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Consuming Time: Narrative and Disease in *Tristram Shandy*

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TB is a disease of time; it speeds up life, highlights it, spiritualizes it. In both English and French, consumption ‘gallops’. (Susan Sontag, *Illness as Metaphor*)¹

Time wastes too fast: every letter I trace tells me with what rapidity Life follows my pen (*Tristram Shandy*)²

One would think that the subject of time and Sterne, especially in *Tristram Shandy*, had been entirely exhausted, like Yorick’s broken-winded horse. The second quotation in my epigraph is only too well known to anyone having the least acquaintance with Sterne’s writing, dramatizing what has traditionally been conceived as the futile effort of the Modern to write to the moment, and enacting the ultimate victory of time over the writer and therefore over the narrative.³ Sterne criticism has identified various types of time at play in *Tristram Shandy*, the most notable being the psychological Lockean time of the individual who associates randomly within his own mind and, relatedly, the temporal structure of the entire narrative as it emanates from Tristram’s erratic consciousness.⁴ Some attention has even been paid to Sterne’s own physical-personal time and its relation to the periodic publication of the novel in two-volume instalments: such analyses have tended to place the novel even further in its own era by emphasizing the historicity and unfinished nature of the novel, countering Wayne C. Booth’s famous formalist argument about its intentionally finished nature.⁵ There has even been a certain amount of work on a perspective that has been largely ignored in the plethora of writing on the philosophical and psychological aspects of

¹ *Illness as Metaphor* (New York: Random House, 1979), p. 13.

² *The Life and Opinions of Tristram Shandy, Gentleman*, 1st London edn [2nd edn], 9 vols (London: Dodsley, 1760), ix, 36; henceforth abbreviated as *TS*; see also *The Life and Opinions of Tristram Shandy, Gentleman*, in *The Florida Edition of the Works of Laurence Sterne*, ed. by Melvyn New and Joan New, 2 vols (Gainesville: University of Florida Press, 1978), II, 754; henceforth abbreviated as *Florida*.

³ See, for example, Jean Jacques Mayoux, ‘Variations on the Time-Sense in *Tristram Shandy*’, in *The Winged Skull*, ed. by Arthur H. Cash and John M. Stedmond (London: Methuen, 1971), pp. 1–20.

⁴ See A. A. Mendilow, *Time and the Novel* (New York: Humanities Press, 1965), pp. 166–278.

⁵ ‘Did Sterne complete *Tristram Shandy*?’ *Modern Philology*, 48 (1951), 172–83; for two rebuttals of Booth, see Marcia Allentuck, ‘In defense of an unfinished *Tristram Shandy*: Laurence Sterne and the Non Finito’ and R. F. Brissenden, ‘“Trusting to Almighty God”: Another Look at the Composition of *Tristram Shandy*’, both in *The Winged Skull*, pp. 145–53 and 258–69 respectively. I am indebted to Dr Thomas Keymer for valuable discussions on the subject of Sterne and serial publication, and for showing me early drafts of his fascinating work.

time in *Tristram Shandy*: Sterne's, Tristram's, Walter's, Yorick's, and even Yorick's horse's disease: consumption.⁶

These bring us to the crucial word 'wastes' in the second quotation above, and Sontag's identification of consumption (or tuberculosis as it came to be known) as *the* disease of time in the first. Sontag is really talking about consumption as a Romantic disease however: very little research has been done on the 'external' cultural status of consumption in the eighteenth century, although 'internal' medical histories abound. As I will show, consumption looms large in Sterne's world: the very nature of the disease is a crucial factor in structuring the narrative of *Tristram Shandy*. It is also a determining element in much of his other writing, especially *A Sentimental Journey* and the 'Journal to Eliza', although I will not be examining those texts here. Tristram's flight away from Death (by consumption) to the Mediterranean in Volume VII and beyond is a central instance of disease actually triggering the narrative and dictating its time accordingly. I will be contrasting idealized notions of the way the time of both narrative and disease are supposed to behave with their actual manifestations in the life of Sterne and *Tristram Shandy*. Rather than arriving at a picture of continuity and control, we are left with a form of narrative improvisation that responds to the irregular, accidental, and traumatic 'times' of consumption.

The kind of analysis that has been done already in this direction has tended to be along the lines of W. B. C. Watkins's *Perilous Balance: The Tragic Genius of Swift, Johnson and Sterne*, which portrays Sterne as its romantic title suggests: a tragic genius whose soaring mind struggles to free itself from the shackles of its earthly frame. The imminently dangerous nature of disease focuses the author on the high value of his remaining time in the world. As Sterne wrote to John Wodehouse in 1765: 'Few are the minutes of life, and I do not think that I have any to throw away on any one being.'⁷ Time wastes too fast for Sterne: his visibly 'wasting' and consumptive frame literally embodies this notion. This romantic image of the heroic writer struggling against the odds to sustain his narrative is not one I wish to follow here, however appropriate or otherwise it might be to any particular writer suffering from any specific disease. In this essay I will attempt to construct a more culturally embedded and historicized version of Sterne, his narrative, and his consumption. It is necessary to understand the way in which Sterne and his eighteenth-century contemporaries perceived consumption and the way in which he incorporates the idiosyncratic rhythms of his disease into

⁶ See W. B. C. Watkins, *Perilous Balance: The Tragic Genius of Swift, Johnson and Sterne* (Cambridge: Boar's Head, 1939; repr. 1960), pp. 99–156, for one of the earliest studies of this type; more recent investigations include Daniel C. Furst, 'Sterne and Physick: Images of Health and Disease in *Tristram Shandy*' (unpublished doctoral thesis, University of Columbia, 1974); Roy Porter, 'Against the Spleen', in *Laurence Sterne: Riddles and Mysteries*, ed. by Valerie Grosvenor Myer (Fulham: Vision, 1984), pp. 85–96; Roy Porter, "'The Whole Secret of Health': Mind, Body and Medicine in *Tristram Shandy*", in *Nature Transfigured: Science and Literature, 1700–1900*, ed. by John Christie and Sally Shuttleworth (Manchester: Manchester University Press, 1989), pp. 61–84.

⁷ *The Letters of Laurence Sterne*, ed. by Lewis Perry Curtis (Oxford: Clarendon Press, 1935), p. 257.

the narrative of *Tristram Shandy*, whether it be done consciously or unconsciously.

In order to do this I will examine the already unstable and even conflicting views of some contemporary doctors, both populist and 'serious', that Sterne is likely to have read. It is known that Sterne was well versed in medical literature, contemporary, and antiquarian, if only, as I have argued elsewhere, for the simple reason that he had suffered a lung haemorrhage while still at university in Cambridge ('It happened in the night and I bled the bed full') and so felt the need as a sufferer to understand his condition.⁸ Also, as Dorothy and Roy Porter have shown, patients had a considerable amount of leverage against doctors in the eighteenth century and often took an approach to treatment that suited their own medical mythology and predilections. Hence an educated person could attempt to take charge of his own condition by reading all the medical theories and practices concerning it.⁹ I have largely confined myself to the contents of Sterne's library sale catalogue, although he certainly had access to other medical books in the library of York Minster, for example.¹⁰ My argument is not that he had definitely read all these texts, although he certainly digested many, but that the general medical culture of consumption embraced Sterne and that the various 'times' and rhythms of the disease outlined by such a culture manifest themselves in Sterne's narratives. Of course Sterne absorbed popular and religious definitions of phthisis; these will also be examined in relation to the times of *Tristram Shandy*.

Defining consumption: traumatic narratives

The term 'tuberculosis' only came into use with advances in medicine in the early nineteenth century; before then consumption (also 'phthisis' or 'tabes') was not a single disease entity, but an umbrella term for a number of wasting conditions that tended to intermingle and have various possible stages or outcomes which could vary according to the management of a variety of factors, particularly the six 'non-naturals'.¹¹ Consumption of the lungs, the

⁸ For details on Sterne's Cambridge incident see Arthur H. Cash, *Laurence Sterne: The Early and Middle Years* (London: Routledge, 1992), pp. 60–61; note 6 above provides ample proof of Sterne's medical knowledge; see also my own evidence on Sterne's need to understand his own condition in 'Sterne, Edward Baynard, and The History of Cold Bathing: Medical Shandeiism', *Notes and Queries*, 244, n.s. 46 (1999) 22–25.

⁹ Dorothy Porter and Roy Porter, *Patient's Progress: Doctors and Doctoring in Eighteenth-Century England* (Cambridge: Cambridge University Press, 1989).

¹⁰ See *A Catalogue of a curious and valuable collection of books, among which are included the entire library of the late Reverend and Learned Laurence Sterne* (1768), repr. in *Sale Catalogues of Libraries of Eminent Persons, v: Poets and Men of Letters*, ed. by Stephen Parks (London: Mansell, 1971). I have also taken for granted standard sources such as Chambers's *Cyclopaedia*, George Cheyne's major writings, and so on.

¹¹ There are many medical histories of consumption and tuberculosis that encompass the eighteenth century; some notable examples include: L. F. Flick, *Development of our Knowledge of Tuberculosis* (Philadelphia: the author, 1925); Lester S. King, 'Consumption: The Story of a Disease', in Lester S. King, *Medical Thinking: An Historical Preface* (Princeton, NJ: Princeton University Press, 1982), pp. 16–69; Walter Pagel, 'Humoral Pathology: A Lingering Anachronism in the History of Tuberculosis', *Bulletin for the History of Medicine*, 29 (1955), 299–308.

commonest type, was initially thought to result from an imbalance in the humours and later blockage of the blood flowing through the lungs. Such congestion led to ulcers or abscesses and then the disintegration of the lungs, made evident by the patient's productive cough. This process could be slow or quick and be retarded or accelerated by various factors usually related to the non-naturals: failure to follow a regimen of emotional self-control; intemperance in food and drink, especially alcohol; irregular hours of sleep at reasonable times; exposure to bad environmental and weather conditions, and so on.¹² Although not a paradox in medical terms, the potentially dual rhythm of consumption's 'narrative', acute ('galloping') or chronic ('slow'), could seem contradictory to the sufferer, and is central to Sterne's traumatic experience of the disease as we shall see in greater detail later.¹³ Sterne himself suffered from the chronic form of consumption, although with occasional acute and potentially deadly episodes in the form of lung haemorrhages. The intermittent timing of such attacks fundamentally alters the form and content of Sterne's narrative, most obviously at the start of the seventh book, when Tristram parallels Sterne's flight down to the warm sun of the South in a desperate search for a cure.

Before specifying the rhythms of consumption further, however, the issue of a precursor condition must be clarified. The newcomer to eighteenth-century medical history might wonder why Tristram often complains of his 'asthma', as in the ominous early mention of living in 'one of the vilest worlds ever made' and his difficulty in breathing due to 'an asthma I got in skating against the wind in Flanders'.¹⁴ Again, much later in Volume VIII after his flight from death, he displays an acute awareness of the threatening time of consumption:

To this hour art thou not tormented with the vile asthma that thou gattest in skating against the wind in Flanders? and is it but two months ago, that in a fit of laughter, on seeing a cardinal make water like a quirister (with both hands) thou brakest a vessel in thy lungs, whereby, in two hours, thou lost as many quarts of blood; and hadst thou lost as much more, did not the faculty tell thee, — it would have amounted to a gallon? (*TS*, VIII, 19–20; *Florida*, II, 662–63)

Although couched in comic terms, the narrative enacts the repetition of a trauma that we saw introduced early in the first volume; the compulsive repetition of 'vile[est]' in relation to asthma and the primal scene of the disease's apparent symptomatic origin attests to the psychological impact of such an occurrence, as does the precise chronological and quantitative measurement of his case history. The problem exists in a form of continuous

¹² For a useful summary of the received wisdom on consumption and its cognates, see Ephraim Chambers, *Cyclopaedia; or, An Universal Dictionary of Arts and Sciences*, 7th edn, 2 vols (London: Innis and others, 1751–52), I, entry on 'Consumption'; and Ephraim Chambers, *A Supplement to Mr. Chambers's Cyclopaedia; or, An Universal Dictionary of Arts and Sciences*, 2 vols, (London: Innis and others, 1753), II, entry on 'Phthisis'.

¹³ See Chambers, *A Supplement*, II, entry on 'Phthisis'.

¹⁴ *TS*, I, 16; *Florida*, I, 8.

present ('to this hour'), but the potentially disastrous loss of blood from the lungs recurs within this structure as a similarly continuous possibility. Any small incident or accident like laughter that physically disrupts the motion of the lungs can bring on a haemorrhage. Even the much-vaunted Sterneian/Burtonian laughter against the spleen is not enough to guard against a deterioration in his condition: ironically, the bodily effects of laughter even exacerbate the problem by further damaging the lungs. At this point in the narrative an intensified awareness of consumptive time is specified to the most recent trauma ('two months') and the duration of this rapid and alarming happening, losing 'in two hours [. . .] as many quarts of blood', with the possibility of bleeding in even more disastrous quantities.

The mention of the medical 'faculty' reminds one that the problem is severe enough to require constant dealings with doctors and their own narratives, and it is to these stories of the body that I turn to make sense of Sterne's use of the word 'asthma' and its significance for his narrative. In his treatise on asthma Sir John Floyer stated that few people will die of an asthma-fit, 'But the Frequency of that often occasions Consumptions in lean habits'.¹⁵ Later in the book he makes this point in starker terms, language that someone who was constitutionally thin and suffering from 'asthma' would find impossible to ignore: 'The Asthma usually ends in a Consumption in lean Bodies' (p. 175). Richard Morton had said the same in his famous *Phthisiologia*, as had the more contemporary John Stephens.¹⁶ Floyer goes on to mention the commonly held belief that the cold east wind often causes asthma-fits (p. 56). Cold winds ('sharp' air) were also thought to cause consumption by damaging the lungs as opposed to the balmy and healing warm air of the Mediterranean where consumptives were sent to recover.¹⁷ Hence received medical doctrine predicted that, given Tristram's (and Sterne's) constitution, the initial problem of asthma, caught skating against the wind, would usually develop into the more serious state of consumption. The time of disease here allows a modulation of the condition itself: the repeated asthma-fits lead to a deterioration in the lungs and the onset of pulmonary consumption.

The irregularity of this disease-time traumatizes the narrative of *Tristram Shandy*: but there is also a teleology to the time of consumption itself that increases the danger to the narrative and its author, who will write as long as he lives.¹⁸ This teleology is stated commonly throughout the medical literature of the eighteenth century and before: Gerard Van Swieten's commentaries on Boerhaave's aphorisms contain one section with the

¹⁵ John Floyer, *A Treatise of the Asthma*, 3rd edn (London: Wilkin, 1726), p. 17 (library sale catalogue no. 1185).

¹⁶ Richard Morton, *Phthisiologia, or, A Treatise of Consumptions* (London: Innis and others, 1720), p. 212 (library sale catalogue no. 1344); John Stephens, *A Practical Treatise on Consumptions* (London: Owen and Gretton, 1761), p. 78 (library sale catalogue no. 1175).

¹⁷ See Stephens, *Treatise on Consumptions*, p. 165.

¹⁸ *TS*, III, 16; *Florida*, I, 191.

chilling heading: 'Phthisis — Why It is Always Mortal'.¹⁹ Metaphors of time usually accompany descriptions of consumption, as another sentence on the same page emphasizes: 'In diseases arising from some putrid matter lying in the body, all the humours are dissolved, nutrition fails, and the patient dies of a slow consumption.' Chambers's *Cyclopaedia* is rather more cautious, but still provides the kind of diagnosis that led Keats in the next century to pronounce his own blood-spitting as his 'death warrant': 'A true phthisis, even in its beginning, is a dangerous disease, and admits but of a very dubious prognostic; but when in an advanced state, it is always fatal.'²⁰ Another term for 'advanced state' was 'confirmed': that stage in the disease narrative at which the plot, as it were, is made definite. As William Oliver put it: 'A confirm'd Phthisis or Consumption, is beyond the Power of our Bath-Waters.'²¹ In a Shandyesque statement, Chambers makes the prospects for a frisky personality like Tristram/Sterne even more gloomy: 'People of a dry habit are much sooner carried off by it than those of a moist one; as are also those of a brisk disposition, than those of a more languid temper.'²² Much though Sterne might resist such prognoses through a 'True Shand-ism' that should 'open the heart and lungs', it is not difficult to see how his perception of narrative might be filtered through the ever-present threat of a consumptive terminus.²³

When Sterne is truly threatened by death, the effect of this trauma is a change of tempo, albeit a panicked one. It has often been noticed that the rhythm of Sterne's narrative moves from a trot to a gallop at the beginning of the seventh volume of *Tristram Shandy*, and that this shift is caused by the continuing haemorrhages that inspired Sterne himself to escape the cold North with its dangerous fogs, (east) winds, and miasmas for the balmy air of the warm South.²⁴ The volume famously begins with Tristram/Sterne's explicit connection between the motion of his writing and that of his consumption:

No — I think, I said, I would write two volumes every year, provided the vile cough which then tormented me, and which to this hour I dread worse than the devil, would but give me leave — and in another place — (but where, I can't recollect now) speaking of my book as a *machine*, and laying my pen and ruler down cross-wise upon the table, in order to gain the greater credit to it — I swore it should be

¹⁹ Gerard van Swieten and Hermann Boerhaave, *Van Swieten's Commentaries upon the Aphorisms of Boerhaave*, abridged by Ralph Schomberg (London, 1762), p. 39.

²⁰ *A Supplement*, II, entry on 'Phthisis'. Later it states, rejecting reported cases of cures, that 'when the spitting of true purulent matter is come on, and is attended with colliquative sweats and a diarrhoea, there is no further hope for the patient; and in general, what is reported of the curing of consumptions, is founded on errors, and other cases have been mistaken for it'.

²¹ *A Practical Dissertation on Bath-Waters*, 4th edn (London: Leake, 1747), p. 93 (library sale catalogue no. 1668).

²² *A Supplement*, II, entry on 'Phthisis'. Tristram's nature is well summarized by his observation on digressions: 'If it is to be a digression, it must be a good frisky one, and upon a frisky subject too, where neither the horse or his rider are to be caught, but by rebound' (*TS*, IX, 48; *Florida*, II, 761–62).

²³ *TS*, IV, 218; *Florida*, I, 401–02.

²⁴ See Jean Jacques Mayoux, p. 14.

kept a going at that rate these forty years if it pleased but the fountain of life to bless me so long with health and good spirits. (*TS*, VII, 1–2; *Florida*, II, 575–77)

That word 'vile' reappears, signalling the recurrence of Tristram's traumatic lung haemorrhage and its hellish implications as it 'torments' him and which he dreads 'worse than the devil' because it imperils both life and narrative. Neither writer nor narrative can be in control of time because the condition of the body will not allow it.

Sterne's awareness of the fragility of the body and narrative, and the uncertainty inherent in the times of both, is partly derived from the medical sphere as well as the religious, although the two naturally overlap. The theme and threat of the cessation of time through physical mishap is a common one in eighteenth-century medical writing, but nowhere more strikingly so than in the work of the physician-poet Edward Baynard, who had written the second part of *Psukhrolousia: The History of Cold Bathing*, with Sir John Floyer producing the first part.²⁵ Although Sterne seems to have read Floyer's more studious history thoroughly, it was Baynard's lively mixture of common-sense observations and poetic expressions of medical knowledge and morality that engaged his imagination. Baynard had also written *Health, A Poem: Shewing How to Procure, Preserve, and Restore It*, published in London in 1719, which had gone through ten editions by 1764, several extracts of which appear in *The History of Cold Bathing*. Baynard's talent for translating medical knowledge into a popular idiom evidently influenced Sterne stylistically, as I have begun to argue elsewhere.²⁶ The opening of Volume VII of *Tristram Shandy* echoes Baynard's poetic strictures on the evils of intemperance:

When (low drawn) Time's upon the Tilt,
Few Sands and Minutes left to run;
And all our (past gone) years are spilt,
And the great Work is left undone:

When restless Conscience knocks within,
And in Despair begins to baul,
Death like a Drawer then steps in,
And asketh, Gentlemen! d'ye call?

(History of Cold Bathing, p. 419)

The centrality of time to medical narratives, which in their turn map out the life-time, or the unfolding of a life in time, with all the discontinuities and variant stages prompted by the (mal)functioning of the body, is stressed clearly in this very Shandean passage, albeit written decades earlier than Sterne's novel. These stanzas would naturally fit the themes generated by Sterne/Tristram's panicked position in Volume VII very well: the brevity of

²⁵ Sir John Floyer and Edward Baynard, *Psukhrolousia: The History of Cold Bathing, Both Ancient and Modern* (1706), 6th edn (London, 1732); on Sterne's use of a late edition, see Melvyn New, 'Sterne and the History of Cold Bathing', *Notes and Queries*, 44 (1997), 211–12, note 3.

²⁶ See my article 'Sterne, Edward Baynard, and The History of Cold Bathing: Medical Shandeism'.

life being all too obvious to a man afflicted with an apparently acute consumption and, at a narrative level, facing the prospect of leaving ‘the great Work’ of *Tristram Shandy* ‘undone’ by death. Of course by the logic outlined in several of Tristram’s statements, including the one cited above, *Tristram Shandy* could only ever have remained unfinished. The traditional image of the hour-glass here gels perfectly with our opening quotation from Volume IX that ‘Time wastes too fast’, in which Tristram alludes both to the sands of time and his own wasting flesh (*TS*, IX, 36; *Florida*, II, 754).

There is also a more precise reference to the third stanza in Sterne’s novel: the personification of Death appears early in Volume VII:

when DEATH himself knocked at my door — ye bad him come again; and in so gay a tone of careless indifference, did ye do it, that he doubted of his commission —
 ‘— There must certainly be some mistake in this matter’, quoth he. [. . .]
 ‘— Did ever so grave a personage get into so vile a scrape?’ quoth Death.
 (*TS*, VII, 3–4; *Florida*, II, 576)

Thomas Patch’s well-known ‘Caricature of Laurence Sterne and Death’ is taken from this scene: in the illustration the emaciated Sterne bows politely to Death’s skeletal person stepping across the threshold of the door, carrying both a scythe and a bat-winged, almost fully drained hour-glass.²⁷ Death is often personified, but Baynard’s cheerful vision of Death as an inn ‘drawer’ or waiter parallels Sterne’s defensive reduction of ‘so grave a personage’, who, like a servant mistakenly thinking he has heard his master’s call, is peremptorily sent away. The reversal of power relations between the human and superhuman is structured by the presence of a religio-medical view of time which is embodied in the Gothic image of Death bearing an hour-glass, itself a traditional *memento mori*. Sterne has recourse to this image partly because medicine had as yet developed little beyond its medieval past. Stuart Sherman’s investigation into the significance of the new chronometry of the eighteenth century, embodied in more accurate clocks and watches that could measure not just the hours but the minutes and seconds, shows how this technology was concomitant with a new cultural conception of time which gradually became dominant as the century wore on, a form which was also woven into the narratives of the age.²⁸

Here Baynard and, as implied by Patch, Sterne use an obsolete chronometric device because the helplessness of medicine in the face of consumption and indeed disease in general forces the author to seek meaning in a different discourse: the religious rather than the medical. Sherman has argued that time before the mid-seventeenth century had been structured by religious notions of significant events rather than the mere secular progression of quantified and evenly spaced series of discrete units of time, opposing the tolling of the church-tower bell to the ‘tick tick tick’ of the modern clock.

²⁷ Painted at Florence, between 18 December 1765 and 1 January 1766 (Jesus College, Cambridge).

²⁸ Stuart Sherman, *Telling Time: Clocks, Diaries, and English Diurnal Form, 1660–1785* (Chicago: University of Chicago Press, 1996).

The treatment (as opposed to diagnosis) of consumption had not palpably evolved since the Ancients: controlling one's lifestyle, environment, exercise in the form of riding and so on, travel and change of air — all these had remained unchanged more or less for hundreds of years with the same erratic potential for cure. If anything, the incidence of consumption rose throughout the eighteenth century to reach new heights in the nineteenth.²⁹ One indication of a patient's perspective on the advance of medical skill is given in Edward Baynard's admittedly entertaining account of a consumptive case:

The virtuous Mrs. Celia Panton, the famous Western Beauty, Daughter of Dr. Panton, who from a florid and good habit of Body seemingly, fell into a Hectic suddenly, thence into a galloping Phthisis in a very few Months; she was advised to Riding, and Ass's milk; in which Course she persever'd strictly, but it sunk her; her Hectic and Cough were incessant: And a little before she dy'd, said, *That she wonder'd that Physicians should depend so much upon Ass's Milk, for she had found by Experience, that Ass's milk was an Ass's Remedy.* (*History of Cold Bathing*, p. 471)

Ass's milk had been a (useless) remedy for consumption since the Classical physicians. The optimism generated by chronometric refinement that culminated in the ability to calculate longitude, the Holy Grail of seafarers, could not exist in the medical sphere. The medieval figure of Death in all its gloomy fatality remained central to Baynard, Sterne, and Patch because there was nothing to replace it, no new secular deity of medical technology like the watch in chronometry.

Death's visit to Tristram is inspired by the traumatic memory of Sterne's lung haemorrhage in Paris, 1762, and no doubt the ones before that stretching back to the first in Cambridge.³⁰ It has often been noted that Sterne jests anxiously here; naturally he uses humour as a psychological defence mechanism: as we have seen in the medical narratives of the time, the threat of consumption as a fatal but chronic disease was all too real. Part of the black humour of the scene is that the consumptive person in the later stages of the disease was thought to be 'the very picture of death; and, in fact, his whole body looks like a moving skeleton, or a wandering spirit', as Dr Stephens put it (p. 118). Tristram refers to 'these two spider legs of mine' just after his meeting with Death, and later is taken for a man on the verge of decease by a priest, who offers the last rites on seeing Tristram's 'face as pale as ashes'.³¹ The symptomatic use of the trigger word 'vile', put into the mouth of Death rather than Tristram this time, alerts one to the seriousness of the danger in this situation, both physical and psychological. In the light of tales like that of Mrs Panton, Sterne's transformation of disease into a 'galloping' narrative is productive of the blackest of traumatic humour.

²⁹ For the background to this see Lester S. King, 'Consumption: The Story of a Disease'; and René and Jean Dubos, *The White Plague: Tuberculosis, Man and Society* (New Jersey: Rutgers University Press, 1992).

³⁰ See Perry, *Letters*, p. 180; Cash, *Laurence Sterne: The Early and Middle Years*, pp. 60–61.

³¹ *TS*, vii, 130; *Florida*, ii, 636.

Accidental narratives

Sterne's presentation of Death as a mistaken caller draws attention to a constant theme in *Tristram Shandy*: that of the accidental (mal)formation of life, death, and narrative. Although he draws upon a religious image of death, the kind of death Sterne imagines for himself and Tristram is all too secular: the lung haemorrhage that could finally be the death of him may come suddenly and be without apparent meaning. Chambers's *Cyclopaedia* lists one of the causes of consumption as the 'accidental': that is, something that is not hereditary or 'natural'.³² This consumptive time is irregular, disorderly, without narrative structure. Again the writing of Edward Baynard reinforces this notion from a medical perspective, although the often conflicting nature of eighteenth-century medical explanations of most diseases, especially consumption, would also be bound to instil a fundamental feeling of uncertainty in the reader searching for a rational meaning or narrative for his disease.³³

In *The History of Cold Bathing* Baynard inserts a section of poetry taken from his poem on *Health* that warns the reader to control what he can with regard to his body because life is full of unexpected physical dangers that no doctor can prevent or cure:

All finite things tend to their own undoing,
 But Man alone's industrious to his Ruin;
 For what with Riot, Delicates and Wine,
 Turns Pioneer himself to undermine.
 Besides the hidden Snares laid in our Way,
 The sudden Deaths we hear of every Day,
 The Smoothest Paths have unseen Ambuscades,
 And Insecurity Security invades;
 For no Man knows what's the next Hour's Event,
 Man lives, as he does die, by Accident.

(p. 403)

The Toby-esque mention of 'unseen Ambuscades' for the body creates a sense of time as an always potentially interruptable narrative, 'for no man knows what's the next Hour's Event'. Traditional narrative form depends precisely on the author's knowing what the next event will be, whereas the Sterneian narrative is less certain of its destination and even purpose because Sterne (and Tristram) cannot depend on their health. There are continual allusions throughout *Tristram Shandy* to the role of the accidental, particularly in the development of the body. Tristram's disastrously managed birth is a

³² I, entry on 'Consumption'.

³³ Among the gloomy prognoses regarding the outcome of a consumption, for example, doctors were always ready to contradict themselves in the hope of selling themselves or their books: after his largely pessimistic attitude throughout most of his tome, Stephens (to name but one) proceeds to offer hope to his patients and readers by claiming that something can be done for the consumptive, while anticipating that he will be sneered at by his fellow physicians for such an assertion (*Treatise on Consumptions*, pp. 330–34).

core example of this inconstant constant in the Shandy world: 'My mother, madam, had been delivered sooner than the green bag infallibly — at least by twenty knots. — Sport of small accidents, Tristram Shandy! that thou art, and ever will be!'³⁴ One wonders whether Sterne had in mind, both in these passages and throughout the novel, the physician Sir Thomas Browne's comment in his letter concerning the death of a consumptive: 'The whole course of Time runs out at the Nativity and Death of things.'³⁵

Sterne's figure of 'Death surpris'd', as it were, is an apparent reworking not merely of Death as a Drawer, but also of a later occurrence of this personification in Baynard's poem:

Diseases, like true Blood-Hounds, Seize their dam,
And prey upon the Carcass where they sprang.
Be always on thy Guard, watchful and wise,
Lest Death should take thee napping by Surprise.

(*History of Cold Bathing*, p. 404)

Sterne reverses the roles so that Death is surprised by Tristram's breezy indifference. Again, Baynard's use of Death emanates from the religious edict that one should always be in a state of spiritual preparation for the end of life, a condition that consumption was traditionally supposed to enable the sufferer to attain. Although classic humoural theory stated that pulmonary consumption derived from a flux of corrosive humours from the head which then corrupted the lungs, a Christian tradition arose in which consumption was seen as the disease suitable for a good death. In 1656, Thomas Fuller wrote: 'What is thy disease — a consumption? Indeed a certain messenger of death; but know, that of all the bailiffs sent to arrest us to the debt of nature, none useth his prisoners with more civility and courtesie.'³⁶ Sir Thomas Browne's description of the 'soft death' of a consumptive in his 'Letter to a Friend' was similarly influential from its publication in 1690 right into the nineteenth century.³⁷ Consumption was regarded as a disease that, unless 'galloping', allowed time for the good man to prepare himself for death. In this context its progress was supposedly slow and predictable, nor did it cloud the mind, thus enabling one to confront death in good moral order, ask God's forgiveness and repent. Hence consumption acted as a physical *memento mori*, encouraging one to meditate upon one's fate and religious identity, whilst giving plenty of time for

³⁴ *TS*, III, 26; *Florida*, II, 196; see also *TS*, III, 19–21; *Florida*, I, 192–93, for Walter's views on man, birth, and accidents.

³⁵ Sir Thomas Browne, 'A Letter to a Friend, upon the Occasion of the Death of his Intimate Friend', *Sir Thomas Browne: Religio Medici and Other Works*, ed. by L. C. Martin (Oxford: Clarendon Press, 1964), pp. 177–96 (p. 182).

³⁶ *Sermon — Life out of Death*, cited in Robert Southey, *Southey's Common Place Book*, 4 vols (London: Longmans, 1850), IV, 353. As Stephens put it in a more prosaic fashion: 'The patient entertains those hopes of recovery from the dullness of his disease, which does not give him that degree of pain which he receives from other diseases' (*Treatise on Consumptions*, pp. 103–04).

³⁷ 'A Letter to a Friend', pp. 180–81; see also Katherine Ott, *Fevered Lives: Tuberculosis in American Culture since 1870* (Cambridge, MA: Harvard University Press, 1996), p. 15.

organizing temporal affairs.³⁸ The debilitating effects of the disease could be confronted as a sign of Christian fortitude, but conveniently consumption was not considered likely to cause much pain; rather a gentle decline was anticipated in which one faded away from the world of the flesh into that of the spirit. Consumption seemed to be a visible and material embodiment of the Christian dualist concept of the soul's victory over the body.

In the light of the tradition of the consumptive 'good death' one can view *Tristram Shandy* as an extended and ironic meditation on this ideal.³⁹ Consumptive time, in the view of Fuller and Browne, is indeed a carefully composed religious narrative, culminating in the peaceful acceptance of the sick man into the kingdom of heaven. Tristram's experience of consumption is far from being orderly, as the fits and starts of the narrative in response to his apparently random lung haemorrhages suggest. At the end of Volume IV, Tristram closes his two-volume set for another year with the distinctly disorderly comment: 'I take my leave of you till this time twelve-month [. . .] (unless this vile cough kills me in the mean time)' (*TS*, IV, 220; *Florida*, I, 401–02). The promise of controlled progression is rapidly undercut by the vital proviso of stable health for the author. Similar remarks are peppered throughout the novel with greater or lesser frequency, reminding the reader that the time of the narrative is fundamentally structured by the time of consumption and disease in general.

Thomas Keymer's work on *Tristram Shandy* as a serial publication has similarly made the case for recognizing its historicity: its responsiveness to the shifting times, the cultural and personal environments in which it was written, and the open-endedness of this textual process. Both Keymer's analysis and my own resist the notion that *Tristram Shandy* was planned as a finished entity in true Formalist fashion from the moment of its inception. Sterne 'set the wheels a-going', but was no more in control of the eventual outcome than any other serial writer subject to the general contingencies of life, and certainly no more than any other consumptive writer: Keats, to take the obvious example, was forced to stop writing a year before he died. Smollett, Sterne's contemporary and rival in the sphere of both novels and travel writing, was also consumptive and, like Sterne, was forced to travel for his health. 'Smelfungus's' ill health actually inspired him to inaugurate a new genre of travel writing that combined both the cultural facts of the Grand Tour and also the medical information on climate, quality of air,

³⁸ For the tradition of consumption and the good death, see Pat Jalland, *Death in the Victorian Family* (Oxford: Oxford University Press, 1996), pp. 41–46.

³⁹ Thomas Keymer has expanded on my point by noting Tristram's consequent refusal to accept Death's courteous call by galloping away at high speed, the pun on 'galloping consumption' presumably intended (*Florida*, II, 577). I am grateful to him for showing me a manuscript copy of his article 'Dying by Numbers: *Tristram Shandy* and Serial Fiction (2)', since published in *The Shandean*, 9 (1997), 34–96 (p. 57).

lodgings, and so on that would be required by the consumptive seeking both health and cultural capital.⁴⁰

Yorick and the end of narrative

Despite the general logic of accidental and 'diseased' narrative time, Sterne does seem to have attempted to imagine both a peaceful consumptive good death and an orderly narrative in the Yorick episode of the first volume, a point at which Sterne was still finding his *modus operandi* for *Tristram Shandy*. As R. F. Brissenden has observed, the death of Yorick and its build-up does not quite fit with the rest of the volume: 'The tone of the whole section is markedly different from the tone of the surrounding chapters — the style in general is more formal, more even and more restrained than it is elsewhere in Volume I; it seems as if Sterne is at last trying to tell a straight story [. . .]. His portrait is sketched humorously, but the humor is of the grave, realistic, Cervantic sort.'⁴¹ Yorick dies a largely symptomless consumptive death, 'broken-hearted' at his treatment by the harsh world in parallel with Sterne's difficulties in local ecclesiastical politics after the publication of *A Political Romance*. Roy Porter has noted that earlier on Yorick suffers from a consumptive cough as he trots around on his emaciated horse.⁴² Although Yorick is not entirely identified with Sterne, it is evident that some kind of wish fulfilment is occurring, especially at the point of Yorick's death. Brissenden states that 'if the initial description of Yorick is realistic, the conclusion of his story is sheer fantasy', and goes on to argue that the Yorick episode shows Sterne's uncertainty concerning the ongoing importance of characters in the novel, concluding that 'the death of Yorick [. . .] has little meaning out of its local context' (pp. 263–64).

If one ignores the level of consumptive time in the novel, then this last conclusion is true, but for Sterne and the various characters that function as consumptive *alter egos*, consumption plays a major part in the entire book. Yorick's death combines the contemporary sentimentality of the wounded innocent with the traditional peaceful passing of the religiously resigned good man:

Yorick's last breath was hanging upon his trembling lips ready to depart as he uttered this; — yet still it was utter'd with something of a *cervantick* tone; — and as he spoke it, *Eugenius* could perceive a stream of lambent fire lighted up for a moment in his eyes; — faint picture of those flashes of his spirit, which (as *Shakespear* said of his ancestor) were wont to set the table in a roar!

Eugenius was convinced from this, that the heart of his friend was broke; he squeeze'd his hand, — and then walk'd softly out of the room, weeping as he walk'd.

⁴⁰ See my forthcoming paper with Akihito Suzuki, 'The Disease of the Self: Representing Consumption, 1700–1830'.

⁴¹ "Trusting to Almighty God", pp. 263–64.

⁴² Yorick is able to 'compose his cough' on his weary steed (*TS*, I, 41; *Florida*, I, 17–24); Roy Porter, "The Whole Secret of Health", p. 66.

Yorick followed *Eugenius* with his eyes to the door, — he then closed them, — and never opened them more. (*TS*, 1, 70–71; *Florida*, 1, 34–35)

Consumption was a convenient disease for a broken heart; the symptoms of lovers suffering from broken hearts traditionally overlapped with those of the consumptive, the generalized wasting away being common to both as Burton's *Anatomy of Melancholy* made clear in its descriptions of love melancholy.⁴³ Moreover, as eighteenth-century doctors pointed out, disturbances of the mind for whatever reason could occasion a consumption. George Cheyne is entirely representative when he states that 'the *slow* and *lasting* Passions, bring on *chronical* Diseases; as we see in Grief, and languishing hopeless *Love*', while Richard Brookes noted that a consumption could be brought on by 'unusual sadness or Melancholy'.⁴⁴ The 'sheer fantasy' that is being played out here is that of Sterne imagining a good death updated by sentimentality, in which he is the sensitive suffering hero and object of the sympathy supplied by *Eugenius* and, by implication, the reader. Through *Yorick* Sterne revels in the idea of controlling the process and termination of his erratic disease while conveniently indulging in a certain amount of self-pity in the process.

The other fantasy, coterminous with the first, is that of narrative order and closure that, as Brissenden so acutely observes, seems to characterize the whole *Yorick* story. Of course death, for the individual, is the end of narrative time: the two black pages that signify *Yorick*'s death also imply this. Sterne takes this opportunity to image his own death and that of his writing proleptically in ideal terms, but this perfect end to life and narrative is not to be had, as the reader quickly realizes when the novel restarts. *Tristram*'s 'vile' consumption torments him hellishly, rather than allowing him a heavenly respite. The fantasy of controlling disease and thus the time of the narrative in a serial publication remains precisely that: merely a fantasy. The narrative unity of the *Yorick* episode is enabled by an idealized and sentimental vision of consumption, a vision that could not be sustained in Sterne's own physical life, or in the textual existence of his extended *alter ego*, *Tristram*. As this paper has shown, the time of consumption, whether realistic or imaginary, in many ways *is* the time and rhythm of the narrative: the two stark black pages signifying *Yorick*'s death and the end of narrative time for the individual are merely visual proof of the thesis.

⁴³ Robert Burton, *The Anatomy of Melancholy*, 3 vols (London: Dent, 1948), III, pp. 133–84.

⁴⁴ George Cheyne: *The English Malady* (1733), ed. by Roy Porter (London: Routledge, 1991), p. xiii; Richard Brookes, *General Practice of Physic*, 2 vols (London: Newbery, 1765), I, 276.