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“The CASE of the Author”

George Cheyne’s Providential Medical Autobiography

Examining the intersections between medicine and literature in the eighteenth century, this article argues that Scottish physician George Cheyne’s celebrated “CASE of the Author” (1733) adopts the literary inheritance of the spiritual autobiography as a means of establishing narrative authority and of structuring the clinical record of one man’s experiences in health and illness. In tracing his own “Progress” from physical ruin to “perfect Health,” Cheyne invokes the authorities of medical science and clinical objectivity. However, the language, structure, and ethos are those of the spiritual autobiography, in which a reflecting author, looking back upon the apparently random and disconnected events of his past, reads “God’s plot” for his life. Reading the symptoms of his own ill health and emergent recovery as symbols provided by “the Author of Nature,” the reflecting Cheyne discovers an intelligible providential plot by which to interpret the raw data of his own clinical observations.

George Cheyne (1671?–1743), a Scotsman who migrated to England to practice medicine about 1701, became both a popular practitioner in London and Bath and the bestselling author of some dozen medical treatises addressed variously *ad clerum* and *ad populum*. Although the success of his practice never approached that of contemporaries like Richard Mead or Hans Sloane, he did number Pope, Gay, the Walpoles, and the Countess of Huntingdon among his patients. Fielding knew and admired him, Johnson recommended him to others and cited his medical aphorisms in his *Dictionary*, and his friend and correspondent Samuel Richardson sought both his medical advice and critical opinion. Cheyne became dear to these patients and to the readers of his popular medical works as the “milk-seed Doctor,” who preached with evangelical zeal a vegetarian diet as both cure and prophylaxis against chronic illness. He specialized, in fact, in chronic diseases of the kind from which he himself suffered – gout, nervous disorders, and that peculiar complex of gastrointestinal, nervous, and psychological distresses known popularly as “the English malady.” As proof of his own sufferings, his celebrated autobiographical medical history, “The

CASE of the Author,” which preoccupies the final third of his best-known work, *The English Malady* (1733), narrates in all-too-graphic detail for his readers his own experiences with the “nervousness” and “hypochondriacus morbus” that he treats.

Ostensibly a clinical-scientific case history, “The CASE of the Author” credits exercise and radical vegetarianism for Cheyne’s dramatic physical transformation; what the doctor calls his “perfect Recovery” is the profit of a lifetime of medical self-observation and self-experimentation. While Cheyne invokes the authorities of medical science and clinical objectivity in charting his disorders and cures, however, the language, structure, and ethos of “The CASE of the Author” are those of the spiritual autobiography. In this kind of narrative, a reflecting author, looking back upon the apparently random and disconnected events of his past, reads “God’s plot” for his life. Reading the symptoms of his own ill health and emergent recovery as symbols provided by “the Author of Nature,” the reflecting Cheyne similarly discovers an intelligible providential plot by which to interpret the raw data of his clinical self-observations. Studying his own medical history in terms of a providential physiology, Cheyne thus locates the transformative drama of the spiritual autobiography in his own body.

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Although historians of medicine, most notably Cheyne’s recent biographer Anita Guerrini,¹ have traced the details of his case history before, they bear repeating here. In “The CASE of the Author” Cheyne dates the beginning of his severe health problems to the time of his first coming to London in about 1701. He admits that he was “dispos’d to *Corpulence*, by the whole Race of one Side of [his] *Family*” (325),² and he was studious and sedentary as a youth. But he became obese when he began to cultivate friendships with the London tavern and coffee house set, among whom the only qualification was “to be able to *Eat* lustily, and swallow down much *Liquor*” (326). He had begun frequenting the gathering houses, he claims, as a means “to force a *Trade*, which Method [he] had observ’d to succeed with some others. . .” (326). Established (and establishing) physicians like Mead regularly held audiences at taverns and coffee houses like Batson’s and Child’s, where they met with apothecaries and wrote prescriptions for them. Presumably Cheyne did the same. But his too-frequent visits to the gathering houses led to too-frequent overindulgences, which, he claims, soon destroyed his health.

1. See Anita Guerrini, *Obesity and Depression in the Enlightenment: The Life and Times of George Cheyne* (Norman: U of Oklahoma P, 2000).

2. All parenthesized references are to this edition: “The CASE of the Author,” in *The English Malady* (London and Bath: George Strahan and James Leake, 1733), 325–64.

Naturally Cheyne's social life suffered. The "*Bottle-Companions*" and "*Free-Livers*" "dropt off like autumnal Leaves" at the first signs of his ill health. Cheyne remarks with cheerful irony, "They could not bear, it seems, to see their Companion in such Misery and Distress, but retired to comfort themselves with a *cheer-upping* Cup, leaving me to pass the melancholy Moments with my own *Apprehensions* and *Remorse*" (328). Cheyne was "forc'd to retire into the Country quite alone" (328). There he committed himself to a low regimen, curtailing his intake of animal food and abstaining from liquor. He "took frequent *Vomits*, and gentle *Purges*, try'd *Volatiles*, *Foetids*, *Bitters*, *Chalybeats*, and *Mineral Waters*, and had the Advice of all [his] *Physical Friends*, but with little or no sensible Benefit" (328–29).³ His sufferings increased rather than abated, and he turned toward more desperate – albeit still conventional – mercurial and narcotic remedies: "I first took 20 Grains of what is call'd the *Princes Powder*, which gave me twelve *Vomits*, and near twice the Number of Stools; and I had certainly perished under the Operation, but for an *Over-dose* of *Laudanum* after it"(320).⁴ Cheyne himself was a trained physician; however, the violent results of his self-dosing show the dangers that concerned medical regulators. We hardly know whether most of his subsequent disorders followed from some original illness or from the self-prescribed cures.

Not one of the faculty ever has try'd
 These excellent waters to cure his own hide;
 Tho' many a skilful and learned physician,
 With candour, good sense and profound erudition
 Obliges the world with the fruits of his brain,
 Their nature and hidden effects to explain.⁵

3. The rationale behind vomits and purges was that disease is caused by repletion; evacuation was an important first therapeutic measure. Volatiles and foetids, active remedies, "which emit the strongest *Effluvia*," were taken to "divide, break and dissolve the saline, acrid and hard *Concretions*" of salts; astringent bitters and chalybeates taken to "crisp, wind up and contract the *Fibres* of the whole *System*," and mineral waters taken to thin the fluids so that they flowed more easily through the vascular system (*The English Malady*, pp. 139, 113, 114).

4. The "Princes Powder" was an active mercurial preparation; *laudanum* was the generic term for a preparation of opium, and more specifically opium suspended in alcohol.

5. *The New Bath Guide; or, Memoirs of the B – R – D Family. In a Series of Poetical Epistles* (London: J. Dodsley, 1766), Letter VI. For the use of spa waters in medical treatment, see, among others, Christopher Hamlin, "Chemistry, Medicine, and the Legitimization of English

In about 1707, Cheyne “accidentally met with a Clergyman, who told [him] of a wonderful Cure, which Dr. *Taylor* of *Croydon* had wrought on himself in an *Epileptic Case*, by a total *Milk Diet*” (335). Shortly thereafter, in mid-winter, he rode out to consult with this Dr. Taylor, whom he found “at home, at his full Quart of Cow’s Milk (which was all his Dinner)” (335). We know nothing of the country practitioner Taylor except what Cheyne himself tells us in “The CASE of the Author” and his other practical treatises.⁶ An epileptic, Taylor had sought the advice of the “most eminent *Physicians* of his time about *London*, and had taken all their Medicines, and all he had ever read or heard of...” (335). But after all this, he met “with so little Success” (336) that he frequently suffered *grand mal* fits on the road when traveling on horseback in his practice. Taylor had read Sydenham, who advised a “*total Milk Diet*, as the last and surest Remedy” (335) in epileptic fits, and he gradually abandoned all animal food and lived “intirely on *Cow-Milk*” (336). Within a year or two his fits had ceased. For seventeen years before Cheyne met him, he had enjoyed almost perfect health. “He told me,” said Cheyne, “he could then play six Hours at *Cricket* on *Banstead-Down*, without Fatigue or Lowness, and was more *active* and *clear* in his *Faculties and Senses* than ever he had been in his Life before” (336). Taylor recommended an exclusive diet of dairy products as a panacea for “inveterate Distempers” and even barrenness (336–37).

Characteristically, however, Cheyne relapsed. He submitted to “a Craving and insufferable Longing for more Solid and Toothsome Food, and for higher and stronger Liquors,” and within a year he was seized with a violent “*depuratory* [putrefying] *Fever*” (340). The fever finally came to a crisis with a profuse sweating brought on, Cheyne claims, by “large Draughts of warm *Barley Water* or small *Sack-Whey*, acidulated with *Gas Sulph.* which was advised by Dr. *Baynard*” (341). Cured with a wine mixture and subsisting on claret and toast for some time after his illness, Cheyne decided that he had been mistaken earlier in undertaking such a radical milk-seed regimen. He began gradually to inure himself to more wine and to lessen

Spas, 1740–1840,” *The Medical History of Waters and Spas, Medical History*, Supplement No. 10, ed. Roy Porter (London: Wellcome Institute, 1990), 67–81.

6. Cheyne cites Taylor’s case as a model in at least three of the practical treatises. But he reported to the Countess of Huntingdon that, after twenty-two years of subsisting on his milk diet, Taylor, at last submitting to the urgings of his “brethren, family, and friends, to enter upon another, higher, tho even, temperate diet, brought back the old distemper [epilepsy], and perished miserably under it.” *The Letters of Dr. George Cheyne to the Countess of Huntingdon*, ed. Charles F. Mullett (San Marino: Huntington Library, 1940), p. 53. See also *The English Malady*, pp. 253–54.

the quantity of milk and vegetables until at last he was able to return “into common Life, with great *Freedom*, but exact common *Temperance*” (341).

Gay, Maine, and Cheney, boon companions dear,
Gay fat, Maine fatter, Cheney huge of size.

I was not able to walk up above one Pair of Stairs at a Time, without extreme Pain and Blowing, being forced to ride from Door to Door in a Chariot even here at *Bath*; and if I had but an Hundred Paces to walk, was oblig'd to have a Servant following me with a Stool to rest on. (343)

For another four or five years, in the early 1720s, Cheyne endured miscellaneous physical disorders: ulcerated legs, “*Symptomattick Fever*,” gout, and erysipelas (an acute, infectious skin eruption). Worse than the physical maladies were the accompanying symptomatic mental horrors: “A perpetual *Anxiety* and *Inquietude*”; “a *melancholy Fright* and *Pannick*, where [his] Reason was of no Use”; and persistent dread that he would lose his “*Faculties* or *Life*” at any moment (343–47). For these extreme physical and psychological maladies, Cheyne took extreme therapeutic measures, turning again to opiates. Although he recognized that such remedies were “a slow *Poison*” (347), he continued them long enough until he began to fear addiction.

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With what has now become something of a critical truism, Darrell Mansell argues that “[a]ll texts are fact and fiction, but autobiography most of all.”⁷ As with any autobiographical work, “The CASE of the Author” invites immediate questions about authenticity: How much of the life Cheyne gives us is “real,” and by what referential system are we to measure that “reality”? How much is a construction of a literary system? Cheyne, the thorough-going medical and narrative empiricist, substantiates his own claims to historicity by “circumstantiated . . . *Detail*” (362). But there is inevitably selection and organization as the author imposes order on the apparently random events of his life. Mediate text transforms event into art. The chief literary concern, then, is not the extent to which the self Cheyne gives us is real *or* constructed, but the fictional techniques and the narrative inheritances that he uses in creating this self.⁸

7. “Unsettling the Colonel’s Hash: ‘Fact’ in Autobiography,” *Literary Journalism in the Twentieth Century*, ed. Norman Sims (New York: Oxford UP, 1990) 261–80, p. 278.

8. The mutual negotiations between autobiography and fiction have excited much critical and theoretical attention over the past thirty years. Among the most illuminating of such

Regarded in narratological terms, the parentheses are a persistent reminder that there are two characters woven into the narrative fabric – Cheyne the experiencing character and Cheyne the authorial character, who serves in the same function as the narrator of a novel. As with any autobiography, there is a dialectical (and ironic) tension between these two personages.⁹ Cheyne the actor and empirical test case suffers, stumbles into cures, and continually errs in his progress toward health and medical certainty: “I found I never began to recover fully and lastingly, either first or last, till my Blood had entirely lost its *Size* (which I came to know by an accidental Occasion for opening a Vein). . .” (353). “Upon any Accident, Disorder, or any greater Oppression or Anxiety than ordinary...I found that living even much *lower* under my *Milk* and *Vegetable Diet* for two or three days at least, would always help me out again, and restore me to my usual *Serenity* and *Freedom*. . .” (354). “I soon found my *Error*. . .” (359).

Truth is, [nervous disease] seldom, and I think never happens or can happen, to any but those of the liveliest and quickest natural Parts, whose Faculties are brightest and most spiritual, and whose Genius is most keen and penetrating, and particularly where there is the most delicate Sensation and Taste, both of Pleasure and Pain. . . . I seldom ever observ’d a *heavy, dull, earthy, clod-pated Clown*, much troubled with nervous Dis-

studies, see Kathleen Ashley *et al.* eds., *Autobiography and Postmodernism* (Amherst: U of Massachusetts P, 1994); Elizabeth W. Bruss, *Autobiographical Acts: The Changing Situation of a Literary Genre* (Baltimore: The Johns Hopkins UP, 1976); H el ene Cixous, *Rootprints: Memory and Life Writing*, trans. Eric Prenowitz (London and New York: Routledge, 1997); John Paul Eakin ed., *Fictions in Autobiography: Studies in the Art of Self-Invention* (Princeton, Princeton UP, 1985); Paul Jay, “Being in the Text: Autobiography and the Problem of the Subject,” *Modern Language Notes* 97 (1982) 1046–63; Laura Marcus, *Auto/biographical Discourses: Theory, Criticism, Practice* (Manchester: Manchester UP, 1994); Felicity Nussbaum, *The Autobiographical Subject: Gender and Ideology in Eighteenth-Century England* (Baltimore: The Johns Hopkins UP, 1989); Sidonie Smith and Julia Watson, *Reading Autobiography: A Guide for Interpreting Life Narratives* (Minneapolis: U of Minnesota P, 2001); William Spengemann, *The Forms of Autobiography: Episodes in a History of a Literary Genre* (New Haven: Yale UP, 1980); and Karl Weintraub, *The Value of the Individual: Self and Circumstance in Autobiography* (Chicago: U of Chicago P, 1978).

9. Michael McKeon calls this sort of relation a “tension between a linear, ongoing present and vertical acts of retrospection” (*The Origins of the English Novel, 1600–1740* [Baltimore: Johns Hopkins UP, 1987], p. 98).

orders, or at least not to any eminent Degree; and I scarce believe the Thing possible, from the *animal Oeconomy* and the present Laws of Nature.¹⁰

In part, this self-characterization is perhaps the plea of a failed poet. Manuscript lines on “Platonick Love” attributed to Cheyne stagger under labored Latinate diction, pedestrian conceits, and an academic Neoplatonic argument.¹¹ By characterizing himself as a “nervous” individual, he is perhaps consoling himself that he has at least the temperament of the poet, if not the talent or persistence. The self-characterization is, of course, also part of Cheyne’s appeal to personal authority as a practitioner and author. Endowed with “the liveliest and quickest natural Parts,” he is unquestionably qualified to advise and judge in medical matters.

Constructing himself as two separate characters – one acting, the other reflecting in sound Lockean fashion – Cheyne is able to make his claims for medical authority on two levels. First there is the appeal to experience. The acting character is Cheyne’s image of himself as “*Fellow-Sufferer*,” who has experienced the same maladies as those who come to his practical treatises for help. In this character, we glimpse something of the “empiricist,” hazarding guesses as he gropes toward health and making “Tryal” of haphazard remedies, often endorsed only by hearsay. “I had by chance heard of the great Benefit, which one of my particular Acquaintances had

10. *The English Malady*, p. 262. That Cheyne should have appealed so strongly to contemporary poets, dramatists, and novelists may be explained in part by this notion that nervous disorders are peculiar to men and women of higher sensibilities. This theory, not original to Cheyne, glorified and explained away the neuroses suffered by many such writers. Certainly it appealed to the young Boswell a generation later: His essays (collected under the head *The Hypochondriack*) and his letters reveal a certain smug reveling in the notion that his nervous disorders, real or imagined, mark him as having higher sensibilities than the common crowd. “We *Hypochondriacks*,” he says, “may console ourselves in the hour of gloomy distress, by thinking that our sufferings make our superiority.” Quoted by W.F. Bynum, *The Anatomy of Madness: Essays in the History of Psychiatry*, ed. Bynum, Roy Porter, and Michael Shepherd (London: Tavistock Publications, 1985), p. 91. Johnson, who applauded Cheyne in most cases and recommended him to Boswell, sternly warned his young disciple to ignore Cheyne’s claims that nervous disorders and genius are linked: “[D]o not let him teach you a foolish notion that melancholy is a proof of acuteness.” James Boswell, *Life of Johnson* (Oxford: Oxford UP, 1924), 2: 63. Cheyne’s suggestion that the artistic sensibility is a kind of disease anticipates Freud by a century and a half.

11. For a transcription and brief commentary upon this poem, see Paul W. Child, “‘Platonick Love,’ by George Cheyne,” *The Scriblerian* 26.1 (Autumn 1993) 1–3.

reap'd from some active *mercurial* Medicines," says Cheyne at one point. "[T]hese I resolv'd to try" (329). The character discovers Taylor's milk diet, we recall, after he "accidentally met with a Clergyman, who told [him] of [the] wonderful Cure" (335). And the milk-seed diet itself is a kind of folk remedy, of the kind John Wesley might recommend to his Methodist flock.¹² Committed to an empirical search for truth, the acting character *tries* to find this experimental validation for his experiences. Having made each new medical test upon his own "crazy Carcase," he sits back to watch the effects, mark the clinical signs, and reflect upon the causes. In the catchwords of induction and the new science, the acting character makes "repeated *Observations*," "reflect[s] upon," and "contemplate[s]" his experiences. But he is still *processing* the experiences, still groping toward a comprehensive explanation for them.

To the iatromechanist like Cheyne, claims to experience by themselves are not enough to legitimate a practitioner – or a medical narrative. Experiential data must be shaped, organized, and interpreted by a comprehensive theory. And it is the authorial character, the *product* of experience, who is able to make sense of the raw empirical data by fitting them into an iatromechanical scheme and thereby to make a second appeal for authority, beyond experience. All the acts of this figure, articulated in the parenthetic asides, are those of mind or utterance: "I say," "I believe," "I think," "I know." What the reflecting persona *knows* that the actor is still groping towards is the overarching theoretical structure for medical experiences that are otherwise apparently connected only by a loose chronology. Aware of the larger iatromechanical scheme, the authorial figure passes judgment on the experiencing character's actions and remarks his errors: "[I]n my greatest Health [I] drank not above a Quart, or three Pints at most, of *Wine* any Day, (which I then absurdly thought necessary in my Bulk and *Stowage*, tho' certainly by far an over *Dose*). . ." (342). He finds iatromechanical validation for mercury therapy and the milk-seed regimen, after the fact. The mercurial cures that the acting character experiments with are theoretically (and therefore therapeutically) sound, reasons the reflecting character, because the heavy metal, driven by gravity, forces morbid matter out of the circulation. The milk-seed diet is theoretically sound because dairy foods and vegetables contain fewer of the highly attractive (in the Newtonian sense) "urinous animal salts," of the sort that, according to his iatromechanical explanation, collect in the fluids and form obstructions. For further theoretical validation he invokes the names of Sydenham and his own medical mentor, Archibald Pitcairne. If the acting

12. See Wesley's *Primitive Physick: Or, An Easy and Natural Method of Curing most Diseases* (London: Thomas Trye, 1747).

character is Cheyne's claim to both higher sensibility and experience, this authorial character is his projected image of himself as the judicious, sober iatromechanist who delimits empiricism with a structuring theory. Through this character, Cheyne appeals to the popular authorities of reason and theory to establish self-legitimacy, as both a practitioner and an author.

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Phyllis Frus argues that

[b]ecause all narratives have the same status as texts, and because the language structures of formal realism take priority over the reality they produce, "true-life" narratives ought to be judged as fictional ones are: according to their coherence and correspondence to a world we recognize, that is, as they correspond not to the events themselves but to other narratives.¹³

There are few if any precedents for Cheyne's autobiographical case history among English medical writings. There are inheritances from other narrative traditions, however. Cheyne's early fall into high living among the London "*Bottle-Companions*" and "*Free-Livers*" bent on a self-destructive course is a stock episode from cautionary tales, of the kind we find later in Fielding, Goldsmith, and Hogarth.¹⁴ Characteristically in such exempla, a young man is lured into vicious city living, which threatens or destroys his physical, mental, and moral health. Often, as in Cheyne's own case, the character naively rationalizes that his socializing will promote his career ambitions. The plot always punishes the offender, however, and as Cheyne's own career progresses, his health and spirits degenerate. Thus the author ironically subverts his character's notion of worldly "progress."

Cheyne also imposes narrative and epistemological order upon his experiences by adopting and modifying the established genre of the spiritual autobiography. While the term is now used loosely to characterize any narrative that recounts the author's spiritual awakening or journey of self-discovery, in the seventeenth and eighteenth centuries, it carried with it more rigorous generic expectations. In this form a reflecting author, looking back on the apparently disconnected experiences of his past, reads "God's plot" for his life. The most popular spiritual autobiographies of

13. *The Politics and Poetics of Journalistic Narratives: The Timely and the Timeless* (Cambridge: Cambridge UP, 1994), p. xiv.

14. See, among many other examples of cautionary tales, Fielding's "Wilson's Tale" in *Joseph Andrews* and the story of the "Man of the Hill" in *Tom Jones*; George Primrose's story in Goldsmith's *The Vicar of Wakefield*; and Hogarth's *The Rake's Progress*.

Cheyne's day were being written by Puritans and Quakers like John Bunyan and Edward Coxere, and by Defoe, whose *Robinson Crusoe* fictionalizes the same pattern of fall and redemption.¹⁵ But Cheyne, an Anglican nurtured in the tradition of episcopacy, would have had the great model of Augustine's *Confessions* before him, even if he were unsympathetic or unfamiliar with the versions of the religious dissenters.

The spiritual autobiography typically begins with the protagonist's fall into sin or waywardness and ends with his spiritual reclamation. Along the way, there are persistent providential warnings to repent and reform – stern fatherly lectures, storms, shipwrecks, imprisonments, illnesses. After failing at first to understand these warnings, or resisting them, the character finally heeds. Usually he must be isolated physically and psychologically from his fellows before learning to read God's plot for his life. Crusoe has his island; Coxere endures enslavement in foreign lands. The spiritual autobiographer often seeks biblical validation in the stories of the fall or the prodigal son. Crusoe, for example, is at one time a restless Adam rejecting his middle-class Eden, at another the prodigal, playing "the young man."¹⁶ Invoking such typology, the reflecting autobiographer interprets all the events of his life symbolically and teleologically, as designed to the end of spiritual reclamation. His story is at once exemplary and confessional, the exemplary tale of one sinner's triumph over viciousness and at the same time, as Michael McKeon observes, "an act of narrative atonement."¹⁷

15. John Bunyan, *Grace Abounding to the Chief of Sinners*, ed. Roger Sharrock (Oxford: Clarendon Press, 1962); Edward Coxere, *Adventures by Sea of Edward Coxere*, ed. E.H.W. Meyerstein (Oxford: Clarendon Press, 1945). For other contemporary examples in Britain and America, see Thomas Lurting, *The Fighting Sailor Turn'd Peaceable Christian: Manifested in the Convincement and Conversion of Thomas Lurting. With a Short Relation of Many great Dangers and Wonderful Deliverances He Met Withal* (London: J. Sowle, 1711); Thomas Shepard, *God's Plot: The Paradoxes of Puritan Piety; Being The Autobiography & Journal of Thomas Shepard*, ed. and introd. Michael McGiffert (Amherst: U of Massachusetts P, 1972). For the reading of *Robinson Crusoe* as spiritual autobiography, see among others, George A. Starr, *Defoe and Spiritual Autobiography* (Princeton: Princeton UP, 1965), and J. Paul Hunter, *The Reluctant Pilgrim: Defoe's Emblematic Method and Quest for Form in Robinson Crusoe* (Baltimore: Johns Hopkins UP, 1966). For a useful discussion of the generic expectations of the spiritual autobiography, see Robert Bell, "Metamorphoses of Spiritual Autobiography," *ELH* 44.1 (Spring 1977) 108–26.

16. Daniel Defoe, *The Life and Adventures of Robinson Crusoe*, ed. Angus Ross (Harmondsworth, Middlesex: Penguin Books, Ltd., 1965), p. 29.

17. McKeon, p. 104.

Anita Guerrini observes that Cheyne's conversion in "The CASE of the Author" "did not commence in a feeling of predestinarian guilt but originated in the body";¹⁸ Cheyne's narrative is specifically a clinical medical history. But as in the spiritual autobiography, rich dramatic irony lies in the failure or refusal of the experiencing protagonist to accept the plan for his life that the percipient authorial figure sees. From the beginning of the plot there are persistent warnings of the punishments Cheyne must suffer for indulging in "*sensual Pleasures* and . . . *Jollity*" (328). Even before he migrates to London he is given physical omens, which he expresses in clinical language:

[U]pon the slightest *Excesses*, I always found slippery Bowels, or a Spitting to be the *Crise*; whence afterwards, on Reflection, I concluded, that my *Glands* were naturally *lax*, and my *Solids* feeble; in which Opinion I was confirmed by an early *Shakeing* of my *Hands*, and a Disposition to be easily ruffled on a *Surprize*. (325)

Arriving in London, however, Cheyne forgets or ignores these early indicators and falls into a self-destructive course in which he begins to "*Eat* lustily, and swallow down much *Liquor*" (326). Like Crusoe, he "plays the young man." Again he is warned. He suffers a seasonal "fever," which he later interprets as the "first sensible *Shock*" (326) of his overindulgence. But he quickly cures this disorder with the "bark." And trusting to his youthful resilience and his own powers as a medical practitioner, he falls again into his course of high living. He is warned again, repents and reforms temporarily, then characteristically relapses into his old excesses of diet, drink, and inactivity. This cyclical drama, with its inherent lesson about pride, is reenacted nearly a dozen times in "The CASE of the Author."

As the spiritual autobiography presupposes the free will and concomitant moral accountability of the individual, so Cheyne's medical autobiography begins with the premise that an individual is morally responsible for his own health. Cheyne maintains this theme consistently in his literature. He admits that heredity may play a role in a person's physical career; his own protagonist, we recall, is cursed with hereditarily weak nerves and a predisposition toward corpulence. However, he refuses

18. *Obesity and Depression in the Enlightenment*, p. 8. In a separate article, Guerrini also situates Cheyne's case study in the tradition of spiritual autobiography. "Case History as Spiritual Autobiography: George Cheyne's 'Case of the Author,'" *Eighteenth-Century Life* 19.2 (May 1995) 18–27. For an earlier version of my own argument, see Paul W. Child, "Discourse and Practice in Eighteenth-Century Medical Literature: The Case of George Cheyne," diss. University of Notre Dame, 1992, pp. 247–60.

to accept a blind determinism that would absolve the individual of moral accountability. Whatever tricks heredity may play upon a person, he or she is still responsible for determining, on an individual basis, God's natural plan for living: "The infinitely wise *Author of Nature* has so contrived *Things*, that the most remarkable RULES of preserving LIFE and HEALTH are *moral Duties* commanded us, so true it is, that *Godliness has the Promises of this Life, as well as that to come.*"¹⁹ Accordingly, when he searches after causes of various maladies, Cheyne finds them in self-abusive behavior:

There is nothing more common, than to hear Men (even those, who, on other Subjects, reason justly and solidly) ascribe their Distempers, *acute* or *chronical*, to a wet Room, damp Sheets, catching Cold, ill or under dress'd Food, or eating too plentifully of this or the other Dish at a certain Time, and to such trivial Circumstances, being unwilling to own the true Cause, to wit, their continu'd Luxury and Laziness. . . .²⁰

The individual who fails to recognize his responsibility to health sins against divine order and his own nature. When the protagonist of "The CASE of the Author" ignores the early warning signs and throws himself into a course of destructive immoderation, then, he is flouting God's plan for him, like the hero of the spiritual autobiography. The reflecting Cheyne develops appropriate metaphors of criminality:

[B]y Degrees [my *Vertigo*] turned to a constant *Head-ach, Giddiness, Lowness, Anxiety* and *Terror*, so that I went about like a *Malefactor* condemn'd, or one who expected every Moment to be crushed by a *ponderous Instrument of Death*, hanging over his Head. (327)

Only when the character isolates himself from his fellows and breaks the cycle of criminally self-destructive behavior can he achieve "*perfect Health.*"²¹

19. *An Essay of Health and Long Life*, p. 5.

20. *The English Malady*, p. 48. Elsewhere in the same text Cheyne remarks, "I daily see many wretched Persons *complaining, grumbling*, and inwardly cursing the *Creator* of the *Universe* for their Miseries and Sufferings, who I am *morally* and *medically* certain, bring all their Wretchedness on themselves, by constantly over-loading, bursting and cramming the *poor passive Machine*" (298).

21. Cheyne admits in *The English Malady* that one of "the only material and solid Objections against a *Milk, Seed, and Vegetable Diet*" is "That it is *particular* and *unsocial*, in a Country where the common Diet is of another Nature" (304). Elsewhere in the same text he defends himself against charges of enthusiasm, or radically divergent opinion.

When Cheyne the percipient author decodes the raw empirical data of his life as a providential plot, he makes explicit the connection between “The CASE of the Author” and spiritual autobiography. Throughout the case history he invokes the paradigm of a “*Divine Order*,” and we accept that there is an abstract reality at play behind the acting character’s physical experiences. Early in the narrative, when Cheyne is isolated from his friends in “*melancholy Retirement*” (332), he finds himself, after “*Meditation and Reflection*,” “infallibly entering into an *Unknown State of Things*” (330). He begins to consider “*if there might not be...higher, more noble, and more enlightening Principles revealed to Mankind somewhere...*” (331). It is in the final sentences of his case history, however, that Cheyne explicitly interprets these experiences as the plot for his life written by “the Author of *Nature*”:

I shall, I hope, go on in the Method now described, and *live*, and I hope, *die* in continual Gratitude to the *Best of Beings*, who, by an over-ruling *Providence*, and, as it were, by meer *casual Hints*, far beyond the Reach of my *Penetration*, has irresistably (as I should almost say, if I felt not my own *Liberty*) directed the great Steps of my *Life* and *Health* hitherto. (364)

The reading code of spiritual autobiography having been established, the apparently disconnected and random events now fit neatly into the providential scheme. The early hand tremors, the seasonal fever, the asthma, the melancholic fits, and the host of other maladies that follow the experiencing character’s excesses are all the physical results of self-abuse or misdiagnosis and mistreatment. But they are also providential warnings to reform and to submit to the authority of God’s providence and of nature. Symptomatology thus translates into symbology; the hero’s education demands that he learn to read the symbols: “This *Hint* accidentally dropt, wrought so on me, that I began to recollect a great many Things, that before had escaped me without much *Reflection*” (335). It is by this gathering and reflecting upon past experiences that Cheyne discovers the whole cloth from which the individual events in his life have been cut. As on the literal and scientific level he finds coherence for the disconnected experiences and observations in the all-embracing theory of iatromechanics, so on the symbolic and abstract level, he finds coherence in the providential plot.

Invoking the language and ethos of the spiritual autobiography, Cheyne reinforces his claims to legitimacy, as both a practitioner and an author. The appeal to the authority of providence, of course, would have been among the weightiest of all claims to legitimacy in Cheyne’s day. But there is a specific literary appeal also. The spiritual autobiography was an established literary form for an empirical demonstration of the truth of Christian teaching. The protagonist of such narratives – Coxere,

Bunyan, Crusoe – is without exception a learner through experience. Casting himself as such a protagonist, Cheyne validates his own claims to experience. He also validates his own text and claims to authorship.

* * *

Thus the central tension between human waywardness and God's purpose in the spiritual autobiography finds a corresponding tension in "The CASE of the Author" between Cheyne's failure to regulate his health according to a divine plan and his acceptance of the lifesaving milk-seed regimen. Cheyne develops this tension between "perishing" and "perfect Recovery" with persistent images of reanimation. In Taylor's case, we find a pointed example. Taylor, we recall, has suffered from severe epilepsy: "He told me . . . he used frequently to be seized with it on the Road; while he was rideing in the Country about the Business of his Profession, so that dropping from his Horse, he remained senseless, till by the next Waggoner or Passenger he was carried to the nearest House; and that both his *Life* and *Faculties* had been in the utmost Danger by it. . ." (335–36). By use of the balancing conjunction *but* in the same passage, this death image of the cataleptic Taylor is weighed against the image of the athletic middle-aged gentleman who can "play six Hours at *Cricket* on *Banstead-Down*, without Fatigue or Lowness, and [is] more *active* and *clear* in his *Faculties* and *Senses* than ever he [has] been in his *Life* before" (336).²² Taylor owes his reanimation to his milk diet.

Clearly Taylor is a figure of Cheyne himself. Like Cheyne, he is a physician; like Cheyne he has consulted "all the most eminent *Physicians* of his *Time* about *London*" (335) before turning to the saving regimen. To reinforce the typology, Cheyne tells the reader that during the period of his own final recovery, he himself was thrown from his chariot, "and falling on my Head, was taken up dead and senseless" (360–61). This image invokes that of the cataleptic Taylor. But as Taylor is delivered from epilepsy by his saving diet, so Cheyne is delivered from death in this instance by his own milk-seed diet: "[I]n two or three Months [I] recovered to a Miracle, from what would have kill'd another with bad Juices. . ." (361).

The death and reanimation theme is developed elsewhere in *The English Malady*, especially with the curious case of a Colonel Townshend, which Cheyne recounts shortly before his own. Townshend, near death, calls a group of medical practitioners, including Cheyne, Edward Baynard, and the apothecary Skrine, to witness a remarkable phenomenon. "He told us," says Cheyne, "he had sent for us to give him some Account of an *odd Sensation*, he had for some Time observed and felt in himself: which

22. Cheyne tells us that Taylor has even fathered several children since his cure – the perfect reinforcement of the reanimation theme (*The English Malady*, p. 254).

was, that composing himself, he cou'd *die* or *expire* when he pleas'd, and yet by an *Effort*, or some how, he could come to Life again." "[W]e could hardly believe the *Fact* as he related it," says Cheyne, "much less give any Account of it: unless he should please to make the *Experiment* before us." Townshend offers to demonstrate:

He compos'd himself on his Back, and lay in a still Posture some time: while *I* held his right Hand, Dr. *Baynard* laid his Hand on his Heart, and Mr. *Skrine* held a clean Looking-glass to his Mouth. I found his *Pulse* sink gradually, till at last I could not feel any, by the most exact and nice Touch. Dr. *Baynard* could not feel the least Motion in his *Heart*, nor Mr. *Skrine* the least Soil of Breath on the bright *Mirror* he held to his Mouth; then each of us by *Turns* examin'd his *Arm*, *Heart* and *Breath*, but could not by the nicest *Scrutiny* discover the least *Symptom* of Life in him. . . . [W]e began to conclude that he had indeed carried the *Experiment* too far, and at last were satisfied he was actually dead, and were just ready to leave him . . . [when] we observ'd some Motion about the Body, and upon Examination, found his *Pulse* and the *Motion* of his *Heart* gradually returning: he began to *breath* gently and speak softly: we were all astonish'd to the last Degree at this unexpected Change. . . .²³

That evening Townshend dies in fact, and an autopsy performed the next morning reveals what Cheyne diagnoses as "Nephritick Cancer." It is difficult to translate Cheyne's description of his post-mortem findings into modern clinical nomenclature, but Townshend apparently died of what today we would call renal calcification. In such cases, said the late William Ober, a patient may slip in and out of coma during a period of several weeks leading to his or her death. "But it's not an act of will," protests Ober. "That is Cheyne's embroidery."²⁴

Townshend's "Nephritick Cancer" is only peripherally a nervous disorder, of the sort that is the subject of *The English Malady*. Thus the case seems anomalous – unless we consider that Cheyne is developing proleptically the reanimation he himself finds through the milk-seed regimen. As Townshend apparently wills himself into and out of coma, so Cheyne, acting of free will, commits himself to a revitalizing regimen. Thus the image of Townshend's revival is an image of Cheyne's own "perfect Recovery." Like Townshend, Cheyne, having found a providential plan for both his bodily and spiritual health, has "come to Life again."

23. *The English Malady*, pp. 308–10. Looking-glasses and manual measurement of pulse are crude diagnostic measures, of course.

24. William B. Ober, letter to the author, 11 November 1991.