same year: “You lose little by \textit{not hearing} such things as this idle and base generation has to tell you; you lose not much by \textit{forgetting} most of what \textit{now} passes in it.” 12 October 1738, in Corr, vol. 5, 126.
\end{itemize}
“In talking they forget the common Appellation of Things and the Names of Persons, even those who are their nearest Friends and Relations.” Swift himself lamented in his final years that with the “utter loss of my Memory…I cannot recollect the Names of those friends who come to see me twice or oftener every Week.” In *Verses on the Death*, he represents himself benignly as addled old fool who forgets his friends and tells the same stories again and again:

Besides, his Memory decays,
He recollects not what he says;
He cannot call his Friends to Mind;
Forgets the Place where last he din’d:
Plyes you with Stories o’er and o’er,
He told them fifty Times before.

The Struldbruggs are a horrified version of this same forgetful fool.

As we see in what follows, restoring Swift to his humoral body reveals how deeply the work was shaped not simply by the physical symptoms of a particular disease but also by the psychological and social experiences of living in a disordered body. The profound effect of chronic illnesses on Swift’s social life and social identity, his feelings of helplessness, impotence, and emasculation, his fears of impaired intellectual faculties and even madness—all are represented imaginatively in Gulliver’s experiences. And at the same time that Swift found imaginative possibilities in his illnesses, writing *Gulliver’s Travels* was yet another way of imposing order upon the chaos of humoral imbalances.

36. GT, 198.
There is, first, the representation of the confusion of convergent senses, perception, and understanding that Swift experienced during fits of giddiness, deafness, and tinnitus. Early on, he treated his disorders as separate maladies. The “noise in my ears and deafness” might come together; only rarely in those days did giddiness afflict him at the same time.\(^{39}\) Not long after finishing the *Travels*, however, he wrote of the giddiness and deafness that while “one or other” used to visit him, “these two friends…have now thought fit to come together.”\(^{40}\) Here is ironic representation of his own feelings of neglect in his confinement, visited only by, and wishing that he could shut the door to, his illnesses. But the fact that after 1727 Swift invariably conjoined “Deafness and Giddyness” syntactically rather than treating them separately tells us much about the humoral chaos that he felt. The disorders of his fluid body and senses in disarray had converged in a welter of feelings, sounds, and sights. In Gulliver’s experiences, Swift was able to express the subjectivities of this humoral chaos, what it felt like physically and psychologically to live in a body out of balance. Gulliver’s body is blown up, shrunk down, made Yahoo. He sways unsteadily and creeps abjectly. His senses are too weak or too acute. Noises are barely heard, or they deafen him. All sensations and sense experiences converge in confusion. Here are the chaos and bewilderment and pain of Swift’s chronic giddiness, deafness, and roaring in the ears.

Pinned by ligatures to the beach in Lilliput, Gulliver awakens to find himself on his back, “not able to stir” or to move arms, legs, or head: “I could only look upwards; the Sun began to grow hot, and the Light offended my Eyes.” Unable to see anything


but the sky, he hears the “confused Noise” about him. Then he feels “something alive” moving across his body. When he is finally able to wrench one arm free and to loosen his bindings on one side “with a violent Pull, which gave me excessive Pain,” the Lilliputians launch a volley of “above an Hundred Arrows,” which cause Gulliver to groan “with Grief and Pain.” Resolving at last to remain still, he hears “the Noise [of their voices] increasing” and then, “over against my right Ear, I heard a Knocking for above an Hour”; the Lilliputians, it happens, are building a huge platform on which to wheel their submissive, helpless captive to the capital. In Gulliver’s jumbled perceptions, Swift imagined the anarchy of his own convergent senses and sensations—sights, sounds, feelings—that he cannot sort out.

In Brobdingnag, the chaos of body and senses becomes more frightening because Gulliver is yet more helpless and vulnerable. We see this especially in the scene in which his “Traveling-Box” is dropped into the sea from a great height by an eagle that has absconded with it. Gulliver spins in a disorienting nightmare fall, made all the more terrifying by the fact that he cannot make sense of what is happening to him in the moment:

In a little time I observed the Noise and flutter of Wings to encrease very fast; and my Box was tossed up and down like a Sign-post in a windy Day. I heard several Bangs and Buffets…and then all on a sudden felt my self falling perpendicularly down for above a Minute; but with such incredible Swiftness that I almost lost my Breath. My Fall was stopped by a terrible Squash [splash], that sounded louder to mine Ears than the Cataract of Niagara; after which I was quite in the Dark for another Minute.41

41. GT, 139-40.
In his free fall, Gulliver experiences the chaos of giddiness, thunderous noise in the ears, and confounding convergence and chaos of senses that characterized Swift’s own disorders. Given Swift’s penchant for wordplay, the fact that the protagonist falls with “Swiftness” connects Gulliver all the more with the Dean himself. Puns disorder language by collapsing more than one denotation into a single homograph. Even in Swift’s wordplay there are possibilities for representation of his disorders, ambivalently terrifying, ironic, and comic, at once physical and cognitive.

In the *Travels* Swift imagined not only the chaos of body and mind that he felt in his disorders but also the social experiences of his illnesses. He felt keenly the conditions and limitations of disability. And, his humoral body out of order and out of place in the social world by which he defined himself, he found his very identity unstable and indeterminate. In Gulliver’s experiences in each new kingdom, Swift imaginatively explored and represented his own social disabilities and confusions of identity. There are failures of communication, the social embarrassments of his deafness and vertigo, the terrors and comic performance of a giddy body, the helplessness of disability, and the loss of masculine identity that came with physical debilities.

Failures of communication abound in the *Travels*. In every new land, Gulliver is confronted by unintelligible talk, like Swift deaf in the company of friends. Disoriented upon waking in Lilliput, he listens to a tiny-voiced official’s long harangue, “whereof I understood not one Syllable.” Dangled in the air by the huge farmworker who

42. I am grateful to Mary Fissell for pointing out Swift’s suggestive wordplay here.

43. GT, 43.
stumbles across him in Brobdingnag, Gulliver desperately calls out for mercy in his strange tongue; the fieldhand is amazed “to hear me pronounce articulate Words, although he could not understand them.”\textsuperscript{44} It is the same in Laputa, Houyhnhnmland, and the other fantastic places that Gulliver visits. Gulliver’s experiences are Swift’s own: Words are confused and baffled, hearing thick, communication broken and disordered.

In \textit{Gulliver’s Travels} Swift imagines not only the practical difficulties of communication that he had to negotiate during fits of deafness and tinnitus but also the social embarrassments that came with his hearing impairments and giddiness. Deafness, he wrote to Pope in 1737, “hath no allowance given it; and the scurvy figure a man affected that way makes in company, is utterly insupportable.”\textsuperscript{45} For Swift, hearing and speaking had become embarrassed performance. In the \textit{Travels}, he represented this social embarrassment imaginatively when the Brobdingnagian farmer displays Gulliver for money. The protagonist is forced to perform his hearing and speaking, at first for crowds of “only Thirty People at a Time” but later for huge groups in the metropolis.\textsuperscript{46} In these performances, the farmer’s daughter, Glumdalclitch, “asked me Questions as far as she knew my Understanding of the Language reached, and I answered them as loud as I could.”\textsuperscript{47} Having shrunk Gulliver to one-twelfth the size of the Brobdingnagian gawkers, Swift made comic spectacle of his own hearing and speaking.

\textsuperscript{44} GT, 95.
\textsuperscript{45} Swift to Alexander Pope. 31 May 1737, in Corr, vol. 5, 41.
\textsuperscript{46} GT, 103.
\textsuperscript{47} Ibid.
In Brobdingnag, social disruption caused by the chaos of the humoral body is both terrifying and ridiculous because of Gulliver’s tininess. Shortly after arriving, when the farmer places him on the dinner table, “which was thirty Foot high from the Floor,” Gulliver reports, “I was in a terrible Fright, and kept as far as I could from the Edge, for fear of falling.” But gallantly he raises his “Dram-cup” of “small Cyder” to toast the health of the farmer’s wife. The company laugh at the ludicrousness of the gesture. Then disoriented by the “great surprize” of finding himself in a body so out of its nature (and tipsy from drink), he trips embarrassingly: “I happened to stumble against a Crust, and fell flat on my Face.” Here is the tottering Swift himself in fear of tumbling, walking “like a drunken Man,” deafened by the roaring of his tinnitus, made pitiable and ridiculous in company.

If Gulliver’s pratfall makes of Swift’s own disordered body a comic spectacle, more ambivalent self-representation follows. Perched hundreds of yards above the ground after the monkey absconds with him, Gulliver clutches the roof tiles in giddy terror; at the same time he is aware of how ridiculous he appears to the crowd of Brobdingnagians who are gaping at the spectacle. He notes that “many of the Rabble below could not forbear laughing.” “[N]either do I think they justly ought to be blamed” for their laughter, says Gulliver of the gawkers, “for without Question, the Sight was ridiculous enough to every Body but my self.” We cannot help remembering Swift’s own delight in seeing the chaos caused by the monkey who smashed plates and

48. GT, 97.
49. Ibid.
50. GT, 124.
dishes, “merely for the pleasure of seeing them tumble and hearing the clatter they made in their fall.”\textsuperscript{51} At the same time that Swift was preoccupied with maintaining order in his body and in the world, he knew too well that there is delight in disorder. In the mayhem that the Brobdingnagian monkey causes is the horrified amusement of others observing his own humoral chaos.

In Gulliver’s experiences in Brobdingnag we also see Swift himself reduced to childlike helplessness in his disorders. After spiriting Gulliver up to the rooftop, the monkey first cradles him “as a Nurse doth a Child she is going to suckle.” Then, “holding me like a Baby in one of his Fore-Paws, and feeding me with the other,” the monkey “crammed[ed] into my Mouth some Victuals he had squeezed out of the Bag on one Side of his Chaps, and patt[ed] me when I would not eat.”\textsuperscript{52} After his rescue, Gulliver is nursed back to health by Glumdalclitch. Here is Swift himself represented as helpless and dependent infant in his disability.\textsuperscript{53} Confined to the domestic world, Gulliver has no choice but to cede authority to the girl.

In \textit{Gulliver’s Travels} Swift also imagined the loss of masculine vigor and the indeterminacy of sexual identity that came with his disorders. Like Swift, Gulliver prides himself on his athletic abilities: He swims, walks, rows, and uses “a good Deal of


\textsuperscript{52} GT, 123-24. This scene is a perverse version of the story that Swift told several times throughout his life about being “kidnapped” by his wet nurse, who took him with her to Whitehaven on the coast of England, where she kept him for three years. See page 213, above.

\textsuperscript{53} Some readers suggest that Glumdalclitch is Stella, saintly in nursing Swift during his episodes of giddiness and deafness. But others caringly watched over him also. See page 203n62, above.
Exercise.” In Lilliput he gobbles up ground in walking, “ten Yards at every Stride.” When he is in Brobdingnag, the queen asks him “whether a little Exercise of Rowing might not be convenient for my Health”; she has “her own Joyner,” “an ingenious Workman,” outfit a little “Pleasure-Boat with all its Tackling” for him. The joiner then builds a giant trough, “of three Hundred Foot long, fifty broad, and eight deep.” Here Gulliver rows often for both exercise and diversion. Such athletic activities imaginatively represent Swift himself in his regimen. Because Gulliver’s body is disabled or unable in the various worlds in which he finds himself, however, there are frequent physical mishaps, often comic and sometimes pitiable; the failed physical performances parody Swift’s own.

During a country stay in 1721, Swift wrote, “I row or ride every day, in spite of the rain, in spite of a broken shin, or falling into the lakes, and several other trifling accidents.” If Swift could laugh playfully at his athletic mishaps here, Gulliver’s own physical misadventures are self-ridiculing parody. As Gulliver is rowing one day in Brobdingnag, a loathsome frog climbs up on his boat “and made it lean so much on one Side, that I was forced to balance it with all my Weight on the other, to prevent overturning.” As proof of masculinity, he insists that he “deal with it alone”: “I banged it a good while with one of my Sculls, and at last forced it to leap out of the Boat.”

54. GT, 120.
55. GT, 93. Gulliver is here describing the stride of a Brobdingnagian. But because Gulliver is Brobdingnagian-sized in Lilliput, we can safely make the transference.
56. GT, 121-22.
58. GT, 122-23.
time Gulliver's athletic abilities are tested when the queen's mischievous and envious dwarf drops him into a large bowl of cream. He tumbles "over Head and Ears, and if I had not been a good Swimmer, it might have gone very hard with me." Glumdalclitch rescues him but only after he has "swallowed above a Quart of Cream."59 In another instance, Gulliver challenges the dwarf to wrestle. Then in the most humiliating—and memorable—failed athletic performance, Gulliver tries to impress the Brobdingnagians with his leaping abilities. Walking with Glumdalclitch and friends, he sees a "Cow-dung in the Path" and "must needs try my Activity by attempting to leap over it": "I took a Run, but unfortunately jumped short, and found my self up just in the Middle up to my Knees." The story of Gulliver's short-fall quickly makes the rounds in court, "so that all the Mirth, for some Days, was at my Expence."60 In all of these activities in which he would demonstrate his athletic "Skill and Agility"—rowing, swimming, wrestling, leaping—he is made ridiculous.61 Here are the imaginative representations of Swift's own athletic failures in his disorders.

In both Brobdingnag and Houyhnhnm, there are also parodic representations of the riding that Swift prized above all others for restoring humoral balance. "[I]n an ugly State of Health by the disorders in my Head," he wrote once to Ford, he wished for nothing more than "the medicine of an unfoundred trotting Horse."62 Even into his age,
he routinely rode a dozen miles three times a week. In Brobdingnag, Gulliver is several
times on horseback, once riding from one market town to another, a distance of about
twenty miles: “I was terribly shaken and discomposed in this Journey, although it were
but of half an Hour. For the Horse went about forty Foot at every Step; and trotted so
high, that the Agitation was equal to the rising and falling of a Ship in a great Storm, but
much more frequent.”63 Swift himself rode to cure his giddiness; Gulliver’s ride in
Brobdingnag is instead vertiginous. In Houyhnhnmland, there is no riding at all. The
horses are outraged that Gulliver would even imagine such a thing: His “Master, after
some Expressions of great Indignation, wondered how we dared to venture upon a
Houyhnhnm’s Back.” The weakest among the Houyhnhnms, he says, “would be able to
shake off the strongest Yahoo; or, by lying down, and rolling upon his Back, squeeze
the Brute to Death.”64 Swift himself as rider is Yahoo here. This imaginative parodying of
his own riding and his other exercises may, again, be comic self-portraiture, a way of
ironizing his own experience. But Swift may also have been expressing doubt about the
efficacy of his regimen. “I ride often every week, & walk much; but am not better,” he
wrote to John Gay in 1730.65 And to Pope a few years later: “I continue to ride & walk,
both of which, although they be no cures, are at least Amusements.”66 If Gulliver’s
amusing athletic failures parody his own “immoderate” exercising for health, Swift may
have been pausing here to reflect on the futility—or fatuity—of his lifelong regimen.

63. GT, 03.
64. GT, 221.
In Gulliver’s experiences, Swift also imaginatively represented the emasculation that came with his illnesses. Any attempt on his character’s part to represent himself as a sexual being is always turned into ridiculous spectacle. Indulging “a fancy of diverting himself,” the Emperor of Lilliput has Gulliver stand like the Colossus of Rhodes while a contingent of foot soldiers and cavalry march between his legs. Although the soldiers are enjoined to “observe the strictest Decency, with regard to my Person,” some cannot help looking up as they pass beneath. “And to confess the Truth,” says Gulliver, “my Breeches were at that Time in so ill a Condition, that they afforded some Opportunities for Laughter and Admiration.” On that note of triumph Gulliver ends his paragraph. Because Gulliver is indulging the emperor’s “fancy of diverting himself,” this is sexual performance. And in this performance Swift represents his own masculine endowments. But with the Lilliputians’ admiration there is also laughter. At once admirable and ridiculous in his sexuality, Gulliver is ambivalent self-representation of Swift himself, emasculated in his illnesses.

In Brobdingnag, Gulliver would also perform his masculinity, by showing off his athletic abilities. For a crowd of spectators he shows his expertise with sword and pike: “I drew out my Hanger, and flourished with it after the Manner of Fencers in England. My Nurse gave me Part of a Straw, which I exercised as a Pike, having learned the Art in my Youth.” And as he rows his boat, “the Queen and her Ladies,” he says proudly, are impressed with his “Skill and Agility.” But if Gulliver prides himself on such male

67. GT, 59. The emphasis here is mine.
68. GT, 103-104.
69. GT, 122.
athletic performances, his sexual identity is undercut at every turn. His rowing for the Brobdingnagian ladies is not proof of masculinity but merely “agreeable” entertainment. And in an image of both his sexual impotence and the surrender of his body to the women, he would sometimes put up the little sail on his boat, “and then my Business was only to steer, while the Ladies gave me a Gale with their Fans, and when they were weary, some of them would blow my Sail forward with their Breath.”70 Here is the imaginative representation of Swift himself, passive and feminized in his physical disabilities.

Already diminished by such subversions of his athleticism, Gulliver’s sexual identity is completely crushed in his encounters with the Brobdingnagian maids of honor in their private closet. These girls strip him “naked from Top to Toe” and lay him “at full Length in their Bosoms” for their entertainment and “Pleasure,” treating him “without any Manner of Ceremony, like a Creature who had no Sort of Consequence.”71 Here, as we saw in the previous chapter, is Swift himself, desexualized in a body broken by his “own Infimityes.”72 Used thus by the Brobdingnagian maids of honor, Gulliver is insulted. Most humiliating and vexing to the be-littled man in his encounters with the girls, the “handsomest among these Maids of Honour, a pleasant frolicksome Girl of sixteen, would sometimes set me astride upon one of her Nipples; with many other Tricks, wherein the Reader will excuse me for not being over particular.”73 If this image of

70. Ibid.
71. GT, 120.
73. GT, 121.
Gulliver’s riding astride the girl’s huge nipple deflates both his proud athleticism and his masculine identity, it also comically parodies the diminishment of Swift’s own sexual vigor in his disorders. Riding for Swift was almost exclusively a masculine pursuit; he boasted about his prodigious abilities, recommended it to his male friends for their health, and gibed them good-naturedly for their inabilities. In Gulliver’s adventures with the Brobdingnagian maidens, however, riding turns to comic representation of the emasculation that came with Swift’s disorders.

His sexual pride insulted by the Brobdingnagian maids of honor who treat him as a “Creature” of no “Consequence,” Gulliver resorts to his only means of rescuing his sexual identity, the narrative itself. He is quick to insist that the girls’ naked bodies were “very far from being a tempting Sight, or from giving me any other Motions than those of

74. While he often advises that his female friends walk for their health, only rarely does Swift suggest that they ride. In one of his earliest letters to Stella and Dingley, he enjoins Stella to “ride little Johnson, who must needs be now in good Case [health].” 9 August 1710, in JS, 7. For want of a comma, however, the advice is ambiguous; it is unclear if she should “ride, little Johnson” or “ride little, Johnson.” A year later, in a rare instance of ceding the reins to a woman, Swift speaks of Stella’s riding for exercise but makes of it an elaborate comic production:

I am glad at heart MD rides, and rides, and rides….Now, madam Ppt, what say you? you ride every day; I know that already, sirrah; and if you rid every day for a twelvemonth, you would be still better and better….O Lord, how hasty we are, Ppt can’t stay writing and writing; she must go a cock-horse, pray now. Well; but the horses are not come to the door; the fellow can’t find the bridle; your stirrup is broken; where did you put the whips, Dd [Dingley]? Marg’et, where have you laid Mrs. Johnson’s ribband to tie about her? reach me my mask: sup up this before you go. So, so, a gallop, a gallop: sit fast, sirrah, and don’t ride hard upon the stones.—Well, now Ppt is gone, tell me, Dd, is she a good girl?

Swift moves on from there to discuss London news and business. But he cannot let the image of Stella’s riding go and returns to it a page later: “O madam Ppt, welcome home; was it pleasant riding? did your horse stumble? how often did the man light to settle your stirrup? ride nine miles? faith you galloped indeed.” 30 June 1711, in JS, 232-33. Because none of the letters from Stella and Dingley survive, we cannot know what prompted this particular comic narrative; the context suggests that Swift was bruised when Stella had to hurry off to ride while she and Dingley were writing to him. Sirrah, says the OED, was a “term of address used to men or boys, expressing contempt, reprimand, or assumption of authority on the part of the speaker” (s.v., “sirrah”). It was used jestingly or less seriously in speaking to children and women. While Swift often addresses both Stella and Dingley as “sirrahs,” calling Stella “sirrah” in this context comically masculinizes her in her riding.
Horror and Disgust.” While the word “Motions” means emotions, it is sexually suggestive as well; in claiming that he is not aroused by the girls, Gulliver is trying to maintain some vestige of sexual pride—and sexual identity. Gulliver’s puny declaration could be Swift’s own. His “females friends [having] forsaken” him in his age and illness, Swift parodies his own feeble attempts to reaffirm himself as a sexual being, a man of “Consequence.”

In the previous chapter we saw how Swift reimagined himself socially and sexually in the sick role. Especially in the Brobdingnagian episode, which shows Gulliver at his most helpless and impotent, there are parodic representations of Swift’s own attempts to assert his power and sexuality. Tiny and helpless as he is, Gulliver makes commands. He “orders” servants to accommodate his needs. And he insists magnanimously that the dwarf who has played a malicious trick upon him be “pardoned at my Desire.” Such magnanimity from such a puny creature.

If *Gulliver’s Travels* was opportunity for Swift to imagine the physical, psychological, and social experiences of humoral disorder, it is also an essay on identity. As I have argued throughout this study, Swift’s social identity was inseparable from his body. Because the humoral body and the world outside existed on the same continuum, his social identity was not merely correlative to his body; it resided in that body. The uncertainties of his identity were instantiate in his fluid, indeterminate

75. GT, 120.

76. GT, 118.
humoral body, disordered by crazy confusions of senses and faculties. In the *Travels* Swift imagines and represents these indeterminacies of his own identity by embodying them in Gulliver. In each of the fantastic kingdoms, Gulliver is a body out of place, something indeterminate, which can never quite be fixed. Here is Swift’s own indeterminate body, fluid and shifting, never quite fixed. The indeterminacy and “slippage” of Gulliver’s identity is Swift’s own.

In a brilliant study of the eighteenth century’s imagining of monsters, Dennis Todd writes that “in the monstrous, the boundaries which articulate form and identity begin to dissolve toward an unnameable amorphousness.” In naming something, one imposes order. But because there is nothing else like it in nature and no taxonomy by which to classify it, a monster defies even a name that would define it; that would, etymologically, draw distinctive boundaries around it. If Gulliver is a celebrity body in the various fantastic worlds, a spectacle that evokes admiration, awe, terror, and wonder, he also defies definition. In Brobdingnag, he is advertised first as “a strange Creature…in every Part of the Body resembling an human Creature; [who] could speak several Words, and perform an Hundred diverting Tricks.” Then he is turned over to the Brobdingnagian scientists who try to determine what he is. “These Gentlemen, after they had a while examined my Shape with much Nicety, were of different Opinions concerning me”:

One of them seemed to think that I might be an Embrio, or abortive Birth. But this Opinion was rejected by the other two, who observed my Limbs to be perfect and finished; and that I had lived several Years, as it was manifested from my Beard;


78. GT, 103.
that they Stumps whereof they plainly discovered through a Magnifying-Glass. They would not allow me to be a Dwarf because my Littleness was beyond all Degrees of Comparison; for the Queen's favourite Dwarf, the smallest ever known in that Kingdom, was near thirty Foot high. After much debate, they concluded unanimously that I was only Relplum Scalcathe, which is interpreted literally Lusus Naturæ [a sport or “freak” of nature].

The scholars make their determination of Gulliver's identity exclusively as a body, a physical object. And in naming him, they place him, finally, in that category of creatures whose identity cannot be defined. Gulliver is sui generis, a one-off who can “not be produced according to the regular Laws of Nature.” While Gulliver would have us think that the various fantastic beings that he encounters are monsters in their littleness or bigness or grotesqueries, it is he who is monster, a body out of order.

There are other confusions that arise from the indeterminacy of his body, some comic, some terrifying. In Lilliput Gulliver, who is ambiguously “Man Mountain,” is accused of having a sexual affair with the Treasurer Flimnap’s wife, who, “the Court-Scandal ran,” “had taken a violent Affection for [his] Person” (that is, his body). He goes to inordinate lengths to defend himself and the “excellent Lady” against this charge. Both Lilliputians and Gulliver himself have collapsed his physical identity: Never once does Gulliver invoke (or even apparently imagine) the obvious defense, the physical impossibility (or certainly inadvisability) of having a sexual affair with a woman one-twelfth his size. The size ratio reversed in Brobdingnag, there are similar confusions of body-identity. Gulliver reflects upon the terrifying episode with the monkey, “I have good Reason to believe that he took me for a young one of his Species.” More monstrously,

79. GT, 108.
80. Ibid.
the monkey who seems to want to “suckle” Gulliver is male. Species, sex, maternity, all are confused here, a dissolving of discrete identities in a gross physical encounter.

In Book 4, for all of their reason, that faculty of mind by which one makes sense of things perceived, the Houyhnhnms can never quite place Gulliver. His Houyhnhnm “Master” finds that in his “Head, Hands and Face” Gulliver “exactly resemble[s]” the Yahoos. But the horses are perplexed by his features, behavior, and tractability. Gulliver, they decide, is “a wonderful Yahoo, that could speak like a Houyhnhnm, and seemed in his Words and Actions to discover some Glimmerings of Reason.” Here, too, he is lusus naturae.

If Houyhnhnm reason cannot finally fix Gulliver’s identity, however, Yahoo nature does not fail. Of the Yahoos, says Gulliver,

I have Reason to believe, they had some Imagination that I was of their own Species, which I often assisted myself, by stripping up my Sleeves, and shewing my naked Arms and Breast in their Sight, when my Protector was with me: At which times they would approach as near as they durst, and imitate my Actions after the Manner of Monkeys, but ever with great Signs of Hatred, as a tame Jack Daw with Cap and Stockings, is always persecuted by the wild ones, when he happens to be got among them.

In Swift’s day, “jackdaw” was byword for any silly, prattling, or conceited fellow. The pet jackdaw here, dressed sportively by its owner in cap and stockings, is something unnatural and ludicrous. It is Swift’s emblem of human vanity, mankind pretending to

81. GT, 123.
82. GT, 216.
83. GT, 217.
84. GT, 240-41.
something beyond its base nature. In its ridiculous affectation, it is also a creature whose identity is indeterminate, pretending to something it is not.

In his discussion of monsters, Todd speaks of the particular attention that gawkers at popular diversions gave to those “creatures that blurred the distinction between men and beasts”: dwarves and giants, boys covered with fish scales or hedgehog quills, and animals trained and dressed to mimic humans: clever horses, elephants, spaniels. These monsters, says Todd, compelled the horrified fascination of eighteenth-century men and women because they are at once so different and so like us; they “blur the boundaries between the bestial and the human.” They trouble us because they put our own identity into question. This indeterminate identity explains why Gulliver recoils upon first seeing the Yahoos: “I never beheld in all my Travels so disagreeable an Animal, or one against which I naturally conceived so strong an Antipathy.” But the Yahoos’ observation of Gulliver—as pet bird “with Cap and Stockings”—is perverse parody of our own horrified fascination with monsters. As both subject and object, the Yahoos are mirror of Gulliver himself.

In a final, irrevocable confusion of bodies and identity, “a young female Yahoo,” inflamed by Desire,” sexually assaults Gulliver as he is bathing naked in a river. “I was never in my Life so terribly frighted,” he writes. “She embraced me after a most fulsome

---

85. In Aesop’s fable about the bird in borrowed plumage, a jackdaw puts on the fallen feathers of a peacock and assumes superiority over his fellow daws. When the truth is discovered, the other jackdaws jeer, peck out both the peacock feathers and many of his own, and drive him away.

86. Todd, 147.

87. Ibid., 156.

88. GT, 207.
Manner,” and only when Gulliver’s protector gallops over to save him does she quit “her Grasp, with the utmost Reluctancy, and…stood gazing and howling all the time I was putting on my Cloaths.” In one moment, both his sexual identity and his identity as human are shattered. The Houyhnhnm Master and his family are greatly amused by the incident. But Gulliver is mortified: “For now I could no longer deny, that I was a real Yahoo, in every Limb and Feature, since the Females had a natural Propensity to me as one of their own Species.”

Human on the Great Chain of Being, Gulliver would be Houyhnhnm but finds himself Yahoo. Swift has figured this slippage of identity into the names themselves, each near-punning on the word human; the convergent words themselves disorder Gulliver’s identity. But Gulliver’s body, like Swift’s own, is also humoral. In Yahoo, Houyhnhnm, and human are the indeterminacy and instability of the fluid body. The confusion of identities, like all the others, is a confusion of bodies.

If we place this confusion of bodies and identity into the context of humoralism, we understand better how Swift wrote from his own physical experiences. The Yahoos that Gulliver wants so desperately to distinguish himself from are humoral bodies ungoverned: They gluttonize on “every thing that [comes] in their Way, whether herbs, Roots, Berries, corrupted Flesh of Animals, or all mingled together” until they are “ready to burst.”

They “suck…with great Delight” on an intoxicating root, which “would make them sometimes hug and sometimes tear one another; they would howl and grin, and chatter, and reel, and tumble, and then fall asleep in the Mud.”

89. GT, 242.
90. GT, 237.
91. GT, 237-38.
passions, screaming, scratching one another, groaning in melancholy. They are unrestrained in their sexual appetites. They void their excrements indiscriminately. In other words, there is no attempt to regulate the non-naturals: The Yahoos are Swift’s unblinking representation of the humoral body uncontained, reduced to gross exchanges of matter with the world around them in their ungoverned consumption and evacuations.

When these “sordid Brute[s]” get sick, there are cures for righting the humoral imbalance.92 To remedy their gluttonies, “Nature had pointed out to [the Yahoos] a certain Root that gave them a general Evacuation.”93 And when, by their “Nastiness and Greediness,” they contract the “Hnea Yahoo, or the Yahoo’s-Evil,” the Houyhnhnms intervene with their rational medicine. “[T]he Cure prescribed is a Mixture of their own Dung and Urine, forcibly put down the Yahoo’s Throat.” Gulliver, himself a surgeon, says of this remedy, “This I have since known to have been taken with Success: And do here freely recommend it to my Countrymen, for the publick Good, as an admirable Specifick against all Diseases produced by Repletion.”94 If the cure seems gratuitously foul to us and Gulliver’s enthusiasm for it yet more evidence of his blind reverence for Houyhnhnm reason, we should know that it is perfectly in keeping with humoral logic of Swift’s own day. There were, in fact, excremental cures touted by esteemed physicians like Sir Hans Sloane, President of the Royal College of Physicians of London.95 And

92. GT, 238.
93. GT, 237.
94. GT, 238.
there were the vomits and clysters, asafoetida, hiera picra, and the “nasty” steel drops and diet drinks that Swift himself took to remedy his disorders. He is writing from his own humoral experiences.

Readers like William Makepeace Thackeray found the Yahoos both terrifying and offensive because they are irrational creatures who represent mankind as irredeemable beasts. In representing us all as Yahoo, said Thackeray famously, Swift himself was “a monster gibbering shrieks, and gnashing imprecations against mankind—tearing down all shreds of modesty, past all sense of manliness and shame; filthy in word, filthy in thought, furious, raging, obscene.” If we consider Swift’s gross depiction of the Yahoos in the context of humoralism, however, we get a more historically nuanced understanding of his grave concerns about human identity, born of the anxieties about his own unruly body. For Swift, as for Gulliver, the most frightening reality of the humoral body was the dissolution of identity in gross matter. Bodies are permeable in their environment, the boundaries between outside and inside worlds blurred and indeterminate. Management of the non-naturals in regimen was a way for Swift to govern the unruly body by keeping the fluid humors in check. It was a way, however tentative, of maintaining an identity separate from anarchic matter. That Gulliver, like Swift, follows a careful dietary regimen is Swift’s own representation of his attempts to distinguish himself from gross Yahoo humoral nature. Disgusted by the foul meat that

the Yahoos eat, Gulliver instead dines upon oat cakes, milk, and “wholesome Herbs, which I boiled, or eat as Salades with my Bread.”97 “And I cannot but observe,” he says of his time in Houyhnhnmland, that I never had an Hour’s Sickness, while I staid in this Island.”98 Like Swift himself, Gulliver would “fence against” humoral imbalance with a strict regimen; thus he tries to impose order upon both body and identity. In the end, however, he can no longer deny the ineluctable fact of his own humoral body: He—and all other humans—are Yahoo. Mankind is but “a Lump of Deformity, and Diseases in Body and Mind.”99 If Gulliver would finally repudiate the humoral body, however, Swift himself would try to reform it. And so through all of his efforts—explaining his illnesses in an intelligible diagnostic narrative, trying to correct imbalances with medical interventions and regimen, casting himself in various sick roles, and representing his disorders imaginatively in works like Gulliver’s Travels—Swift tried to impose order on his body. But the governance of the disordered body is no less governance of the disordered world: “I desire that my Prescription of living may be published…for the benefit of Mankind,” he had written to William Pulteney.100

As we have seen, in Gulliver’s experiences Swift invariably represented his own disorders and disabilities ambivalently. At the same time that he depicted his sufferings, confusions, vulnerabilities, and diminishments imaginatively, there is in the Travels

97. GT, 214.
98. Ibid.
99. GT, 266.
comic, ironic, self-embarrassed representation of himself sick. Here we see Swift’s singular “double-vision,” the gift—or curse—of hyper-self-consciousness that made him imagine himself always as he must appear to others.101 Ever “in dread of Sickness” and disordered by his unruly humoral body, Swift was also aware of himself as ridiculous spectacle in a body that would not perform as he willed it.102 He presented the same pitiable and ridiculous self-image in Verses on the Death, as he imagined others saying of him,

See, how the Dean begins to break:
Poor Gentleman, he droops apace,
You plainly find it in his Face:
That old Vertigo in his Head,
Will never leave him till he’s dead.103

There are other poems, too, in which Swift ambivalently represented himself sick. In verses “In Sickness” and “On His Own Deafness,” he depicted the physical sufferings, loneliness, and abandonment that he felt during episodes of giddiness and deafness but undercut them with disruptive forms—jaunty rhythms and jangling rhymes. We see the same ironic self-subversions in his apology to Ford for his prattling, self-indulgent “old Woman’s Talk” about his illnesses and the images of himself “making a silly figure and tearing the Lungs of my friends” in his deafness.104 Swift’s comic and ironic presentation

101. We see this prominently not only in apologia poems like Verses on the Death and “The Life and Genuine Character of Doctor Swift. Written by Himself” but also in others like “His Grace’s Answer to Jonathan” and “A Panegyrick on the D—n in the Person of a Lady in the North.” in which Swift imagines himself through others’ eyes.


103. Verses on the Death of Dr Swift, lines 80-90, in Poems, vol. 2, 556. The emphasis in vertigo in the fourth line is on the second syllable.

of himself disordered in *Gulliver’s Travels* was yet another way to impose order on disorder, a way of making sense of his experiences as a sick person by setting them off at an objective remove.

This ability to present himself as subject and object may explain the remarkable gifts for impersonation that Swift turned to satiric purposes in his satires. But acknowledging this double vision is also a way to respond to those readers who find evidence of Swift’s own madness in the *Travels*. Typically these readers begin by seeing the Struldbrugs as horrified self-imagining, a representation of himself with faculties decayed. Then they make the leap, however, and see Gulliver’s final mad misanthropy as Swift’s own. Certainly, as those like Rawson argue, we can never disentangle Swift himself from all of the strands of his imaginative writing. But understanding the ambivalent double vision of his self-representations, we can see Gulliver’s final mad withdrawal from the Yahoo world as Swift’s way of containing his own disorders by representing them imaginatively.

After Swift’s death, those early commentators who wanted to tell the story of his final mental decay read the Struldbrugs as prophetic autobiography. In these “miserable immortals,” one writer found an opportunity for moral reflection upon “our final dissolution”: When “we set [death] in contrast with the immortality of the Struldbrugs, [it] is no longer the king of terrors.” But the horrifying image of decay, says the writer, was terrified prolepsis. Swift, he continues,

probably, felt in himself the effects of approaching age, and tacitly dreaded that period of life, in which he might become a representative of those *miserable*
His apprehensions were unfortunately fulfilled.—He lived to be the most melancholy sight that was ever beheld.\textsuperscript{105}

His earliest biographers—Laëtitia Pilkington and Lord Orrery—also saw in the Struldbruggs Swift’s prophetic image of himself in his final dotage. Pilkington wrote that although she respected “his sacred Memory,” Swift was punished in his final years for being too satirical of “Infirmities”: “[H]e lived to be a Struldbrugg, helpless as a Child, and unable to assist himself.”\textsuperscript{106} In the claim that Swift’s satiric attacks had at last justly ambushed his life, Pilkington, characteristically, found an opportunity to display her own literary wit. Orrery, however, explicitly explained the decays of memory in Swift’s own humoral terms. Claiming Swift himself as witness, he attributed his cognitive decline to the “giddiness in his head” caused “by eating an immoderate quantity of fruit”:

To this surfeit I have often heard him ascribe that giddiness in his head, which with intermissions sometimes of a longer, and sometimes of a shorter continuance, pursued him till it seemed to compleat its conquest, by rendering him the exact image of one of his Struldbruggs, a miserable spectacle, devoid of every appearance of human nature, except the outward form.\textsuperscript{107}

Deane Swift protested that Orrery’s comparison “insult[ed] the ashes of so bright a genius with infirmities of his latter days.”\textsuperscript{108} Still, Orrery’s explanation of Swift’s decaying memory conformed with humoral theory.

The earliest commentators who made the leap from Swift’s decayed memory to his ultimate madness maintained his own humoral explanation that the disorders of his

\textsuperscript{105} The Town and County Magazine; or Universal Repository of Knowledge, Instruction, and Entertainment, 28 vols. (London, 1769-[1796]), vol. 8 (1776): 476.


\textsuperscript{107} Orrery, 19.

\textsuperscript{108} Deane Swift, 218.
body would eventuate in insanity. His giddiness, said Orrery, “pursued him until it reduced him to that condition, in which reason lay buried in the bodies grave.”

Defending his friend against what he saw as Orrery’s misrepresentations, Delany protested that Swift had not gone irrecoverably mad but “had certain short intervals of reason.” He blamed his “state of ideotism” not on the accumulation of “black-bile” in the blood, “which physicians…describe to be its ordinary condition, in a state of lunacy,” but upon water on the brain. As we have seen, Delany thought this diagnosis vindicated by Swift’s autopsy. Apparently cribbing from Orrery, Samuel Johnson attributed Swift’s final “madness” to the deafness and giddiness that “pursued him through life, and at last sent him to the grave, deprived of reason.”

If Johnson still followed the humoral model in attributing Swift’s disorder to humoral imbalance, there was nevertheless a signal shift in his psychological reading of the imaginative works. Johnson says that the “greatest difficulty that occurs, in analyzing [Swift’s] character, is to discover by what depravity of intellect he took delight in revolving ideas, from which almost every other mind shrink with disgust.” He asks why Swift would dwell upon “disease, deformity and filth.” While he leaves the question unanswered, he does see Gulliver’s depiction of the Yahoos as evidence of this “depravity.” Upon this hint, there was a shift as readers found in Gulliver’s mad

109. Orrery, 8.

110. Delany, 102-103. See pages 100-101, above.

111. Samuel Johnson, Swift, in The Lives of the English Poets; and a Criticism on Their Works, 3 vols. (Dublin, 1779), vol. 2, 480, 442.

112. Ibid., 492-93.
misanthropy evidence of the Dean’s own. Hopelessly muddling the chronology of Swift’s life, Walter Scott, for one, claimed that, among other factors, his “personal health, broken and worn down by the recurring attacks of a frightful disorder,” drove him to misanthropy.¹¹³ This misanthropy “was a precursor of his mental derangement.”¹¹⁴ Nowhere, said Scott, was Swift’s misanthropy represented more obviously than in his picture of the Yahoos in Book 4.

Shortly thereafter, readers saw Swift’s misanthropy not as “precursor” of his madness but as madness itself. The Yahoos, said Thackeray, were a symptom of psychopathology: “What fever was boiling in him, that he should see all the world bloodshot?”¹¹⁵ In the late nineteenth century, Edmund Gosse wrote that as Swift’s “vertigo became chronic…so did his misanthropy”: “[I]t seems probable that the first literary expression of his rage and despair was the awful satire of the Yahoos.” “It was with the horrible satisfaction of disease” that Swift rendered man Yahoo. In this representation of us all, concluded Gosse, “there is something which suggests a brain not wholly under control.”¹¹⁶ Psychological critics of the twentieth century, who also read *Gulliver’s Travels* autobiographically, found evidence of psychopathology—

---


¹¹⁴ Ibid., 258.

¹¹⁵ Thackeray, vol. 11, 154.

¹¹⁶ Edmund Gosse, *A History of Eighteenth Century Literature (1660-1780)* (London and New York: Macmillan and Co., 1889), 161. Gosse charts Swift’s decline into madness in the *Travels*, saying that while Book 4 is proof of psychopathy, the voyages to Lilliput and Brobdingnag “belong to the period of his mental health” (160).
“psychosexual infantilism,” “coprophilia”—not in Swift’s perceived misanthropy but in Gulliver’s horrors of sex and his preoccupation with excremental matters.\footnote{117. “Swift was...a lifelong sufferer from Ménière’s disease, and he was not insane,” says T.G. Wilson. “But he was undoubtedly a psychopath, for his constant references to the bodily excreta amounted to a pathological obsession.” “The Mental and Physical Health of Dean Swift,” \textit{Medical History} 2, no. 3 (July 1958): 177.}

The error in all such diagnoses is that, in reading the \textit{Travels} (and Swift’s other works) as clinical case study, they find symptoms instead of imaginative representations. Rather than see Gulliver’s final misanthropy or Struldbruggs as Swift’s horrified imaginings of “dying from the top down,” the readers who would impose their own narrative of his madness see them as symptoms of that very decline. In doing so, they miss an important point, that imagining the disordered body and faculties was a strategy of containment, yet another way for Swift to impose order on his unruly body.

With Swift returned to his humoral body, there are no more symptoms of mad misanthropy or psychopathy in \textit{Gulliver’s Travels} than there are symptoms of Ménière’s Disease. Instead, Swift imaginatively reckons with his fears that his humoral disorders will finally disorder his mind irrevocably. In the narrative of Gulliver’s travels out and back from the various fantastic lands, he imagines the cycles of his own illness and recovery, relapse and recovery again. Each of Gulliver’s journeys out is the disordering of both humoral body and mind; each journey back is recovery. Gulliver’s disgust with the gross Yahoo humoral body and his final mad misanthropy is not symptom of what Swift is but representation of what he feared becoming if he could not impose order on his disordered body and mind.
Each of Gulliver’s voyages out to a new kingdom is a dis-ordering of his mind, embodied in disorienting shifts in size and perspective, hallucinatory transformations of bodily forms, sounds that deafen or are hardly heard. These are the experiences of Swift’s own humoral illnesses, body and senses in chaos, threatening final madness. In acts of imaginative recovery, Gulliver must prove his sanity after each return from a fantastic kingdom. When he tells the tale of his adventure in Lilliput, the ship’s captain who brings him home to England “thought I was raving, and that the Dangers I underwent had disturbed my Head.” Likewise, he says, the captain who rescues him from Brobdingnag “concluded I was raving,” “began again to think that my Brain was disturbed,” and was “sorry to have taken so ill a Man into his Ship.” He imputes Gulliver’s odd behavior “to some Disorder in my Brain.” When Gulliver returns to his own house, his wife, daughter, and servants “concluded I had lost my Wits.” In Book 4, Don Pedro de Mendez, the decent Portuguese captain who brings him home at last, listens to his story about Houyhnhnms and Yahoos “as if it were a Dream or a Vision” but indulges him in kind forbearance. Gulliver’s fellow Englishmen think him mad, however. He has “great Reason to complain, that some of them are so bold as to think my Book of Travels a meer Fiction out of mine own Brain; and have gone so far as to drop Hints, that the Houyhnhnms and Yahoos have no more Existence than the

118. GT, 88. That Gulliver “clearly convinced him of my Veracity” by showing the captain his little cattle, a portrait of the Lilliputian emperor, “and some other Rarities of that Country” leaves us no more certain; we have only his word for all of this.

119. GT, 142, 143, 145.

120. GT, 147.

121. GT, 259.
Inhabitants of *Utopia*. As Gulliver returns from the mad reaches of humoral disorder in Lilliput and Brobdingnag, so Swift himself represented the restoration of himself to himself.

In Gulliver’s return from Houyhnhnmland, however, Swift imagined his lapsing into irrecoverable disorder. “I continue ill with my Giddiness and Deafness,” he wrote to Sheridan in 1727,

> of which I have had two Days intermission, but since worse, and I shall be perfectly content if God shall please to call me away at this Time….I am strongly visited with a Disease that will at last cut me off; if I should this Time escape, if not, I have but a poor Remainder, that is below any wise Man's valuing.

Johnson said that as Swift’s “fits of giddines and deafness grew more frequent, and his deafness made conversation difficult,” his eventual withdrawal from all company and conversation “left his mind vacant to the vexations of the hour, till at last his anger was heightened into madness.” Here, however, is a reading of Gulliver’s rather than Swift's own madness. Gulliver, who has “spent the greatest Part of [his] Life in traveling,” increasingly withdraws from mankind, both physically and psychologically. As Johnson attributed Swift’s eventual madness to the chronic disorders that kept him from company, so Gulliver no longer enjoys the sanative discourses of other humans.

---

122 GT, 30.


124. Samuel Johnson, *Swift*, 429-31. Johnson added that because of “some ridiculous resolution or vow…never to wear spectacles,” Swift had also stopped reading and had thus cut himself off from any meaningful improvement that this might bring. Swift likened reading to conversation: “WHEN I am reading a Book, whether wise or silly, it seemeth to me to be alive and talking to me.” “Thoughts on Various Subjects,” PW, vol. 4, 253. Reading little was the same, then, as with the withdrawal from company forced by his “unconvulsive Disorder.”

125. GT, 132.
But representing the fears about his own declining faculties imaginatively was Swift’s own salvation: In showing Gulliver as irrevocably mad in his self-appointed “exile” and confinement, Swift was imposing order on his own disorders. Ironizing his own experiences in *Gulliver’s Travels* was Swift’s own imaginative act of recovery. Imagining recovery was crucial to a man suffering from chronic disorders for which there was no narrative closure.

Frank Brady, Claude Rawson, and others have challenged the new critical claims that Gulliver is “ironic persona”; he is never entirely coherent, as we might expect of a novelistic character, nor is he entirely distinct from Swift himself.126 There, however, is the very definition of the fluid humoral body and never-quite-determinate humoral identity. By returning Swift to his humoral body, we can make sense of Gulliver as character, even without resorting to a poststructuralist notion of identity that would obviate all epistemological and linguistic categories. Gulliver is Swift himself, at once subject and object; at once pitiable and ridiculous; at once representing the experiences of his own disordered body, senses, perceptions, and understanding mind and ironizing those experiences to put them at an observed distance. In Gulliver Swift has imagined the battle between order and disorder playing out in his own humoral body.

---

Conclusion

This study, at once biographical and critical, as far as that distinction can be made, looks carefully at the chronic disorders from which Jonathan Swift suffered from his early twenties till the end of his life in his seventy-eighth year: “Giddiness,” “Deafness and Noise in my Ears.”¹ With these persistent ailments, which we would consider “physical,” came cognitive disorders, decays and confusions of memory and his other intellectual faculties. John Bucknill’s conclusion that Swift presented with the classic triad of symptoms indicating Ménière’s Disease—vertigo, deafness, and tinnitus—seemed to solve the diagnostic riddle of “Dean Swift’s Disease.” Biographers and literary critics have almost universally accepted Bucknill’s clinical diagnosis as the “truth” about his disorders.

My own study challenges the retrospective diagnosis on historical grounds: Swift could not have suffered from a disease that was not identified until 1861, some 115 years after his death. Nor for Swift and his contemporaries was disease a biomedical phenomenon indicated by symptoms common to a discrete disease “entity,” something ontologically separate from the sick person’s body and experience. Rather, it was an imbalance of the humors.

Returning Swift to his humoral body, as this study does, returns narrative and representational authority to Swift himself: It allows him to tell the story of his own chronic ailments, not as the symptomatology of a clinical disease but as the lived experience of a man whose body, mind, social life, and identity were disordered by

humoral imbalances. It also allows us to appreciate better his preoccupation with “order” and his attempts to impose order on the disorders of his body—and the world.

There is obviously much more to be said about Swift and his imaginative works than the limits of a Master’s thesis permit. In this brief conclusion, then, I can only suggest possibilities for further biographical and critical investigation.

First, while I do give some attention in earlier sections to the ways in which Swift’s disordered humoral body confused his identity, there is more to be said about his curious “character” and often puzzling behavior, which has implications for his imaginative work. As we saw in a previous chapter, Swift loved pranks, April Fool’s jokes, and “bites.” If we are to accept the anecdotal testimony of Lætitia Pilkington, he was also given to sudden unpredictable and at times erratic shifts of mood and behavior. The unpredictable shifts of humoral balance will not excuse his oft-bizarre behavior alone. But returning him to the humoral body helps us appreciate what modern clinical psychology does not, that as his “Vexatious Disorder[s]” threw his body into disarray, so he understood something about how to “vex the world” by subverting its forms of propriety and decorum.²

We need also to give more attention to the way that Swift’s humoral disorders shaped his satiric methods. Returning Swift to his humoral body helps us appreciate the gifts for mimicry and physical caricature that served him well in his satires. The certainty of his own bodily performance undermined by humoral disorders, he understood well

---
the fluidity of identity. He often teased in and out of character in conversation and correspondence. And he wrote more often in “voice”—earnest social arithmetician, doughty English traveler, canting enthusiast, Grub Street hack—than in propria persona. These characters, the new criticism insisted, must always be taken as “ironic personae,” characters who stand in antithesis to the “norm” or “correct view” that Swift himself would argue. The problem, says Claude Rawson, is that, forced by new critical dicta into the “mechanical routine” of separating authors and speakers, readers have been “terrorized…into believing that poets never said anything directly.”3 There is much of Swift himself in his personae. Returning him to a humoral body that was often confused and indeterminate would suggest new ways to read Swift’s “characters” as something both outside of himself and of himself.

We have seen the possibilities for reading Swift’s representations of his humoral disorders in Gulliver’s Travels. Beginning with the premise that Swift is imagining his humoral body gives us new ways to read both the content and form of other works as well. There are, of course, the handful of autobiographical poems in which Swift represents himself disordered: “In Sickness,” Verses on the Death, and “On His Own Deafness.” Reading these as imaginings of his humoral disorders helps us appreciate not only the experiences that Swift depicts but also his attempts to impose order on disorder with comic and ironic self-representation and with the formal features of verse.

There are also, notoriously, the so-called “scatological” poems and those that “anatomize” women. A humoral reading suggests new critical possibilities for these as

---

well. The pastoral “nymphs” Corinna, Chloe, and Cælia are presented as repulsive bodies disordered, consuming and defecating, their gross parts inventoried by horrified male voyeurs. In these gross bodies, says Carol Houlihan Flynn, Swift presents his own fears of cultural disorder: “Women threaten to scatter reason, waste energy, and destroy the possibility of civilization.” If we think about them as humoral bodies, however, we might appreciate better Swift’s representations of his own disorders. While humoralism held that women’s bodies are more fluid and porous than men’s, Corinna, Chloe, and Cælia are, like all persons, playing out Swift’s own daily humoral experiences, consuming, excreting, spitting, sweating trying to impose order on the unruly body. If the fatuous male voyeurs—Strephon and Cassinus—will not confront their own disordered bodies, the women do what they can to put theirs back in order again for public display. From the confusions of Chloe’s humoral body order springs, and tulips are “rais’d from Dung.” The anatomized Corinna collects her “scatter’d Parts” and with “Anguish, Toil, and Pain” gathers “up herself again.” In imposing order on the chaos of their humoral bodies, these women represent Swift’s own lifelong efforts to put himself together again.

If we understand Swift’s humoral disorders, we can appreciate better what are often seen as incoherent forms and genres. We cannot reduce his imaginative forms to mere mechanical productions of his body, although Swift himself blamed his disorders


for the blunders in his letters. Writing to John Gay during a fit of giddiness, Swift hoped that his friend was “good at reading ill hands.” 7 That he wrote with “ill hands” suggests that his handwriting was hardly legible, perhaps because he could not control his physical performance. At the same time, in writing the body, those hands expressed his illnesses. His illegible writing to Gay was the autograph of his disordered humoral body.

Understanding that the humoral body is always in the process of being made and unmade and remade, we can appreciate better Swift’s imaginative constructions and destructions and reconstructions. In his earliest surviving letter, Swift wrote to a friend from Sir William Temple’s house, “[Y]ou know, that there is something in me which must be employ’d, & when I am alone, turns all, for want of practice, into speculation & thought; insomuch that in these seven weeks I have been here, I have writt, & burnt and writt again, upon almost every manner of subjects, more perhaps than any man in England.” 8 More than forty years later he wrote to Pope of his declining powers, “God be thanked I have done with everything & of every kind that requires writing, except now & then a Letter, or, like a true old Man Scribbling trifles only fit for children or Schoolboys of the lowest Class at best, which three or four of us read & laugh at today, & burn to Morrow.” 9 We might attribute the ephemeral making and unmaking and remaking of his works, from earliest to latest, to the profound skepticism that would not let anything stand. But the rounds of constructing and tearing down are correlative to

the processes of his humoral body, as it was caught always in a round of balancing and unbalancing and rebalancing.

Understanding the tensions always between a disordered and an ordered body also helps us appreciate the incoherencies and generic confusions of Swift's works. In the same way that biographers and medical writers have tried to impose a certain diagnosis upon his disorders of body and mind, so readers have long debated how to categorize works like *A Tale of a Tub* and *Gulliver's Travels* by genre. The *Tale* is ostensibly stitched together by the story of brothers Peter, Jack, and Martin, an allegory about the Reformation. But the Grub Street hack who tells the tale rambles into arcane allusions that are sometimes cued by tenuous associations and puns, and he digresses at great length about offhand topics: critics, madness, even digressions themselves. Although genre had been theorized as early as Aristotle, there is no fixing the *Tale* generically. The same is true of *Gulliver's Travels*. It has been variously called novel, fantastic travel narrative, parody of new science report, inverse spiritual autobiography, and, as a way to comprehend its generic mess, Menippean satire.¹⁰ There are literary precedents in Cervantes, Robert Burton, and Swift's own favorite Rabelais. But the generic indeterminacies of the *Tale* and *Gulliver's Travels* are correlative to the ever-precarious, wobbly order of Swift's own humoral body.

Returning Swift to his humoral body helps us appreciate Swift's other games with form. There are subversions of traditional poetic genres like the pastoral, elegy, and

landscape poem.¹¹ And there is ingenious word play, which subverts the very linguistic—and cultural—order that Swift himself had insisted upon in his proposal for purifying the English language. Perhaps it was Swift’s unrelenting skepticism that provoked him to undo forms and traditions and myths. But in a fluid and uncertain humoral body made all the more chaotic by the bewildering of his senses, few other writers could ever have imagined such disorders.

Appendix

Prescriptions for Swift from John Arbuthnot

Throughout Swift’s correspondence, we hear occasionally of his taking certain medications for his chronic disorders: the Jesuit’s bark, asafoetida, hiera picra, and various unspecified pills and tonics provided by doctors and friends.

To my knowledge, however, only two prescriptions survive, both of them from Swift’s physician and intimate friend John Arbuthnot. The first of these, excerpted from a letter to December 1718, appears at the beginning of a long, gossipy excursion through news of mutual friends and public affairs:

I have done good lately to a patient & a freind in that Complaint of a Vertigo by Cinnabar of Antimony & Castor, made up into Boluss with Confect of Alkernes. I had no great opinion of the Cinnabar, but trying it amongst other things, my freind found good of this prescription; I had tryd the Castor alone before; not with so much success. Small quantitys of Tinctur Sacr: now & then will do yow good.”

Here Arbuthnot explicitly prescribes for the giddiness from which Swift had suffered much in the months before. While he seems generally to have shied away from metal cures like mercury and antimony, cinnabar of antimony, “a Composition of Mercury, common Sulphur, and crude Antimony sublimed,” was prescribed by some for vertigo and epilepsy. It was used also as a diaphoretic and as a “salivating Medicine” to


2. Ephraim Chambers, Cyclopaedia: or, An Universal Dictionary of Arts and Sciences; Containing the Definitions of the Terms and Accounts of the Things Signify’d Thereby (London, 1728), 219. For the uses of cinnabar of antimony in cases of vertigo and epilepsy, commonly classed as “cephalick” disorders, see, among many, the following: Richard Lower, Dr. Lower’s, and Several Other Eminent Physicians Receipts: Containing the Best and Safest Method for Curing Most Diseases in Humane Bodies (London, 1701), 112; William Salmon, Medicina Practica: or, The Practical Physician (London, 1707), 79; Philip Woodman, Medicus Novissimus: or, The Modern Physician: Shewing the Principal Signs, Causes, and Most Material Prognosticks (London, 1712), 17, 139 ff.
“dissolve, and evacuate the Mucous and Coagulation of the Lympha, by Dividing and Cutting the Parts asunder.” ³ Both of these interventions accorded with the humoral logic of dislodging and expelling the superfluous or peccant humors that might have caused Swift’s giddiness. Castor, a reddish-brown “odoriferous animal-substance” taken from the beaver, was “looked upon as one of the capital nerve and antihysteric medicines.” ⁴ And the tinctura sacra (“Tinctur Sacr”) was a name applied to a variety of cordials and electuaries, most used as purgatives but also regarded as a “sovereign Preservative” against seasonal “Distempers that affect the Head.” ⁵ Arbuthnot directs that Swift combine the cinnabar of antimony and castor into a bolus with “Confect of Alkermes,” a confection that included the “juice” of the kermes, a red scale insect; presumably this would be more palatable. All of the suggestions here are for “cephalick” disorders, humoral imbalances located in the head.

Arbuthnot’s second letter, of November 1730, is devoted almost exclusively to prescriptions for Swift’s disorders. It begins,

The passage in Mr popes Letter about your health dos not alarm me, both of us have had this distemper these 30 years. I have found that Steel the warm Gumms & the Bark all do good in it. therefor first take the Vomit A, then every day the quantity of a Nutmeg in a Morning of the Electuary markd B with five spoonfuls of the Tinctur markd D. take the Tinctur; but not the Elect in the


⁴. William Lewis, The Edinburgh New Dispensatory, 2nd ed. (Edinburgh, 1790), 56, 166. Despite the late date of this work, I draw from it because of its generally acknowledged authority in the long eighteenth century.

⁵. Edward Strother, The Family Companion for Health: or, Plain, Easy, and Certain Rules, Which Being Punctually Observ’d and Follow’d, Will Infallibly Keep Families Free from Disease, and Procure Them a Long Life (London, 1729), 31. In the 1727 version of The Dispensatory of the Royal College of Physicians of Edinburgh, tinctura sacra is a compound of hiera picra, the purgative medicine that Swift himself declared “devilish Stuff”; cochineal, the dried and powdered bodies of the insect Coccus cacti, used as an antispasmodic; and Spanish white wine (trans. Peter Shaw [London, 1727], 91).
afternoon you may take one of the pills marked C at any time when you are troubled with it or 30 of the drops marked E in any vehicle even water. I had a servant of my own that was cur’d merely with vomiting. There is another medicine not mentioned which you may try the pull Rad [Val] sylvestris.6

Following a postscript in which he reports that he has “recommended Dr Helsham to be physician to the Lord Lieutenant,” Arbuthnot encloses prescriptions for the five compounds labeled A-E; this is followed by a receipt for bitters:

A

℞ pulv. rad. ipecacuanhæ ³s.

B

℞ conserv. flavedin. aurant., absynth. Rom. ana ³vj. rubigin. Martis in pulverem redact. ³iiij. syrup C (?) succi kermes, q.s.

C

℞ as. foetid. ³ii. tinctur. castor q. s. m. fiant pilulæ xxiv.

D


E

℞ sp. cor. cerb., sp. lavandul., tinctur. castor. ana ³ij. misc.

Take of zedory Root one drachm Galangal
Roman wormwood of each two drachms Orange peel a drachm
Lesser Cardamon seeds two scruples
Infuse all in a Quart of Boyling Spring water for six hours. Strain it off & add to it four ounces of Greater Compound Wormwood water7


While Arbuthnot never discusses a specific diagnosis here, the prescriptions map a standard course of treatment for humoral imbalances, comprising purges and “strengthening” and antispasmodic medicines. Swift is first to purge with ipecac (“rad. ipecacuanhæ” of “Vomit A”), presumably to cleanse the stomach of foul excess. Then he is to take medicines to encourage proper digestive functions. Roman wormwood (“absynth. Rom.” in the “Electuary markd B”), one of the “warm Gumms,” was “a strong bitter” used to strengthen the stomach; the authoritative *Edinburgh New Dispensatory*, published forty years after Swift’s death, says that it “was formerly much used…against weakness of the stomach.”\(^8\) An early eighteenth-century English pharmacopoeia claimed that “there is not a chronic distemper in which it is not serviceable.”\(^9\) Like Roman wormwood, the Jesuit’s or Peruvian bark (“cortic. Peruviani” in “the Tinctur markd D”), best known as a cinchonic anti-malarial medicine, was also an astringent “corroborant [that is, strengthener] and stomachic” used to encourage appetite.\(^10\) “[S]ucci kermes” in electuary “B,” the juice of kermes that we saw in Arbuthnot’s letter of 1718, was also considered a “corroborant.”\(^11\) While Arbuthnot speaks of steel remedies in his explanation, “rubigin. Martis” in the same compound was specifically iron rust, considered to have “aperient [gentle laxative] virtue.”\(^12\) But like wormwood and the bark,  

---

8. Lewis, 115.


10. Lewis, 518. While the “bark” was touted primarily as a febrifuge, Swift, like many others of his day, resorted to it for a variety of ills, including attacks of giddiness and deafness. “I am still under the discipline of the bark,” he wrote to Robert Cope after a recent episode of deafness in 1720 (26 May 1720, in Corr, vol. 2, 349).


12. Iron and steel were both considered chalybeates, both of them used widely in British pharmacopoeias. But eighteenth-century physicians preferred the use of iron (as Arbuthnot specifies
it could also be “an astringent to others”; that is, it would constrict mucous membranes, thereby reducing the secretions that might otherwise accumulate in the head, and would tone the fibrous parts of the body. Swift complains of taking chalybeates—a word denoting iron salts, taken from the Greek word for steel—especially during the fall and winter of 1712-13, when he was “extremely out of Order, with a Giddiness in my Head.” He seems to have been convinced that the steel compounds worked, no matter how repugnant he found them: “I…take some nasty steel drops, & [my] head has been bett’ this week past.” “I take some steel drops; & my Head is pretty well.”

Many of the medicines in Arbuthnot’s armamentarium, then, were used to stimulate proper digestion and assimilation of the humors by strengthening the stomach and preventing excessive secretion of the phlegm that would impede healthy physiological processes. Included among the medicaments are also those used specifically in nervous and cephalic disorders. Asafoetida (“as. foetid.” in “the pills marked C”), “the strongest of the fetid gums,” was used routinely “in hysterick and different kinds of nervous complaints.” As we saw in Arbuthnot’s letter of 1718, castor here), as opposed to the alloy steel, because it was softer and rusted more easily. John Buchanan, *Regimental Practice*, in *Theory and Practice in Eighteenth Century British Medicine*, introd., annot. Paul Kopperman, accessed 1 October 2021, https://core.ac.uk/download/pdf/10196751.pdf, 493n.


15. 17 February 1712-13, in JS, 499.

16. 3 March 1712-13, in JS, 506.

17. Lewis, 137. Swift was well-familiar with asafoetida, writing to Stella and Dingley, “I left [our Society meeting] at seven, and sat this evening with poor Mrs. Wesley, who has been mightily ill to-day with a fainting fit: she has often convulsions, too; she takes a mixture with *assa foetida*, which I have now in my nose; and every thing smells of it. I never smelt it before, ’tis abominable.” 26 January 1711-12, in JS, 376. The physician Richard Brookes wrote that asafoetida “powerfully procures a Diaphoresis and Sweating; it drives malignant Humours from the Center [of the body] to the Circumference.” *The General
(“tinctur. castor” in the same medicine) was prescribed for nervous disorders and hysteria. The pills in “C” were considered “antispasmodics”; that is, they would prevent muscle spasms and epilepsy. We recall here the concern by both Arbuthnot and Peter Shaw that vertigo might eventuate in epilepsy or an apoplexy. The solution of lavender in “the drops markd D” was “a warm stimulating aromatic…principally recommended in vertigoes, palsies, tremors, suppression of the menstrual evacuations; and in general in all disorders of the head, nerves, and uterus.” And the wild valerian that Arbuthnot suggests in his instructions (“pull Rad [Val] sylvestris”) was a medicinal herb long thought to have a “warming” effect and used to calm nerves and to cure insomnia. The addendum following item E in the prescriptions is a recipe for a bitter tonic, used, like the other bitter medicines (wormwood and the Jesuit’s bark) as a digestive aid.

---


18. See pages 106-107 of this study.

Early Modern Works:


Boerhaave, Herman. Dr. Boerhaave’s Academical Lectures o the Theory of Physic. Being a Genuine Translation of His Institutes and Explanatory Comment, Collated and Adjusted to Each Other, As They Were Dictated to His Students at the University of Leyden. Anonymous translation. 6 vols. London, 1742-46.


——. The General Practice of Physick; Extracted Chiefly from the Writings of the Most Celebrated Practical Physicians, and The Medical Essays, Transactions, Journals, and Literary Correspondence Of the Learned Societies in Europe. To Which Is Prefix’d, An Introduction, Containing The Distinction of Similar Diseases, The Use of the Non-Naturals, An Account of the Pulse, The Consent of the Nervous Parts, And a Sketch of the Animal Oeconomy. 2nd ed. 2 vols. London, 1754.


——. The Modern Practice of Physick and the Apothecaries Clear’d from the Groundless Imputations of Dr. Pitt. London, 1703.


[Carteret, John, Lord Lieutenant of Ireland]. *By the Lord Lieutenant and Council of Ireland, a Proclamation.* Dublin, 1724.

A Catalogue of Books, *The Library of the Late Rev. Dr. Swift, Dean of St. Patrick’s, Dublin. To Be Sold by Auction.* Dublin, 1745.

Chambers, Ephraim. *Cyclopaedia: or, An Universal Dictionary of Arts and Sciences; Containing the Definitions of the Terms and Accounts of the Things Signify’d Thereby.* London, 1728.


——. *Dr. Cheyne’s Account of Himself and of His Writings: Faithfully Extracted from His Various Works.* London, 1743.

——. *The English Malady.* London and Bath, 1733.


——. *An Essay on Regimen.* London and Bath, 1740.


A *Collection of the Yearly Bills of Mortality, from 1657 to 1759 Inclusive. Together with Several Other Bills of an Earlier Date.* London, [1759].


Culpeper, Nicholas. *The English Physician or an Astrologo-Physical Discourse of the Vulgar Herbs of This Nation.* London, 1652,


*The Family Physician; or, A Safe and Easy Method of Curing Most Diseases, Incident to Human Bodies*. London, [1750?].


Forster, William. *A Treatise on the Various Kinds and Qualities of Foods; with Aphorisms of Health; or, Rules to Preserve the Body in a Good Old Age*. Newcastle upon Tyne, 1738.
Fuller, Francis. *Medicina Gymnastica: or, A Treatise concerning the Power of Exercise, with Respect to the Animal Oeconomy; and the Great Necessity of It in the Cure of Several Distempers.* London, 1705.


Hansel, John George. *Johannis Georgii Hanselii Brevis; or, A Short Account of the Primary Cause of Most Diseases, with Their Signs, Symptoms, and Cure.* London, 1714.


Hoffmann, Friedrich. *A Treatise on the Nature of Aliments, or Foods, in General; Shewing Their Good and Bad Qualities; and Which of Them are Most Proper in the Different Stages of Life.* Anonymous translation. London, 1761.


Letters, by Several Eminent Persons Deceased. Including the Correspondence of John Hughes, Esq. (Author of The Siege of Damascus) and Several of His Friends, Published from the Originals, with Notes Explanatory and Historical. 3 vols. London, 1772.


314


Nichols, John, ed. *A Supplement to Dr. Swift’s Works, Being the Fourteenth in the Collection: Containing Miscellanies in Prose and Verse, by the Dean; Dr. Delany, Dr. Sheridan, Mrs. Johnson, and Others, His Intimate Friends*. 3 vols. London, 1779.


Paxton, Peter. *A Directory Physico-Medical, Compos’d for the Use and Benefit of All Such as Design to Study and Practice the Art of Physick*. London, 1707.


——. *A New Practice of Physick; Wherein the Various Diseases Incident to the Human Body Are Orderly Described, Their Causes Assign'd, Their Diagnostics and Prognostics Enumerated, and the Regimen Proper in Each Deliver'd; with a Competent Number of Medicines for Every Stage and Symptom Thereof, Prescribed after the Manner of the Most Eminent Physicians among the Moderns, and Particularly Those of London. The Whole Formed on the Model of Dr. Sydenham, and Compleating the Design of his Processus Integri*. 2 vols. London, 1726.


Strother, Edward. *An Essay on Sickness and Health; Wherein Are Contain’d, All Necessary Cautions and Directions, for the Regulation of Diseas’d and Health Persons: In Which Dr. Cheyne’s Mistaken Opinions in His Late Essay, Are Occasionally Taken Notice Of*. London, 1725.


Swieten, Gerard van. *The Commentaries upon the Aphorisms of Dr Herman Boerhaave, the Late Learned Professor of Physick in the University of Leyden, concerning the Knowledge and Cure of the Several Disease Incident to Human Bodies*. Anonymous translation. 2 vols. London, 1744-47.

Sydenham, Thomas. *Dr. Sydenham’s Compleat Method of Curing Almost All Diseases, and Description of Their Symptoms. To Which Are Now Added, Five Discourses of the Same Author concerning the Pleurisy, Gout, Hysterical Passions; Dropsy, and Rheumatism. Abridg’d and Faithfully Translated out of the Original Latin. With Short and Useful Notes on the Former Part; Written by a Late Learned Physician, and Never Before Printed*. Anonymous translation. 4th ed. London, 1710.


Theobald, John. *Every Man His Own Physician*. Dublin, 1764.

The Town and County Magazine; or Universal Repository of Knowledge, Instruction, and Entertainment. 28 vols. London, 1769-[1796].


———. A Treatise on Diet, Or the Management of Human Life; By Physicians Called the Six Non-Naturals. London, 1768.


The Way to Health and Long Life; or, A Discourse of Temperance; Shewing How Every Man May Know His Own Constitution and Complection. London, 1726.


Secondary Works:


Wilde, Sir William. The Closing Years of Dean Swift’s Life; with Remarks on Stella, and on Some of His Writings Hitherto Unnoticed. 2nd rev. ed. Dublin: Hodges and Smith, 1849.


Wilson, T.G. “The Mental and Physical Health of Dean Swift.” Medical History 2, no. 3 (July 1958): 175-90.


Curriculum Vitae for M.A. Candidate  
The Johns Hopkins University School of Medicine  

PAUL WILLIAM CHILD    October 1, 2021

Educational History:

M.A. expected  2021  History of Medicine  Johns Hopkins School of Medicine  
Mentor: Mary E. Fissell

Ph.D  1992  English  University of Notre Dame

M.A.  1984  English  James Madison University

B.A.  1978  English  St. John’s University

Other Professional Experience:

Professor of English  2006-  Sam Houston State University

Associate Professor of English  1999-2006  Sam Houston State University

Assistant Professor of English  1993-1999  Sam Houston State University

Instructor of English  1987-1990  James Madison University

Graduate Teaching Fellow  1985-1987  University of Notre Dame

Graduate Teaching Assistant  1982-1984  James Madison University

English and Latin Teacher  1980-1982  Randolph Macon Academy

Scholarships, Fellowships, or Other External Funding:

Sam Houston State University  August-December 2021  Developmental Leave

Keough-Naughton Institute for Irish Studies  Fall 2015  $4,000 Research Grant

Keough-Naughton Institute for Irish Studies  Summer 2007  NEH Fellow, “Anglo-Irish Identities”

Sam Houston State University  August-December 2006  Developmental Leave

Sam Houston State University  Fall 1995, Fall 1996  Reassigned Time

Sam Houston State University  Summer 1999  $5,000 Research Summer Enhancement Grant

Sam Houston State University  Summer 1994  $5,000 Research Summer Enhancement Grant

University of Notre Dame  Winter 1990-91  Zahm Research Fellowship Grant for Study in London
Academic or Other Honors:

2021  CHSS Nominee, Piper Award, Texas State Teaching Award
2019  Sam Houston State University Excellence in Teaching Award
2013, 2014, 2018 Finalist, Sam Houston State University Excellence in Teaching Award
2013  Presidential Prize for Outstanding Paper, South Central Society for Eighteenth-Century Studies Annual Meeting
2010  CHSS Excellence in Teaching Award, Department of English, Sam Houston State University
2002  Special Recognition Award for Outstanding Contributions, College of Arts and Sciences, Sam Houston State University
1992  English Department Nomination, Alumni Research Award for Outstanding Dissertation, University of Notre Dame
1986  Teaching Commendation, University of Notre Dame
1984  Distinguished Pass, MA Comprehensive Examination, James Madison University

Publications, Peer-Reviewed:


Conference Presentations and Lectures:


Child Paul (2008) ”A Driv’ler and a Show”: Jonathan Swift Sick. Faculty Colloquium Presentation, Sam Houston State University, Huntsville TX, 4 April 2008.


**Service and Leadership: 2017-2021**

- **2021-Present** Faculty Mentor, Pathfinder Program
  Sam Houston State University
- **2020-Present** Curriculum Coordinator, Department of English
  Sam Houston State University
- **2018-Present** Member, Medical and Dental School Evaluation Committee
  Sam Houston State University
- **2003-2017** Director of Graduate Studies in English
  Sam Houston State University