

Autopathography and the Bramine's Journal

Abstract: The Continuation of the Bramine's Journal is addressed to Eliza Draper, comprising daily entries between 13 April to 4 August 1767. Sterne captures in the journal a regular account of his suffering from consumption, or what we would now recognise as tuberculosis, recording in painstaking detail a range of encounters with medical professionals, his treatments, and his thoughts on patient experience. The regularity of such material, usually considered as the background to the content concerning Eliza or A Sentimental Journey, invites us to consider the journal's literary form in a medical light, through the lens of 'autopathography', or subjective illness narrative, following Stella Bolaki's suggestion that illness narratives combine (auto)biographical prose writing about living with a disease with reflections upon patient experience. In turning to recent theorisations of illness narrative, this essay thinks through Sterne's journal in ways which complement and enlighten its multifariousness while underlining the centrality to the text of his representation of chronic illness.

The Continuation of the Bramine's Journal is one of the least read and least studied of Sterne's works.¹ It was a late addition to the canon, being discovered in an attic and announced to a national readership in the *Athenaeum* in 1878. It is an almost daily journal composed between 13 April to 4 August 1767 addressed to Eliza Draper (the 'Bramine'), a married woman on her way back to the East Indies, with whom Sterne ('The Bramin') was infatuated, and with whom he intended to exchange journals at the next opportunity, having already handed her two earlier instalments. The journal is usually mined for its correspondences with the fiction that he was writing at the same time, *A Sentimental Journey*, since the claim by Melvyn New and W. G. Day, the Florida editors, that '*A Sentimental*

Journey cannot be sufficiently understood without the context supplied by *Bramine's Journal*' (ASJ, xxvii). As a result, it is most often read as a subordinate supporting text, perhaps because of the ambiguous generic status of Sterne's journal, being both diary and correspondence, and the fact that since his death Sterne's letters have stood as an essential intertext for Sternean literary scholarship.

Sterne records in the *Bramine's Journal* a regular account of his suffering from consumption, or what we would now recognise as tuberculosis. The painstaking detail with which he captures a range of encounters with medical professionals, as well as the course of his illness and his thoughts on his patient experience, cautions us against reading the diary exclusively as a love letter. The medical content of the journal warrants further study because it gives us an insight into his personal patient experience, that of the period more generally, and patient-physician relations, which is rare for the eighteenth century. Primarily, however, the medical material invites analysis because it could be considered the backbone of the diary. As Eva C. van Leewen has pointed out, consumption 'forms the background for the "story" of Sterne and Eliza'.² Medical matters appear in 40 out of 102 journal entries, as exemplified in the entries for 13 to 16 April:³

Sunday Ap: 13.

[...] worn out both in body & mind, & paid a severe reckoning all the night.

Ap: 14. got up tottering & feeble— [...]

Munday. Ap: 15.

worn out with fevers of all kinds but most, by that fever of the heart with w^{ch} I'm eternally wasting, & shall waste till I see Eliza again [...] In a high fever all the night.

Ap: 16. and got up so ill, I could not go to M^{rs} James as I had promised her—took James's Powder however [...] (*ASJ*, 171–72)

Health matters tend to be composed in note-form, in half-sentences describing Sterne's experience of pain. These details seem to be directed toward himself as reader, their brevity suggesting they are notes intended for personal use. This is in contrast to matters of love — the 'fever of the heart' — which appear in long form, and are more clearly addressed to Eliza. In keeping with the illness narrative's multifarious nature, Sterne's text is complex, generically so in being both a journal and a letter, and stylistically so in being composed at times longform and at times in notes.

Sterne's literary engagement with disease has been explored in depth by Clark Lawlor, who has attributed to Sterne 'the association of consumption and genius in the popular imagination'.⁴ Lawlor has stressed the extent to which consumption is a disease of the self for Sterne, as well as a narrative in its own right in terms of its progression and likely symptoms.⁵ Elizabeth Goodhue has analysed how tubercular consumption informs the first-person narrations of both the *Journal* and *A Sentimental Journey*.⁶ Focusing on eating and drinking in the *Journal*, Goodhue's double-registering of alimentary and tubercular consumption reads disease as desire, and the one text in order to shed light on the other, concluding that the *Journey* is a complicated commerce of sympathies. Both Lawlor and Goodhue have considered the journal as an example of consumptive love melancholy, but neither study has considered the generic status of the work and its capacity to evidence the patient experience. Nevertheless, the foundations have been laid in Lawlor's claim that the journal 'is clearly an outlet for the deep concerns about his health at this time which he suppressed, for a variety of reasons, in *A Sentimental Journey*',⁷ and Goodhue's suggestion

that as a bodily and historically charged phenomenon, consumption ‘radically [...] alters what it takes and what it means to read such narratives’.⁸ I therefore propose that we consider more closely the fact that illness is inherent to the *Bramine’s Journal*. Here, I look at the journal as a literary form, reading it through the lens of ‘autopathography’, or subjective illness narrative. Typically, Stella Bolaki argues, illness narratives ‘combine an auto/biographical narrative about living with an illness with reflections upon the wider implications of a particular disease, treatment, recovery and interactions with medical professionals’.⁹ The *Bramine’s Journal* may be the story of Sterne and Eliza, but it is also the story of subjective consumptive experience. This essay unpacks the ways in which reading Sterne’s journal as an illness narrative enables us to understand better his representation of chronic illness.

Medical Journals

Allan Ingram was amongst the first to consider literary diaries as receptacles for health concerns, with his reading of James Boswell as melancholiac in 1982.¹⁰ This was an early intervention in an emerging academic field which also gave rise to Arthur Kleinman’s study *The Illness Narratives: Suffering, Healing, and the Human Condition* (1988) and his plea that we turn to patient accounts for a fuller understanding of the lived experience of illness. As Bolaki has demonstrated, a new interest in subjective experiences of illnesses was born out of several key historic moments: the rise of the politicised feminist patient of the 1970s, gay rights and disability movements, and the AIDS epidemic. Developments in literature, such as the popularity of self-help books and memoirs, improved technologies aiding self-publication, and the social media revolution — ultimately leading to ‘digital technology and media convergence’ — are also important contributors to the growth of what has become known as ‘pathography’.¹¹ Illness narratives respond to practice-based developments and new

medical technologies with individual voices, which explains their proliferation in the mid-twentieth century alongside the ‘triumph of scientific technological medicine’.¹² As Arthur Frank suggests, illness narratives tell stories from beyond the ‘unifying general view’, resisting the ‘type’ of the ‘sick person’ that emerged with — and within — the rise of clinical medicine in the eighteenth century.¹³

The growth since the twentieth century in literary prose writings dedicated to the recording of the subjective experience of illness has been paralleled by a turn in eighteenth-century studies towards first-person accounts of patient experience. Those who have sought to analyse such experiences have been creative in drawing from a rich array of materials such as practitioner casebooks, patient-practitioner correspondence (i.e., diagnosis-by-correspondence), practitioner consultation letters, and medical treatises. These collections, however, centre the experience of the practitioner over that of the patient. Much rarer are patient diaries and personal correspondence, including household recipes which capture the experience of ill health.¹⁴ Recently, Declan Kavanagh has analysed Boswell’s engagement with venereal disease and Polly Atkins has read the journals of Dorothy Wordsworth as an eloquent account of her health and life.¹⁵ Such work is to be applauded when it has been widely noted in medical humanities scholarship that accessing patient experience in the long eighteenth century is a challenge.

Sterne’s *Bramine’s Journal* has yet to be considered through the lens of patient experience. This is perhaps because much of its discussion of illness is so bound up with his obsession with Eliza Draper. On 3 May, for instance, he writes,

What can be the matter with me! Some thing is wrong, Eliza! in every part of me—I do not gain strength; nor have I the feelings of health returning back to me; even my best moments seem merely the efforts of my mind to get well again, because I cannot

reconcile myself to the thoughts of never seeing thee Eliza more.—for something is out of tune in every Chord of me—still with thee to nurse & sooth me, I should soon do well— (*ASJ*, 187)

The want of Eliza may account for half of his distemper, ‘but not the whole of it’ (*ASJ*, 187). New and Day have argued that ‘Sterne’s language throughout *BJ* may be characterized as fictional or literary, rather than fantastical or pathological’ (*ASJ*, 409n203.9–10). However, to say that the language is not pathological but literary throughout is to dismiss the pervasiveness of pathological material in *Bramine’s Journal*. The fuller picture the journal provides of the experience of illness — of being attended by practitioners with their remedies — is clearer in an entry such as that of 25 April, when, after a tolerable night’s rest, Sterne muses on Eliza’s miniature portrait, worrying that he might never see her again. From the portrait he acquires consolation:

[...] never did that Look of sweet resignation appear so eloquent as now; it has said more to my heart—& cheard it up more effectually above little fears and *may be’s*— Than all the Lectures of philosophy I have strength to apply to it, in my present Debility of mind and body.—as for the latter—my men of Science, will set it properly a going again—tho’ upon what principles—the Wise Men of Gotham know as much as they—If they *act right*—What is it to me, how *wrong they think*; for finding my machine a much less tormenting one to me than before, I become reconciled to my Situation, and to their Ideas of it—— (*ASJ*, 178)

The lover’s consolation is undercut with medical satire. Sterne has faith that his ‘men of Science’ will remedy his bodily ‘Debility’, though it seems that this will not be thanks to

knowledge, since ‘the Wise Men of Gotham know as much as they’. Setting up a dialectic between acting and thinking, Sterne is keen to benefit from the attentions of his ‘men of Science’, but careful to show that he does not necessarily believe in their assessments, which diagnose a venereal infection, even if he is reconciled to their being ‘wrong’.

While the medical content in Sterne’s *Bramine’s Journal* is not as dominant as in contemporary symptom journals, nevertheless, its scale and consistency can be ascertained by comparison. One surviving manuscript case book was composed by the many physicians of eighteenth-century nobleman and friend of Sterne, John Hussey Delaval, which recounts his experience and recovery from a severe ‘Cold’ in 1775:

Mr D- got a Cold upon the Road to London about the 4th March and had a cough which was very troublesome to him that did not appear to be much digested. About the 24 the spillings in his handkerchief were of a thick ropy yellowish phlegm on one of which there was as much blood as would half cover a silver penny. This happened twice since he came to London. I shewed them to Dr Heberden and Mr Pinkston. On Tuesday March 28th he began to drink seltzer water in the morning which he drank in the quantity of 2/3 of a quart together with 1/3 of Milk till Wednesday April 5- On Tuesday night about 12 he was seized with a fit of coughing which lasted him about a quarter of an hour with short intervals he wetted a handkerchief all over with thinnish phlegm and some of a thick kind digested. A little vinegar and honey composed the cough and he slept without coughing again til the morning April 5 – when he hemmed from his throat some yellow ropy phlegm – he complained of a pain in his left side extending from the breast to the top of his shoulder. He had 12 ounces of blood taken away which was much inflamed and had buff upon it as thick as a new

sixpence. In the afternoon on the next day the pain was not felt by him. He slept well the next night and did not cough at all.

Since Friday the 7 inclusive he has perceived that he grew cold in the evening then hot and afterwards sweated. He has never been sick but complains of being sleepy when the little heat comes on and is depressed at that time. This day he took a purge.¹⁶

Delaval has three doctors regularly checking his vitals and recording their findings in the case book. Sterne, too, recorded having had physicians watch over him during his most precarious moments, and is almost as regular with his health updates, sometimes providing two in one day (22, 24, 25 April; 3 May). The survival of Delaval's case book not in the archive of a medical professional but among his own personal family papers testifies to the manuscript's use-value to the patient. Delaval's case book, despite being written in the third person by his attendants, is preserved by him as an authentic account of his illness and archived for future reference. While the Delaval manuscript was composed wholly with a medical, restorative purpose, Sterne's journal was not. Nevertheless, in places it echoes the language and content of the case book. Sterne describes being 'In a high fever all the night' (*ASJ*, 172) on 15 April, and parting with '12 Ounces of blood, in order to quiet what was left in me' (*ASJ*, 175) on 21 April. The next day he 'rose with utmost difficulty—my Physician order'd me back to bed as soon as I had got a dish of Tea—was bled again; my arm broke loose & I half bled to death in bed before I felt it' (*ASJ*, 176). By 5 May he was 'trying *l'Extraite de Saturne* upon myself' (*ASJ*, 188), a cure for venereal disease. Like Delaval's medical case book, Sterne's entries record fever, bleedings, and nostrums alongside fuller accounts of his love for Eliza. This parallel between the case book and the journal demonstrates the proximity of the two genres, revealing the degree to which a journal addressed to a lover is a fiction predicated upon the

author's being well enough to compose it. As a sufferer of consumption, Sterne's self-representation, even in a lover's journal, is bound up with and inseparable from a narrative of the experience and treatment of chronic illness.

Restitution, Chaos, Quest

The illness narratives most often investigated by health humanities scholars tend to be recently published memoirs produced in the 'postmodern moment', and thereby 'characterised by multiplicity', by 'fragmentation, discontinuity or [...] switches to alternative genres'.¹⁷ But, as readers of Sterne know, the Sternean text is also characterised by multiplicity, fragmentation and discontinuity, even if we are reluctant to align it unproblematically with the postmodern. An influential example of autopathography is Arthur W. Frank's *At the Will of the Body: Reflections on Illness* (1991), which in turn gave rise to his study on illness narrative, *Wounded Storyteller: Body, Illness, and Ethics* (1995), in which he proposed three kinds of illness narrative. There are narratives of restitution (cure), chaos (a litany of disaster), and, what he considers the ideal mode of narrative, quest: 'Quest stories meet suffering head on; they accept illness and seek to use it'.¹⁸ No one text corresponds wholly to one type, and 'Actual tellings combine all three, each perpetually interrupting the other two'.¹⁹

In this schema, Sterne's journal, I would argue, oscillates between restitution and chaos narratives. The restitution narrative looks forward to eventual cure:

The storyline is filled with talk of tests and their interpretation, treatments and their possible outcomes, the competence of physicians, and alternative treatments. These events are real, but also they are metaphors [...] of enacting the storyline of restoring health.²⁰

Here we think of Sterne's 'men of Science', his course of '*l'Extraite de Saturne*', and his pretended disbelief at their diagnosis of a venereal infection. The restitution narrative is age-old, with a lineage including the Biblical story of Job, whose wealth and family are restored after a period of suffering.²¹ Sterne borrows from Job 2.4 in the journal to stress to Eliza that 'Firmness—& fortitude & perseverance gain almost impossibilities—& "*Skin for Skin,*" saith Job, "*nay all that a Man has, will he give for his Life*" (1 May; *ASJ*, 185).²² It is Eliza's life to which he refers, pleading with her to continue to be strong despite her supposed exile to India. But its appearance in a journal so bound up with consumption, and in an entry recording that he 'came home ill' from the park, also shows how far the message befits his own circumstances as a sufferer of chronic illness.

The restitution narrative shares similarities with the eighteenth-century 'overcoming narrative', which emerged and proliferated in the late eighteenth century, in which individuals overcame somatic limitations through extraordinary effort and patience.²³ It was a product of the a culture of sensibility, as D. Christopher Gabbard points out, in which a new sentimental view of disability as moral virtue was gradually supplanting an older view of deformity or disease as God's punishment for sin.²⁴ Following Anglican doctrine, it positioned the person who was able to triumph over physical obstacles as able to achieve a virtuous state.²⁵ The consumptive Sterne writes with the hope of regeneration, and his sentimentally effusive entries often deal with the idea of refitting his body in preparation for Eliza's return to England:

June 8.

Begin to recover, and sensibly to gain strength every day—and have such an appetite as I have not had for some Years—I prophecy I shall be the better, for the very

Accident which has occasioned my Illness, & that the Medicines & Regimen I have submitted to, will make a thorough Regeneration of me, & y^t I shall have more health and Strength, than I have enjoy'd these ten Years—Send me such an Acc^t of thy self Eliza [...] (ASJ, 197)

This brief entry functions as a synecdoche of an illness narrative, recording Sterne's encounters with physicians, the procedures he has experienced, and the medicines which have been prescribed. Sterne's use of pseudo-religious language to describe his 'prophecy' of 'Regeneration' points to the Christian foundations of his optimism, whilst he also expresses his expectation that Eliza's own illness should be transitory and recounted within what Frank would also consider a restitution narrative ('Send me such an Acc^t of thy self'). Its scriptural resonances underscore the fact that the restitution narrative was one bound up with the culture of sensibility.

The 'restorable body' ideal,²⁶ however, is rendered complex by the genre of the diary, in which the 'restored' body can only be temporarily thus, if a diary is continued to death.²⁷ There are parallels here with the idea of both Sterne and Tristram 'writing against the spleen to extend, in the process, his own life' that Carol Houlihan Flynn suggests is the case for *Tristram Shandy*.²⁸ But, like the diary, a novel produced — or pretending to be produced — infinitely ('two volumes every year' [TS, 7. 1. 575]) is also a project doomed from inception. As Frank asks,

What happens when those who have always spoken their own experience in the language of survival find that language has nothing left to say about themselves, once the viability of restitution has run out? What body-self is left, when the end of

survival is imminent? The tragedy is not death, but having the self-story end before the life is over.²⁹

This is where the restitution narrative falters, turning chaotic. If restitution narratives depend upon the imagined happy ending, then chaos narratives are the opposite.³⁰ They are told by the ‘wounded storyteller’, whose narrative requires distance because the immediacy of suffering precludes authorship. ‘The body is imprisoned in the frustrated needs of the moment. [...] Lived chaos makes reflection, and consequently storytelling, impossible’, Frank writes.³¹ This is never more apparent than when Sterne combines the entries for 9, 10 and 11 May, recording being ‘so unaccountably disorder’d—I cannot say more—but that I w^d suffer ten times more & with Smiles for my Eliza—adieu bless’d Woman!—’ (*ASJ*, 188). Unlike the act of writing as control, through organising and having power over events, journal-writing more generally prompts the possibility of intervening ‘chaos’. The impact on a daily journal of illness is immediately visible. As autopathography it must inevitably grapple with chaos, and certainly the *Bramine’s Journal* at times matches more closely Frank’s definition of the chaos narrative. Chaos is beyond speech, indicating what is lacking in speech. It is an ‘ultimate muteness’, perhaps encapsulated in Sterne’s comment on 28 April: ‘I have not strength to drag my pen—’ (*ASJ*, 184), signifying that nothing further can be said.³²

The interruptive quality of illness in Sterne’s journal, and the text’s flickering between the categories of restitution and chaos narratives, is particularly apparent in a series of diary entries from 22 to 24 April, where narration and muteness vie for precedence:

Ap: 22^d—rose with utmost difficulty—my Physician order’d me back to bed as soon as I had got a dish of Tea—was bled again; my arm broke loose & I half bled to death

in bed before I felt it. O Eliza! how did thy Bramine mourn the want of thee to tye up his wounds, & comfort his dejected heart—still something gives me hope—& hope, I will—& it shall be the last pleasurable Sensation I part with.

4 o'clock/ They are making my bed—how shall I continue my Journal, in it?—If there remains a chasm here—think Eliza, how ill thy Yorick must have been.
[...]

Ap: 23.—a poor night. and am only able to quit my bed at 4 this afternoon—to say a word to my dear— [...]

Ap: 24.

So ill, I could not write a word all this morning—not so much, as Eliza! farewell to thee; —I'm going———am a little better— (*ASJ*, 176)

The first entry, opening with a typical note-form account of his rising from bed and being bled, transitions into a more fulsome account of how the bleeding went wrong, followed by the renewed eloquence of an apostrophe ('O Eliza!'), evidencing the positive effect on his ability to write of the renewed hope that he describes experiencing. But such narrative vigour is short-lived. His servants prepare his removal to bed, where he fears that he will be unable to write, perhaps because of his prostrate position, but also because of the consumption which is restricting his movement. Sure enough, the following two entries are brief and recount an inability to write, in keeping with Frank's chaos, concluding with a 'farewel' to Eliza.

Pathography, and particularly autopathography, inscribes the body's vital signs through both words and silence, preserving the dying body on the page. The extended dash that follows 'I am going' recounts the moment of Le Fevre's prolonged death in *Tristram Shandy*, which is similarly punctuated in order to suggest the ebbing and flowing of Le Fevre's pulse. In the *Bramine's Journal*, the dash expresses the passage of time, the duration of a moment in

which Sterne thinks he is dying, but he returns to write ‘am a little better’. Sterne’s writing retains its comic capacity even in his worst moments. Writerly control over a narrative, which a narrative of illness precludes, is contrasted all the while in the journal with the seeming but controlled spontaneity which characterises Sterne’s novels.

The (re)turn to humour here enacts a kind of narrative restitution:

—So—Shall not depart, as I apprehended—being this morning something better—& my Symptoms become milder, by a tolerable easy night.—and now, if I have strength & Spirits to trail my pen down to the bottom of the page, I have as whimsical a Story to tell you, and as comically disastrous as ever befell one of our family—Shandy’s Nose—his *name*—his Sash Window are fools to it. (*ASJ*, 176)

This is a change of pace and a change in style. The literariness of this turn is captured by the reference to ‘Shandy’s Nose—his *name*—his sash window’, aligning the event and its subsequent iteration with Sterne’s telling of Tristram’s accidents in *Tristram Shandy*. We could view this as Sterne borrowing from the genre of the novel, but we could also reflect upon how far Sterne’s novelistic style was also influenced by the experience of illness, what Lawlor has identified in *Tristram Shandy* as ‘the accidental (mal)formation of life, death, and narrative’.³³ Sterne creates in the *Bramine’s Journal* a self-referentiality, or a kind of metatextual gesture, that enmeshes the seemingly factual record of daily experience with the fictional world he created elsewhere.

The journal carefully mingles factual and consciously fictional ‘Shandying’. This is in keeping with pathographic style, which can be characterised by a combination of quantitative and qualitative data, much like the medical case book.³⁴ Sterne’s fuller narrative episodes, the kinds we might expect to find in a literary journal, also sit alongside data which, by

comparison, is stark, such as his daily account of being bled, of being in and out of bed, able and unable to write, and the dashes or blanks that ensue as a result. Case books, like illness narratives draw upon meaningful blanks, representing the chaos of the experience of illness. This is despite the fact that they differ in being records taken by medical professionals on a patient's case, rather than notes taken by the patient, as would be the case in autopathography. Delaval's attendants are assiduous in recording his pulse through his ordeal on the first page of his casebook:

			Pulse	
	March 30.	½ past 3	90	
	31.	7 m.	60	
	-	4 even:	108	
	April 6.	9 m. under	80	
		1	90	
Friday cold fit	7.	10 morn.	65	— In a warm gentle sweat had been coldish and warm – these symptoms continued
perceptible by him		12	80	
		even: 9	90	
Saturday 8.		in bed	70	
		at 1 up	90	
		at ¾ after 4	80	N.B. did not eat any meat since Tuesday April 4.
		at 5 eveng.	110	
		at ½ past 10	84	
Sunday 9.		in bed m.	70	
		12 at noon	80	
		8 even:	104	
		¼ after 10	94	
		20 minutes before 12 up	85 ³⁵	

They not only recorded the date and time of each assessment but also annotated the chart with Delaval's own experiences of being 'coldish and warm' and the fact that he could perceive that he was in a 'cold fit'. The chart alone will not do, the annotations suggest: the gaps in quantitative data must be filled with qualitative, subjective experience. In Delaval's case, the illness itself takes on the qualities of a narrative.³⁶

Recognising the degree to which medical case books and literary journals share certain qualities helps us to understand more fully the latter's medical content but it also

reflects on the narrative qualities of the medical case book and practice more broadly. Wendy Churchill has warned us of the constructed nature of eighteenth-century medical casebooks. Rather than being consistent daily records of medical practice and of client symptoms, they are often organised haphazardly, with long periods elapsing between patient entries. She identifies ‘signs of re-organising, editing, and/or rewriting’ case histories, which are the ‘products of assemblage and reflection that transpired in the aftermath of medical consultation’, and they are therefore often at a remove from the medical encounters described.³⁷ While Churchill mines these sources for what they tell us about medical practice and female patients, in the process she illustrates a range of ‘social, professional, and textual conventions that framed this genre of medical writing’.³⁸ Churchill suggests that we should guard against an assumption that a medical casebook is a more objective, or more immediate, or somehow more factual, style of writing than a patient diary.³⁹ We also need to be careful when considering a text like the *Bramine’s Journal*. As New and Day note of the manuscript, it has all the hallmarks of a fiction, including ‘the many deletions and additions that we would associate with an initial draft, including, in more than a few instances, later additions to a previous day’s entry’, and, perhaps most significantly, his convenient transposition of York race week to fill a void (*ASJ*, xxxix, xl). It even opens with a misdate, Sunday falling on 12 April 1767, rather than 13 April as the entry records (*ASJ*, xxiv), which is probably a mistake, but it could also demonstrate some play with time. Nevertheless, they conclude that it is ‘after all [...] a highly self-conscious *autobiographical* document’ (*ASJ*, xlii; italics added).⁴⁰ Through the lens of pathography Sterne’s retrospective completion of certain entries in the *Bramine’s Journal*, as with his copying of passages from the letters to augment the journal (*Letters*, xxv), much more clearly becomes an attempt to deal with and process health challenges rather than suggesting a lapse in epistolary timekeeping.

The text serves both as independent evidence and as a work inherently connected to this author's wider canon. Despite its basis in fact, Sterne himself, through his allusions, encourages us to compare *Bramine's Journal* with his fictions, as in his reference to 'Shandy's Nose'. One of Sterne's best-remembered scenes is 'The Pulse' of *A Sentimental Journey*, which romanticises and eroticises the encounter between parson Yorick and the glove seller.⁴¹ This mock medical assessment arises after he proposes that her kindness to him must result from the temperature of 'the same blood which comes from the heart, which descends to the extremes'; therefore, she 'must have one of the best pulses of any woman in the world':

—Would to heaven! my dear Eugenius, thou hadst passed by, and beheld me sitting in my black coat, and in my lack-a-day-sical manner, counting the throbs of it, one by one, with as much true devotion as if I had been watching the critical ebb or flow of her fever—How wouldst thou have laugh'd and moralized upon my new profession? (*ASJ*, 71).

Whereas the narrator Yorick is figured as physician, Sterne is figured as patient in the *Bramine's Journal*, where he represents his 'poor pulse' being scrutinised by the physicians to satiric effect. On 26 April, after a deep sleep the night before, and feeling 'improved in body & mind & recruited beyond any thing I lookd for', Sterne's doctors 'stroked their beards, & look'd ten per C^t wiser upon feeling my pulse, & enquiring after my Symptoms—' (*ASJ*, 180). In describing his doctors as only appearing to be a modicum wiser, Sterne suggests that they could not accurately interpret his vitals. He, however, can: 'this moment—when upon taking up my pen, my poor pulse quickened—my pale face glowed—and tears stood ready in my Eyes to fall upon the paper, as I traced the word Eliza' (*ASJ*, 179). Sterne

upturns the classic case as recorded by Galen of the physician who diagnoses love sickness from the pulse, identifying that a young female consumptive patient's pulse rate is dramatically raised at each mention of her lover's name.⁴² Sterne's doctors are not so astute. For Sterne, the pulse is inherently tied to the idea of Eliza, the inscription of whose name prompts a profoundly physiological response in a way that he understands but his physicians cannot. But this episode also aligns the *Bramine's Journal*, as a type of correspondence, with the genre of patient-practitioner correspondence (or diagnosis-by-correspondence), since Eliza as addressee is so often figured as physician. As he wrote to her separately, in a letter of February 1767, 'Remember, my dear, "that a friend has the same right as a physician"', while expecting her to demur on the grounds of etiquette (*Letters*, 531).⁴³ In writing to Eliza about his pulse, Sterne is well aware of the intimacy of that detail and of his illness narrative, recalling *A Sentimental Journey's* scene in which Yorick taking the pulse of the glove seller is one of comic impropriety. As an exercise in correlating consumptive patient experience with lovesickness, the *Journal* serves to heighten and even to authenticate the lover's declarations whilst also revealing the impact of illness upon the authorial self.

Satire and Suffering

Perhaps the most significant comparator to the *Bramine's Journal* is Swift's *Journal to Stella*, considering that the similarities between them, or at least between their authors, inspired Wilbur Cross to retitle Sterne's work as '*Journal to Eliza*'.⁴⁴ The *Journal to Stella* is a series of sixty five long letters comprising daily journal-like entries, addressed both to Stella and to her companion Rebecca Dingley, posted at intervals from London to Dublin between 1710 and 1713. Swift was suffering at this time from what is now known to have been Ménière's disease, an affliction of the semi-circular canals of the ears causing periods of dizziness and nausea, manifest in what he called a 'giddiness' and a sore head.⁴⁵ The journal records

Swift's regular procurement of palsy-water from Stella's mother, which he ships to Ireland for Stella, and his concern for Stella's health, especially of her eyes, with which she seems to have struggled. In response to his correspondents' queries about his own health, and admitting to several giddy fits, Swift— in contrast to Sterne — provides a bare minimum of information. His letters are filled with town gossip, with the affairs of court, the politics of the levees and coffee-houses, and many more rich and fulsome descriptions of the illnesses of others. He reluctantly but obediently records the occasional giddy episode, reminding his addressees that he takes his pills as the doctor ordered:

My journals are like to be very diverting, now I cannot stir abroad, between accounts of Mr. Harley's mending, and of my broken shin. [...] Mr. Harley still mends; and I hope in a day or two to trouble you no more with him, nor with my shin.⁴⁶

Swift's general health, his ability to see company, and to enjoy his favourite pastime of walking, mean that his journal teems with life and vivacity. It is intended to be entertaining, as a snapshot of the London social scene for his friends abroad. His use of his and Stella's 'little language', or baby talk, and their jesting over mutual acquaintances, give it a common turn, and its intention to be read aloud, both for social and medical reasons — social in that it is addressed to both Stella and Dingley, and medical in that Swift intends Dingley to do the reading to save Stella's eyes — give it a fundamentally communal function which sets it apart from Sterne's project in the *Bramine's Journal*.

Sterne was possibly aware of the journal to Stella, which was published posthumously in 1766, or at least of some of the correspondence that later formed the journal, as suggested by a letter Sterne wrote to Eliza in March 1767 in which he imagines the death of her husband: 'Not Swift so lov'd his Stella, Scarron his Maintenon, or Waller his Sacharissa, as I

will love and sing thee, my wife elect' (*Letters*, 565). Nevertheless, while the practice of exchanging journals may have been similar to his own, there are distinct differences between them. If, in an unscientific comparison, we compare Sterne's 102 journal entries to the first 102 entries of Swift's journal to Stella, we find, unlike Sterne's 40, only 14 mentions of health. The *Journal to Stella* does not, therefore, lend itself so easily to being read as illness narrative, though it buys into the myth of 'the restorable body', which is dependent upon the image of sickness as interruption.⁴⁷ As sociologist Mike Bury has argued, time is essential to our understanding of illness narratives, in both 'a mundane as well as an existential sense', since illness provokes what Bury has called 'biographical disruption', 'in which the relations between body, mind, and everyday life are threatened'.⁴⁸ For Swift, giddiness or a sore leg irritatingly interrupts his capacity to narrate the more exciting aspects of London social life for his waiting correspondents. For Sterne, it is not illness that disrupts or punctuates his life, but rather comedy, which serves to lift the monotony of consumptive experience. And this is all the more apparent in the genre of the daily journal.

Sterne shakes off his illness to include a highly stylised account of his treatment for venereal disease, perhaps the most widely cited passage of the journal:⁴⁹

The Injury I did myself in catching cold upon James's powder, fell, you must know, upon the worst part it could,—The most painful, & most dangerous of any in the human Body—It was on this Crisis, I call'd in an able Surgeon & with him an able physician (both my friends) to inspect my disaster—tis a venereal Case, cried my two Scientifick friends——'tis impossible at least to be that, replied I—for I have had no commerce whatever with the Sex—not even with my wife, added I, these 15 Years—You are ***** however my good friend, said the Surgeon, or there is no such Case in the world— (*ASJ*, 177)

At this point in the journal, Sterne elevates his illness narrative from notes on illness and expressions of love to a comic scene complete with dialogue. With the humour of ‘*****’ (suggesting ‘poxed’) Sterne provides a humorous, visual ellipsis referring to the unwritable nature of the disease in question in terms of its propriety but also, considering the chaos narrative subgenre, reflecting the suffering it imparts.

The incongruity of a comic scene of the diagnosis of venereal disease in a journal addressed to and intended to be sent to an absent lover adds to its humour, with the sex and satire sitting at odds with the lovelorn longing of the surrounding entries. Its comic effect had been carefully crafted; Sterne refers in his journal to the fact that this entry took him three sittings.⁵⁰ He also considered the piece sufficiently humorous to copy it verbatim into a letter to William Petty, the Earl of Shelburne (21 May 1767), where, as in the journal, he laughs at this contradictory image of himself: ‘thus [...] has your poor friend with all his sensibilities been suffering the chastisement of the grossest sensualist’ (*Letters*, 580). Within the context of the journal as illness narrative, however, the ‘poxed’ episode also evidences a form of restitution narrative, one of wit and character, in which the resumption of bawdy humour indicates that the author is sufficiently recovered to write and to joke.

Considering the humour of such a text as Sterne’s journal through the framework of illness narratives reminds us that authors could, of course, continue to shape, reshape, redirect and reframe life-writing in ways which are distinct from fiction-making. Sterne’s journal, perhaps like all journals, is an at-times fictional account edited and occasionally composed retrospectively in order to give the appearance of writing every day. The drafting and revision process of the journal’s construction, while indicating its periodical fictiveness, also has the effect of representing Sterne as a writer battling against time and against consumption. By situating *Bramine’s Journal* within the context of the illness narrative, retrospective

construction and revision can be seen not merely as fulfilling a contract with a correspondent of writing every day, or of the mundanity of literary manufacture, but also as a side effect, consequence or inherent attribute of the illness narrative as literary form, in which chaos reigns when pain and disease predominate, leaving room only for silence or pause.

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NOTES

1 Scholarship that takes *Bramine's Journal* as its main focus includes Eva C. van Leewen, *Sterne's 'Journal to Eliza': A Semiological and Linguistic Approach to the Text* (Tübingen, Germany: Gunter Narr Verlag, 1981); Jane P. Kaplan, 'A Semiological Analysis of Sterne's *Journal*', *The Eighteenth Century*, 25.3 (1984), 294–303; Mark S. Madoff, "'They Caught Fire at Each Other': Laurence Sterne's Journal of the Pulse of Sensibility', in *Sensibility in Transformation: Creative Resistance to Sentiment from the Augustans to the Romantics. Essays in Honor of Jean H. Hagstrum*, ed. by Syndy McMillen Conger (Cranbury, NJ: Associated University Presses, Inc., 1990), 43–62.

2 Van Leewen, *Sterne's 'Journal to Eliza'*, 185.

3 I treat each day as a distinct entry for the purpose of this calculation.

4 Clark Lawlor, *Consumption and Literature: The Making of the Romantic Disease* (Basingstoke: Palgrave, 2007), 103.

5 Lawlor and Akihito Suzuki, 'The Disease of the Self: Representing Consumption, 1700-1830', *Bulletin of the History of Medicine*, 74.3 (2000): 458–94; Lawlor, 'Laurence Sterne, Fame and Fashionable Disease', *Journal for Eighteenth-Century Studies*, 40.4 (2017), 519–35.

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- 6 Elizabeth K. Goodhue, ‘When Yorick Takes His Tea: Or, the Commerce of Consumptive Passions in the Case of Laurence Sterne’, *Journal for Early Modern Cultural Studies*, 6.1 (2006), 51–83: 54
- 7 Lawlor, *Consumption and Literature*, 105.
- 8 Lawlor, *Consumption and Literature*, 105.
- 9 Stella Bolaki, *Illness as Many Narratives: Arts, Medicine and Culture* (Edinburgh: Edinburgh University Press, 2016), 3–4.
- 10 Allan Ingram, *Boswell’s Creative Gloom: A Study of Imagery and Melancholy in the Writings of James Boswell* (London and Basingstoke: Macmillan, 1982).
- 11 Stella Bolaki, *Illness as Many Narratives: Arts, Medicine and Culture* (Edinburgh: Edinburgh UP, 2016), 3–4; Anne Hunsaker Hawkins, *Reconstructing Illness: Studies in Pathography*, 2nd edition (West Lafayette, IA: Purdue UP, 1999), 6.
- 12 Hawkins, *Reconstructing Illness*, xii.
- 13 Arthur W. Frank, *Wounded Storyteller: Body, Illness, and Ethics* (London: Chicago UP, 1995), 10–11.
- 14 Wendy Churchill, *Female Patients in Early Modern Britain: Gender, Diagnosis, and Treatment* (Farnham: Ashgate, 2012).
- 15 Declan Kavanagh, ‘“A man of common understanding”: Venereal Disease, Myth, and Reading as a Protective Practice in Eighteenth-Century Britain’, *Myth and (Mis)Information*, ed. by Allan Ingram, Clark Lawlor, and Helen Williams (Manchester: Manchester UP, 2023) [forthcoming]; Polly Atkin, *Recovering Dorothy: The Hidden Life of Dorothy Wordsworth* (Salford: Saraband, 2021). See also *The Diary of Dudley Ryder* as analysed by Lawlor in *Consumption and Literature*, 7; 25–26.
- 16 ‘Daily account of the course of the illness of J. H. Delaval, describing symptoms, treatment, temperature, etc., concluding with names of physicians consulted’ [MS], 30 March to 30 April [1775], 7ff., Northumberland Archives, NRO 2834/82.
- 17 Bolaki, *Illness as Many Narratives*, 4.
- 18 Frank, *Wounded Storyteller*, 115.
- 19 Frank, *Wounded Storyteller*, 76.
- 20 Frank, *Wounded Storyteller*, 77.
- 21 As Frank argues, ‘whether or not that restoration was a later interpolation into the text, its place in the canonical version of the story shows the power of the restitution storyline’; *Wounded Storyteller*, 80.

22 As New and Day point out, it is actually Satan, not Job, who is speaking in the original. *ASJ*, 394 n185.23.

23 Lennard Davis identifies the original protagonist of the overcoming narrative as Samuel Johnson, as captured in Boswell's *Life of Johnson* (1791). Lennard J. Davis, 'Dr. Johnson, Amelia, and the Discourse of Disability in the Eighteenth Century', in *'Defects': Engendering the Modern Body*, ed. by Helen Deutsch and Felicity Nussbaum (Ann Arbor: U of Michigan P, 2000), 54–74. See also D. Christopher Gabbard, "'The Compleat, Common Form": Disability and the Literature of the British Enlightenment', in *Literature and Medicine: The Eighteenth Century*, ed. by Clark Lawlor and Andrew Mangham (CUP, 2021), 219–41.

24 Gabbard, "'The Compleat, Common Form'", 220.

25 Gabbard, "'The Compleat, Common Form'", 232; see also David Turner, *Disability in Eighteenth-Century England: Imagining Physical Impairment* (London: Routledge, 2012), 37, 147.

26 Frank, p. 85.

27 As Lawlor states of Sterne's *Tristram Shandy*, consumption 'constantly threatens to terminate his novel in mid-gallop'. *Consumption and Literature*, p. 102.

28 Carol Houlihan Flynn, 'Running out of Matter: The Body Exercised in Eighteenth-Century Fiction', in *The Languages of Psyche: Mind and Body in Enlightenment Thought*, ed. by G. S. Rousseau (Berkeley, CA: U of California P, 1990), pp. 147-185: p. 171.

29 Frank, *Wounded Storyteller*, 96.

30 Frank, *Wounded Storyteller*, 97.

31 Frank, *Wounded Storyteller*, 98.

32 Frank, *Wounded Storyteller*, 101.

33 Lawlor, 'Consuming Time: Narrative and Disease in *Tristram Shandy*', *The Yearbook of English Studies, Time and Narrative*, 30 (2000), 46–59 (55, 50).

34 On casebooks and narrative more broadly, see *Medicine and Narration in the Eighteenth-Century*, ed. Sophie Vasset, SVEC 4 (Oxford: Voltaire Foundation, 2013).

35 'Illness of J.H. Delaval', 1.

36 Cf. Lawlor, *Consumption and Literature*.

37 Churchill, *Female Patients*, 17.

38 Churchill, *Female Patients*, 17.

39 An interesting case study here is that of Elizabeth Freke, whose 'hybrid style of autobiography' combines diary entries with long form memoir, in what Raymond A.

Anselment has recognised as a narrative inherently concerned with sickness and healing. Her first narrative, covering 1702–1714, in another volume, beginning in 1712 and providing an alternative account of the months before its last entry of 4 May 1713. Raymond A.

Anselment, “‘The Wantt of health’’: An Early Eighteenth-Century Self-Portrait of Sickness’, *Literature and Medicine*, 15.2 (1996), 225–43.

40 This is in contradiction to the argument of van Leewen.

41 On Sterne and the pulse, see Lawlor, *Consumption and Literature*, 106.

42 On this, see Lawlor, *Consumption and Literature*, 22.

43 As Melvyn New and Peter de Voogd point out, the phrase is proverbial, with the earliest example recorded in Chaucer’s ‘Tale of Melibee’. See *Letters*, 531n1.

44 Wilbur L. Cross, ‘About Laurence Sterne’, *Atlantic Monthly* 96 (July 1905), 127–132. Van Leewen sees the comparison as ‘not altogether fitting’, *Sterne’s ‘Journal to Eliza’*, 69.

45 Swift’s own health challenges, and his treatment of medical and health issues in his works, have been examined by an array of scholars, and perhaps most thoroughly in Allan Ingram, *Swift, Pope and the Doctors: Medicine and Writing in the Early Eighteenth Century* (Paderborn: Brill Fink, 2022).

46 Jonathan Swift, *Journal to Stella*, ed. by Harold Williams (Oxford: Blackwell, 1974), vol. 1, 170.

47 Frank, *Wounded Storyteller*, 85.

48 Mike Bury, ‘Illness Narratives: Fact or Fiction?’ *Sociology of Health and Illness*, 23.2 (2001), 263–85 (264); Mike Bury, ‘Chronic Illness as Biographical Disruption’, *Sociology of Health and Illness*, 4.2 (1982), 167–82.

⁴⁹ Whilst it is possible that Sterne suffered from a dormant venereal infection, Arthur Cash has suggested that all of his symptoms can be explained by what we now call tuberculosis of the fibrocaceous kind, which can affect the genitals and also lead to extreme weight loss; *LY*, 290.

50 As Lawlor has argued, ‘Sterne partly lived these diseases, partly represented them in his writing and notoriously blurred the boundaries between his own life and art’. ‘Sterne, Fame, and Fashionable Disease’, 520.