

'The general disease of my life' Samuel Johnson and his health

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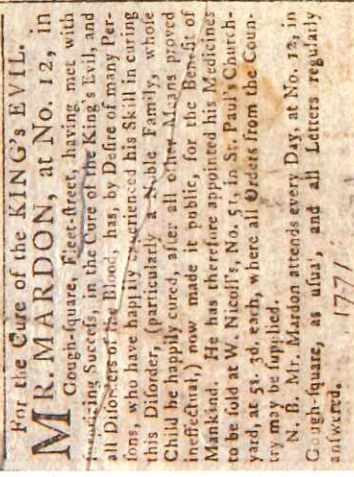
Bearing in mind the difficulties we have today in understanding the medical problems of our friends and relations any comments on the health of someone who died 219 years ago should be treated with caution. The fact that we probably know as much of the medical history of Samuel Johnson as of anyone who lived before the 19th century both helps and confuses the picture. Johnson was passionately interested in the state of his health, he wrote constantly about his problems, their treatment, their outcome; his friends and biographers gave their views on the subject. When Johnson describes his stroke of June 1783 we are given a vivid insight into a baffling medical condition from the patient's point of view. On the other hand, the evidence of contemporaries is sometimes contradictory: Johnson famously suffered from what are loosely described as 'tics and gesticulations' but nobody could agree as to whether these were involuntary or whether Johnson had some measure of control over them. But the principal problem is one of language: what medical conditions are Johnson and his friends describing when they talk about his 'asthma', 'gout', 'melancholy', or 'dropsy'? With what precision are they using the terms?

One abiding problem in the examination of Johnson's health is the question of pain control. Despite increasing knowledge of the nature and causes of disease, understanding of cures in Johnson's day lagged far behind. Herbal remedies were still the mainstay of most people's medical treatment together with the chemical preparations of apothecaries and less respectable figures – 'nauseous and loathsome potions, pills and boluses, electuaries, powders and juleps'¹ – which were the constant butt of satirists throughout the 18th century. The principal method of pain control was opium, imported usually from Turkey and easily available in apothecaries' shops. 'Providence has been kind and gracious to us beyond all expression', exclaimed George Cheyne, one of Johnson's medical heroes, 'in furnishing us with a certain relief, if not a remedy, even to our most intense pain and extreme miseries.'² Despite some growing reservations about creating dependency, opium, usually taken in the form of laudanum – opium on an alcohol base – was widely used as an all-round sedative and analgesic. The question of pain is especially pertinent for Johnson as it merges into his view of the world as a place where 'much is to be endured, little to be enjoyed'. Although Johnson's clear-sighted view of existence as dark and painful was not based simply on its physical shortcomings, the fact that men and women whom he loved were living constantly with scarcely enduring pain cannot have left his world-view unaffected. In the late 1740s and early 1750s he had watched his wife Elizabeth die, as she lay in bed, according to one harsh source, 'always drunk... kill[ing] herself by taking opium'.³ (Alcohol was of course another widely available way of blocking out pain.) Although politically and spiritually conservative in his attitudes, Johnson looked with admiration on the inventiveness of doctors whose researches were making

1 Dr Johnson's House, 17 Gough Square, London. Courtesy of the Trustees of Dr Johnson's House

2 Advertisement offering cures for scrofula by a quack doctor in Gough Square, 1771.

Courtesy of the Trustees of Dr Johnson's House



the world a more enduring place in which to live and work.

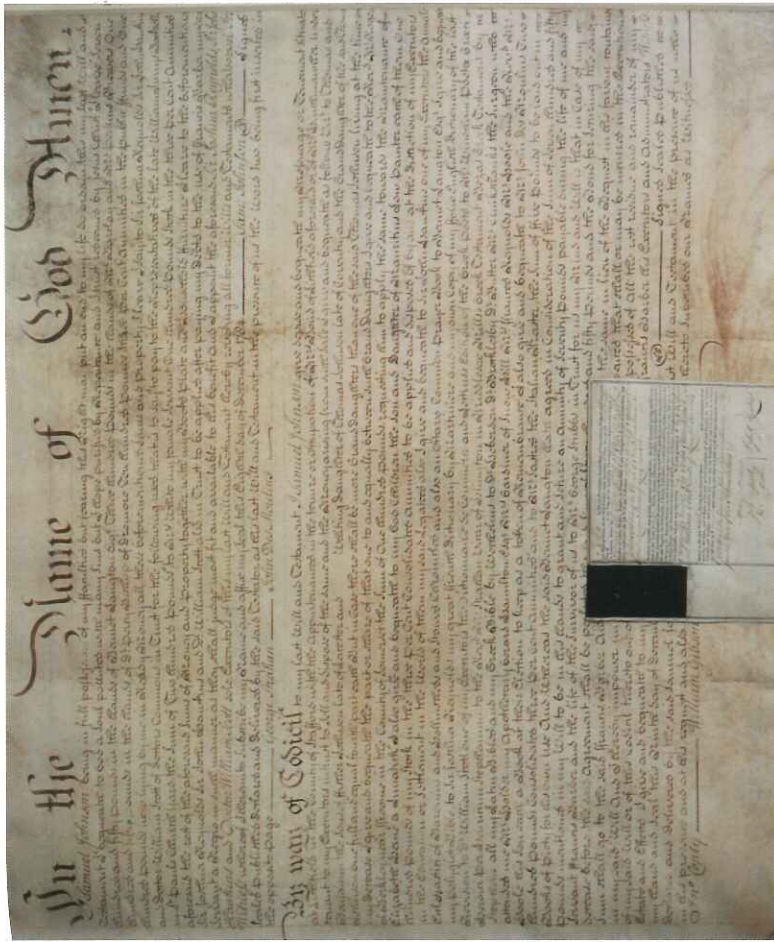
The difficulties of what Johnson called (echoing Alexander Pope) 'the general disease of my life'⁴ began with his traumatic birth to a woman nearly 40 years of age above his father's bookshop in Lichfield. Obstetrics and midwifery were arguably the least developed and most dangerous areas of medical practice in the 18th century. Despite some attempts in the previous century to establish a hospital in London to improve standards of midwifery, the medical establishment refused to follow the growing European practice of giving medical training to midwives. Women controlled the profession and Johnson therefore thought it worthy of comment in his truncated autobiography to record that he was brought into the world by George Hector, a male midwife 'of great reputation'. Whether Hector's reputation was any advantage to the baby Samuel is a moot point, however tempting it may be to ascribe some of his later physical and mental problems to what he called 'a difficult and dangerous labour'. A relative's hard-nosed assessment of Samuel's chances of life – she 'would not have picked such a poor creature up in the street'⁵ – could presumably be applied to most children born under the conditions of early 18th-century obstetrics, and 'Sickly Child Not Expected To Live' is after all one of the archetypes of biography. Despite Johnson's later ill health his bodily frame was large and he grew up into a tall, strong adult.

But there were important physical problems which developed in his early days. He returned from the neighbour who had been his wet-nurse with the tubercular infection in the lymph glands known as scrofula. Although believed by Johnson and his

family to have been transmitted by the midwife it seems more probable that the tuberculosis came from infected cow's milk. The most striking result of his scrofula was the swelling of glands in the neck and probably the impaired eyesight which was to stay with him throughout his life. Johnson was operated upon for both these conditions several times in his early childhood: first by making an incision in the arm to discharge the bad 'humours' believed to be causing the problem, and later by cutting directly into the swellings in the neck. (The scars from this operation are still visible in the death mask made three-quarters of a century later.) It is possible that Johnson's poor hearing was also a result of childhood scrofula.

As one begins to make an inventory of Johnson's physical complaints it is worth bearing in mind how little (at least until the last years of his life) he was inhibited by them. There is little to suggest that illness imposed many restrictions on Johnson's travelling for instance, something which became a feature of his life in middle age. He continued moving about the country until within a few months of his death at the age of seventy-five. Searching through Boswell and Johnson's accounts of their tour of Scotland together it would be difficult to find many references to ill health restricting Johnson in what he wanted to do. His physical strength, love of health restricting and courage were something which his friends frequently commented upon. In restraining robbers who attacked him in the street, running races with young ladies, rolling down steep hill-sides, demonstrating the gait of the newly-discovered kangaroo, Johnson's life is a striking demonstration of the distinction between health, strength, and fitness.

Although the story of Johnson's health is well documented, most of the evidence, not surprisingly, comes from the later part of his life, when, after the publication of the *Dictionary* in 1755, he became a celebrity and his sayings and behaviour were closely monitored. There are, however, a few interesting glimpses of his earlier life which reveal something of his physical and mental state. There is his stepdaughter Lucy Porter's description of Johnson's appearance at first meeting her mother when 'the immense structure of bones was hideously striking to the eye, and the scars of the scrofula were deeply visible'.⁶ Even more revealing are letters relating to Johnson's unsuccessful applications for teaching jobs in the Midlands. Cruelly but realistically one of the governors notes that despite Johnson's scholarship 'he has such a way of distorting his face (which though he can't help) the gentlemen think it may affect some of the young lads'. Another rejected application observes that 'the paralytic affection... might become the object of imitation or of ridicule among the pupils'.⁷ This takes us into the vexed area of the convulsions and facial tics which were to give pleasure to his enemies (as well as, potentially, to insensitive adolescents). These bodily movements are sometimes linked with Johnson's compulsive behaviour patterns, though it is by no means clear that they all have a common source: it is at least possible that the tics had a physiological basis, and the compulsive behaviour a mental one. The latter could certainly be spectacular, especially when seen against a background of genteel Georgian manners. A contemporary



noted 'his extraordinary gestures or antics with his hands and feet before he would venture to pass through any doorway'.⁸ And then there were the obsessive rituals so often associated with walking:

Upon every post as he passed along, I could observe he deliberately laid his hand, but missing one of them, when he had got at some distance, he seemed suddenly to recollect himself, and immediately returning back, carefully performed the accustomed ceremony.⁹

His friend Frances Reynolds's description of how Johnson and his blind housekeeper Anna Williams entered her brother's house is an extraordinary example of black 'Pythonesque' humour:

On entering Sir Joshua's house with poor Miss Williams... he would quit her hand, or else whirl her about on the steps as he whirled and twisted about to perform his gesticulations, and as soon as he had finished, he would give a sudden spring, and make such an extensive stride over the threshold, as if he was trying for a wager how far he could stride.¹⁰

3 Dr Johnson's will, 1784.
Courtesy of the Trustees of Dr Johnson's House

Johnson's physical oddity, his facial movements, the talking to himself, his nervous bodily twitchings, made him an unforgettable sight. It is hardly surprising that as, Boswell recorded, 'He was often much stared at while he advanced.'¹¹

Until recently there has been a tendency (perhaps understandable) to lump together the body movements and the facial grimaces with the post-counting and the entry rituals and indeed sometimes with Johnson's depressions and his whole neurological makeup. One recent fashionable theory categorizes him as a *ticquer* with Gilles de La Tourette syndrome ('TS'). The most one can say perhaps is that on occasions and according to some observers Johnson displayed behaviour which may seem to suggest TS. In assessing the whole picture one also has to take into account that some at least of Johnson's vocalizing consisted of prayers (rather than the obscenities often associated with TS) and that he seemed able on occasions to control the jerking of the torso and stamping of feet, for example, when he was in church, sitting for his portrait, or whilst having an audience with King George III. When a child with all the boldness of youth asked him why he was behaving in such an odd fashion he explained, 'From bad habit. Do you, my dear, take care to guard against bad habits.'¹²

These 'bad habits' seem to have begun when he was about twenty and they are often associated with his short stay at Pembroke College, Oxford, when his scholarly career came to an abrupt end. 'My health has been from my twentieth year', he wrote in his seventies to an old schoolfriend, 'such as has seldom afforded me a single day of ease.' If we are looking for other biographical causes for a sudden deterioration in Johnson's health at this time we could invoke domestic problems associated with his father's financial difficulties in his last years and Johnson's desultory attempts to find work.

The other period of crisis in the story of Johnson's health occurred in the 1760s. Although some of his bronchial problems had begun around the time of the completion of the *Dictionary* in 1755 the onset of a group of acute physical symptoms with which he was to do battle for the rest of his life dates from a decade later. The most traditional of all 18th-century diseases, the gout, seems to have come on Johnson even later in life, in the mid-1770s when he was about sixty-five. Modern research has suggested that in Johnson's case it was a form of arthritis which affected his feet and ankles, one of several problems which severely restricted his ability to walk. More significantly, though more difficult to pin down accurately, is the asthma of which Johnson speaks so often in his last 20 years. Thus on one of his last trips into Derbyshire in July 1784 he writes to one of his doctors:

The asthma has no abatement. Opiates may stop the fit, so that I can sit and sometimes lie easy, but they do not now procure me the power of motion; and I am afraid that my general strength of body does not increase... I still pass the night almost without sleep.

Reading a book on the condition merely confirms his impression that asthma is a slippery term: '[The author's] asthma, I think, is not of the same kind with mine. Something however I may perhaps learn.'¹³ The best analysis suggests that Johnson was suffering from chronic bronchial infection, a condition which, acutely affecting

his breathing, severely restricted his ability to get about. Severe bouts of coughing, so bad that on at least one occasion he fainted, also seem to indicate a viral infection, which Johnson could sometimes control with opium.

By this period of life the lean figure remembered by Lucy Porter from their first meeting had long fleshed out into the overweight man portrayed by his friend Sir Joshua Reynolds in a series of great portraits. His weight problem was no doubt in part the result of lack of mobility because of gout and asthma, but in the last two years of his life the problem was exacerbated by what was perhaps his most painful illness, what Johnson called 'dropsy' or oedema: the build-up of water in the body probably caused by circulation difficulties, itself brought on by degenerative heart disease. Full appreciation of this complex problem would have been beyond the understanding of even Johnson's enlightened and humane doctors. In August 1783, therefore, Johnson decided to ask his surgeon, William Cruikshank, to operate on what he felt was the most painful of his symptoms, a swelling in one of his testicles, a hydrocele, which he believed to be caused by the oedema. In fact subsequent investigation revealed that the swelling was not watery, but fleshy. Johnson was still prepared to undergo an operation but for once nature took over and the problem seems for a time to have cleared without intervention.

It was a small but important interlude in Johnson's final struggle with pain and disease. His breathlessness, worsened by emphysema (the destruction or hardening of air sacs in the lungs) was so intense that from December 1783 to April of the following year he was confined to his house in Bolt Court, Fleet Street. Johnson was always eager to try new remedies: in July 1784 he tried the application of electricity in an attempt to reduce the water in his legs and there is some evidence to suggest that at very end of his life in order to treat his circulatory problems his doctors gave him digitalis, the new drug developed by William Withering. The dosage may have been wrong and Johnson's pain was unaffected. He demanded that Cruikshank lance his legs to relieve the watery build-up. The surgeon tried but Johnson felt his attempt was half-hearted: 'Deeper, deeper; I want length of life, and you are afraid of giving me pain, which I do not value.'¹⁴ In his last hours he took matters into his own hands: taking a lancet from a drawer in his bedroom he plunged it into his legs and into the testicle where the swelling had returned. This horrific action did in fact seem to give him some relief and within a few hours he died.

1 George Cheyne quoted in Roy Porter, *The greatest benefit to mankind. A medical history of humanity from antiquity to the present*, London, 1997, p268.
2 *Ibid.*, p269.
3 Robert Levett in HL Thrale, *Thraliana. The diary of Mrs Hester Lynch Thrale (later Mrs Piozzi) 1776-1809*, ed KC Balderston, Oxford, 1942, p178.
4 *Diarist, Prayers and Annals*, edited FI McAdam Jnr, with Donald and Mary Hyde, vol I, Yale edn of *The Works of Samuel Johnson*, New Haven and London, 1958, p142.
5 *Ibid.*, p3.
6 James Boswell, *Boswell's Life of Johnson*, ed GB Hill, revised LF Powell, Oxford, 1950, I, p94.

7 Alevyn Lyell Reade, *Johnsonian Gleanings*, 1909-52, VI, 29-50; Boswell, op cit, IV, p408, n4.
8 *Johnsonian Miscellanies*, ed G Birkbeck Hill, Oxford, 1897, II, p273.
9 Samuel Whyte, *Miscellanea Nova* (1800), quoted in *Samuel Johnson. His Words and his Ways*, ed ET Mason, New York, 1879, p12.
10 *Johnsonian Miscellanies*, op cit, II, p273.
11 *Boswell's Life of Johnson*, op cit, IV, p71.
12 *Ibid.*, IV, p183 n2.
13 To Dr Richard Brocklesby, 21 July 1784, *The Letters of Samuel Johnson*, ed RW Chapman, Oxford, 1952, letter 979.
14 *Johnsonian Miscellanies*, op cit, II, p386.