

THE MALADIES OF JAMES BOSWELL, ADVOCATE

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Orandum sit mens sana in corpore sano

Juvenal

Literary criticism, like legal judgement, will ultimately rest upon the written word. However, since the context of that written word is conditioned by the author's physical and mental health – both of which can materially affect the content and style of the writing – these areas are worthy of serious enquiry. Where details of a great writer's health are unavailable – as with Shakespeare – speculative and often unsatisfactory conjectures have to account for variations in the quality and quantity of output. Where a disease process is known and independently attested, such as Milton's blindness, criticism of the works produced is materially enhanced. Whereas the volume of a writer's output will be influenced by longevity and the physical ability to dictate or to lift a pen, the content and style will necessarily be influenced by his or her mental state, conditioning as it does the personal and societal environment of creativity.

The medical history of an individual should encompass both mental and physical health, and indeed any brief review such as this must contain observations on those interactions between the *psyche* and the *soma* which are so much better appreciated in our own time than in Boswell's. As observers of the early 21st century, discoursing upon a patient of the late-18th, we will take care to avoid anachronism and point up those aspects of Boswell's ailments which research has clarified for us today but which, in the London and Edinburgh of two-and-a-half centuries ago, were befogged by iron tradition, prejudice and sheer ignorance on the part of patient and physician alike.

James Boswell, advocate (1740–1795) had a robust constitution. He was 5' 6" tall and was 11st 12lbs when weighed at Wilton in 1775 by Lord Herbert (the Earl of Pembroke's eldest son), who had a passion for weighing things. He thus had, as the cardiologists would have it, a normal body mass index of c. 24 – and indeed his heart was never a *physical* problem to him. He was to live for 55 years – beyond the overall male life expectancy in the 18th century, but probably about average for his class and station in life. He had a powerful immune system, a necessary asset to survive the infectious diseases endemic in the crowded Old Towns of Edinburgh and London before the advent of reservoir water and mains sewerage. However, the principal infection with which he had to contend came from neither air nor water nor



FIGURE 1
James Boswell.

creeping vermin nor flying insect. It was to come – as he said himself – from 'The Fountain of Bliss.' However, let us start in the Gulf of Genoa, that part of the Ligurian Sea which lies between Italy and the island of Corsica.

THE AGUE

The ague was the former term for malaria. The cause, as the name 'mal-aria' indicates, was long thought to be foul or stagnant air – and the disease was then still endemic in parts of the UK, including Boswell's home county of Ayrshire in the latter part of the 18th century. However, when Boswell contracted malaria in October 1764 he was not at home, but in Corsica. Inspired originally by Rousseau, who had written of the island in *Le Contrat Social*, he had sailed from Leghorn in October 1764 on a slow two day passage to Cape Corse. He noted that his berth in the passenger cabin of the small merchant vessel was 'infested with mosquitoes and other vermin', so he slept on deck. However, the mosquitoes themselves may have been infested with the malarial parasite. At Sallacaro, where he had tracked down the Corsican nationalist leader Pasquale Paoli, Boswell developed the classical symptoms of high remittent fever: headache, shivering attacks or rigors and prostration. That he managed to cover 15 miles the next day on horseback over difficult

terrain and in appalling weather speaks much for the underlying strength of his constitution. Through the good offices of the Comte de Marboeuf he received specific treatment from the Medical Officer of the French garrison at Bastia, but we are uncertain as to the specifics. He had a recurrence in July 1766 which fortunately occurred between his examination in Scots Law and the examination of his thesis *De supellecte legata* – on the heritability of domestic furniture – the two examinations being 15 days apart. There was a further bout in the autumn of that year and the final attack appears to have been at Auchinleck in 1771.

Malaria is transmitted by the bite of a female *anopheles* mosquito which is itself infected with one of the four species of the organism *plasmodium*. Given the location and the timing of the first attack together with the mosquitoes general prevalence in Europe, the most likely malarial type in the case of Boswell was *P.falciparum*. The incubation period from the parasite inoculation to the onset of symptoms is c.12–14 days and, given that his symptoms developed on 27 October, this would place his contracting the disease around the time that he was at sea, or still in Leghorn prior to departure. His voyage in that pestilential craft took far longer than expected – due to absence of wind – thus perhaps extending his exposure.

The malarial patient develops the three classic sequential phases of the attack: the cold phase – the chills; the hot phase – the fever; and the sweating phase – the diaphoresis. The whole episode usually lasts four to six hours and is associated with fatigue, headache, dizziness, myalgia, arthralgia and prostration. We have mentioned Boswell's primary and subsequent attacks which he subsequently described as *ague* – but there are several other entries in his 'Journals'^{1,2} where he describes the sudden onset of headache, shivering, fever and nausea and these may also have been recurrences. It should be remembered that a malarial bout in the late-18th century, with the disease still endemic in the UK, would have been commonly regarded more as an irritating inconvenience than as a medical emergency. There was then no preventive or curative treatment, and no vaccine. There is still no foolproof vaccine.

THE TOES

Having mentioned Corsica, or rather the journey to it, as the possible source of Boswell's malaria, the island was certainly the cause of his most prosaic but perhaps most painful complaint – ingrowing toenails. He was woefully unprepared for the rigours of travelling in Corsica – an extremely mountainous terrain then virtually devoid of made-up roads – and he was virtually the first British gentleman to tour the island. The soft riding boots of the Grand Tour, and shoes suitable for the courts and palaces of Europe, must have been painfully inadequate for his long trek from his landfall in the north to meet Paoli at

Sollacaro which is in the south of the island. Frederick Pottle, the great editor of the Yale editions of his papers, confessed himself physically unable to follow Boswell's mountainous route and speculated that his foot problems – which were to dog him for years – were likely due to descending steep inclines in soft-toed shoes or riding boots, whereas stout toe-capped hillwalking boots would be mandatory today. He was to undergo repeated operations to relieve the infection which the ingrowing nail caused, notably by the famous Edinburgh surgeon, Alexander Wood – Lang Sandy Wood – who was also Robert Burns's doctor in the capital. Alas, neither Wood nor his contemporaries then knew that, for a cure, both nail and nailbed must be removed. He noted in his journal in the winter of 1779³ – 15 years later – that Wood had again cut out the nail and had applied 'vitrial to burn and dry the fungous substance'. The associated pain may be imagined. Not only the Corsicans but their great Scottish advocate suffered long and hard in the cause of independence.

GONORRHOEA

Boswell's main physical affliction was the ancient, notorious and dreaded condition of gonorrhoea – first mentioned in *Leviticus* (Chapter 15 v.2 in the Old Testament) Herodotus mentions it, as does Galen. While Maimonides, the great Jewish physician and philosopher, produced the first accurate clinical description in the 12th century. Dr William Ober, in his exhaustive review published in the *Bulletin* of the NY Academy of Medicine in 1969,⁴ detects some 19 separate attacks of gonorrhoea which Boswell, with characteristic felicity and euphemism, describes as, 'The malady with which Venus not infrequently repays those who worship at her Shrine.'

Indeed, the old term *venereal*, when shorn of its social, or rather, anti-social connotations, has as its etymology in the Latin genitive case of Venus – *Veneris* – the classical goddess of love whose influence was believed to energise sexual attraction. The Greek antecedent of Venus was of course Aphrodite, and gonorrhoea would have been doubtless labelled an Aphrodisiacal disease had not the term been already utilised to describe those potions and embrocations with which humanity has always sought to encourage Venus's activities.

We now refer, in these politically correct days, to sexually (or socially) transmitted rather than venereal diseases of which the most prevalent in Boswell's day was gonorrhoea and the most feared was syphilis – known also as the Great Pox to distinguish it from the smallpox. It was also known in Britain as the *Morbus Gallicus* – the French disease – to the fury of the French who styled it *La Maladie Espagnol*, to the mortification of the Spaniards who knew it as *El Morbo Ingles* – the English disease. And so it went round Europe vituperatively as well as infectiously. These sexually transmitted conditions are, of course, familiar to the physicians of today with one recent addition – the

AIDS virus – easily the most versatile, relentless and merciless predator that the human race has encountered in a millennium. Indeed, syphilis caused by infection with the organism *Treponema pallidum* was in a sense the AIDS of the pre-antibiotic era – a relentless, incurable condition for which no effective treatment, no vaccine and no inoculation were available. It will not detain us further because Boswell did not contract it – but the fact that he did not, given the prevalence of the disease in the eighteenth century, his innumerable sexual contacts and his frequent recourse to Edinburgh and London prostitutes – is frankly astonishing.

Boswell's adversary was the *Gonococcus*, the causative organism of gonorrhoea. It is rarely fatal, most famously so in the possibly apocryphal tale of the girlfriend – or ‘moll’ in the parlance – of the American Mafia chieftain, Don Vincente Scardino – one of whose associates confided to a Chicago crime reporter that the moll in question had died of gonorrhoea. ‘But you don't die of gonorrhoea,’ said the reporter. ‘You sure do,’ said the gangster, ‘if you give it to Vince Scardino.’

Syphilis on the other hand was often progressive and ultimately fatal – as exemplified by the celebrated exchange between the Earl of Sandwich and Boswell's friend the parliamentary reformer and wit, John Wilkes. In one of the most famous extempore ripostes of all time, Wilkes flattened his Lordship who had boomed at him; ‘Wilkes, you will die either on the gallows or of the pox.’ Wilkes replied: ‘That depends, my Lord, on whether I embrace your Lordship's principles – or your mistress!'

Indeed, an effective treatment for the Great Pox and for gonorrhoea was not to come for 150 years after Boswell's death, and it was to come from the work of another Ayrshireman of genius, Sir Alexander Fleming. From Boswell's first attack (of what he and his contemporaries familiarly called The Clap) in London, in his 19th year to his last, contracted in the same city 30 years later, Boswell sustained a total of 19 bouts of the disease. Most were new infections but some undoubtedly were recrudescences of pre-existing infections. The organism is, of course, transmitted by intercourse and its manifestations are well known to all who are familiar with the journals of James Boswell. Indeed, we are indebted to Boswell's characteristic frankness in his journals⁵ for this sorry and recurrent tale of infection, treatment, remorse, intention to reform, and, inevitably, repetition of the cycle.

His first attack, in the spring of 1760, lasted ten weeks, and like all subsequent attacks consisted of acute pain on urination followed by a urethral discharge. Eventually – perhaps aided by treatment but most likely in spite of it – the gonococci would be overcome by his immune defences and the episode would clinically settle down. However, the inflammatory process itself, although

necessary to repel the acute attack, is potentially harmful. As we shall see later, the chronic consequences of repeated inflammatory episodes may cause serious long-term complications, such as chronic prostatitis. The kidneys themselves are highly susceptible to infection introduced by unsterilised syringes and by bougining, used to relieve gonorrhoeal stricture of the urethra. Repeated attacks of prostatitis and pyelonephritis may, of course, lead to renal failure which, in the 18th century, was universally fatal.

Although the gonococcus had not been directly observed in Boswell's time, the physical method of transmission was all too clear. Then, as now, treated patients were sternly enjoined to abstain from intercourse until clinically clear and thereafter to interpose a physical barrier – a condom. These were available in London from Mrs Phillips of the Green Canister Inn in Half Moon Street and Boswell's *Journal*⁶ sometimes, but not always, describes intercourse *in armour*. He was not far wrong in this description. Condoms of that era were manufactured from stretched sections of sheep gut – usually the caecum. Being thick, hard and irregular, they were hardly likely to maintain, let alone enhance, the pleasure of what Boswell calls ‘a plunge into the fountain of love’. Furthermore, then as now, physicians knew well that the use of condoms was inversely proportionate to the use of alcohol. That part of the male brain which dictates prudence, and moral reflection before action – the conscience – is unfortunately that very portion of the psyche which is soluble in alcohol, and given Boswell's predilection for heavy drinking in company followed by an eruption into the streets, there is little doubt that he was frequently exposed, unarmoured, and defenceless, against his invertebrate microscopic opponent.

The problem is complicated by the phenomenon of latency. A woman like the actress Anna Lewis – the Louisa of Boswell's *Journal*⁷ – could honestly assure him that she was free of all signs of infection yet still conceal, unknown to herself, gonococci in the glandular crypts of the uterine cervix and Bartholin's glands which could infect an unprotected partner. When he challenged her, Louisa admitted a prior infection several years previously but had had no symptoms for over a year. It was entirely possible. Boswell was unlucky.

We know that Boswell's sexual exploits began in the Blue Perriwig, a bawdy house, in The Strand, London. In his day, such establishments, some adjoined to public houses and inns, were numerous, and there were the notorious *bagnios* or bath houses where organised prostitution was available for those who could pay. The attitude of the late-18th century to such places is important to factor into any discussion of the subject. While consorting with prostitutes was held then, as now, by Church and State to be fundamentally immoral, there was a laxity, a libertinism of the times which was at high variance to

the present day. While married men, in particular, were universally censured for such activities, young men and older bachelors seem to have enjoyed a relative, although not absolute, freedom to disport as they pleased. The open knowledge that a member of a Literary Club or a society set visited brothels and was frequently confined to barracks for treatment of gonorrhoea simply did not attract the censure which it would command today.

No mention is made of the use of therapeutic mercury in his journals but Boswell did try Kennedy's Lisbon Diet Drink, advertised as a cure for scurvy, leprosy and gonorrhoea. He consulted Dr Gilbert Kennedy, a Scottish physician practising in London, on the advice of his uncle, Dr John Boswell. What Kennedy's drink contained must be conjectural but was probably sarsaparilla, lemon juice, a little alcohol, some herbal extracts and a powerful laxative. The descendants of such nostrums are peddled on the internet to this day, attractively presented and, of course, highly priced. Relying largely on the placebo effect for their action and untested by scientific enquiry, they remain as financially lucrative as they are clinically useless.

On his Italian tour, Boswell called on, and consulted, Giambattista Morgagni, one of the most famous names in medical history, whose anatomical researches and description were the finest of his day. The old man – he was 84 at the time – conversed with Boswell in Italian and in Latin, and advised him to discontinue use of the 'urethral syringe' and to live soberly, saying that his 'urethral catarrh' would resolve spontaneously. For Boswell's 'scurvy', which was a skin condition – possibly psoriasis – and not the generalised disease of vitamin C deficiency, the bane of mariners, Morgagni specified goat's milk and rhubarb, presumably as a mild purgative. This was a chronic condition which bothered him for years. For example, we find him in 1774, in Edinburgh, drinking a 'decoction of guiac and sassafras'. The clinical efficacy of this interesting mixture is, alas, unstated. Interestingly, goat whey was then regarded as a specific for tuberculosis which, though it killed his wife, was not to affect Boswell.

Morgagni's mention of the syringe – and that James Boswell should give it up – should give us pause since it is highly relevant. As noted above, in the pre-antiseptic era, the introduction of any instrument into any orifice was often attended by infection – for which there was no specific remedy. If, as is likely, Boswell was frequently treated by the insertion – via syringe – of who knows what medicaments into the urethra, this may have been an efficient mode of instilling infection into the urinary tract. We will look at this again, briefly, when we consider his last illness.

MIND

In terms of mind, Boswell probably did not suffer a formal psychiatric disorder, but he most certainly did have 'The

Melancholia', usually translated today as depression. How severe this was, and whether his melancholia would have been accepted today as a normal variation in mood, or would have resulted in a consultation with a psychiatrist, is the central question.

In an autobiographical letter to Rousseau, Boswell says; 'I was born with a melancholy temperament,' adding that this tendency was hereditary and well established in his family. Indeed it was. His brother John was probably a depressive psychotic. Melancholy was one of the afflictions believed to be generated by an imbalance of the humours. This is a concept now known to be a medical myth which, from its first description by Hippocrates in his book *The Nature of Man*,⁸ of the fifth century BC, had survived 23 centuries to the Age of Reason. Men and physicians at this time still believed that were four humours: Bile, *cholos* in Greek, excess of which gave the choleric or volatile temperament; Phlegm, coming, it was believed, from the heart, not the lungs and excess of which gave the dull, sluggish or *phlegmatic* temperament; Blood, *sanguis* in Latin, which produced the warm, sympathetic or *sanguine* outlook; and the black Bile, the *melan cholos*, too much of which gave the melancholy – the cyclic brooding, introspection and pessimism which we may style depression. Melancholy, said Samuel Johnson in his great *Dictionary of the English Language* (1775), is: 'A disease arising from the Black Bile – or too heavy and viscous blood and cured by evacuation (i.e. purging) by nervous medicines and powerful stimulus.' The idea of an imbalance of the humours is not dead. To this day, many patients are convinced that their symptoms are due to an imbalance of hormones – often described as a malfunction of 'glands', a belief whose origins probably date back two millennia.

With Boswell we are fortunate in having, through the *Journal*,^{9–11} his unexpurgated private thoughts on almost everything, the Melancholia not excepted. Indeed, we have his public views on the subject, written up under his *nom de plume*, The Hypochondriac in the *London Magazine* in no less than four essays. Between 1777 and 1793 he addresses his malady under the title 'Hypochondria' saying, for example, 'Perhaps there is a distinction between melancholia and hypochondria. However, in my opinion they are but different shades of the same disease.' He did not, and rightly so, regard himself as suffering from a certifiable mental illness – he was never a candidate for Bedlam – but from a *cyclical* depression of mood, of spirit, of physical and mental energy. This could be triggered by certain ideas, circumstances or even locations, and the best antidote, he believed, was invigorating company, hard drinking and subsequent carnal adventures. In this, he was following the received wisdom of the times. He even saw it as part of his literary destiny. 'Why,' he wrote in the *London Magazine*, quoting Aristotle, 'is it that men who excel in philosophy, politics or the arts, are so prone to

melancholy?' Elsewhere, his general term for his literary colleagues was *my atrabilious brethren* – atrabilious being a direct rendering into Latin of the Greek *Melan Cholos* – the black bile. 'Be not solitary – be not idle' wrote Robert Burton in his remarkable account of the subject in his menippean *Anatomy of Melancholy*¹² of 1621 which first set out the characteristics of what continental Europe also called the English Disease. Activity of body and mind were the treatment of the day, and sometimes he would take the treatment – and often he would not.

Did Boswell simply have that alternation between elation and depression which is normal in the human psyche, or did he suffer from the more pronounced *cyclothymia*? The term is from the Greek *cyclos* – alternating, and *thymos* – the mind, a condition also known as bipolar personality – the polar variants being hyperactivity and depression. Or did he have that much more serious condition which psychiatry calls manic-depressive psychosis? It is actually difficult to tell, because manic-depression itself contains a spectrum of severity. Manic-depressives – when seriously affected – are truly mentally ill and may require certification or sectioning under the Medical Health Act. Boswell's case was never bad enough for this, but was rather due to the varied intensity of manic depression and, in its milder form, shades into the cyclothymic state. There is no symptom to precisely distinguish the two, no clinical sign and, to this day, no discriminating test. Many psychiatrists have a working rule that, when the patients are so affected by swings of mood that they cannot maintain their professional or business activities – then it is manic-depression.

How does this fit with Boswell? Again and again we find him confirming that he was at least cyclothymic. His *Journals*¹³ repeatedly stress the rapidity with which he could be piloted into depression and the rapidity with which this could be replaced by high spirits. Allen Ingram, who entitled his study of imagery and melancholy in Boswell's writings *Boswell's Creative Gloom*¹⁴ emphasised that Boswell realised that his depressions were, in a sense, the price that he paid for his bouts of creativity. 'O the poor dull Sons of Equality', he writes to Johnstone of Grange, his old schoolfriend, meaning those of equable steady non-cyclic temperament – 'how much more satisfaction we have'. Boswell also had insight into his condition, another good sign that he was not mentally ill, since true psychotics lose insight and are often unaware that their behaviour is irrational. Boswell knew perfectly well that his bouts of 'wildness of fancy, and ludicrous imagination' often literally tipped him out into the town, hellbent on the hard drinking and whoring which caused his colleagues such astonishment and led his learned father, Lord Auchinleck, to cyclically despair of him.

It has been well said of Boswell by Wyndham Lewis that all his life he 'teetered on the edge of absolute sanity'. A modern example of a brilliantly creative, witty and

gregarious character who illustrates the same personality type is the comedian, Spike Milligan who, in his later years, was diagnosed as manic-depressive after years of delighting with his unique talents of humour and creativity. Boswell confided to his *Journal*,¹⁵ 'I was sullen and disconsolate all day – and could do nothing.' But does he satisfy the key criterion of ceasing his professional activities due to his mental peaks and troughs? He writes in the *London Magazine* on Hypochondria – presumably from personal experience – 'The Important Duties of Life, the benevolent offices of friendship are neglected. To pay a visit, or write a letter to a friend appears so laborious that the hypochondriac finds friendship grown cold from want.' This is getting close to the line. Yet on the other hand, he still wrote about it in the *Journal*. He could at least usually do that. But not always.

He got very close to the line, for example, in May 1776 while staying at Wilton, the Earl of Pembroke's country seat in Wilts – with Paoli: 'My spirits flagged,' reads the *Journal*. 'I was hypochondriac. I could barely articulate at Dinner.'¹⁶ Back in London, he was so depressed that for a while even the *Journal* flickers out and absolute silence reigns for a week. He recovered when John Wilkes had him to dine at the Mansion House, and a day or so later he was fit enough professionally to appear before the House of Lords. Back in Edinburgh for the summer session, the depression deepened again. 'At night I was in an inanimate, sullen frame . . . futurity was dark and my soul had no vigour of piety.'¹⁷ Note the insight, still present, but severe depression nonetheless.

On balance, his was probably a cyclothymic personality. The cyclothymic is buoyant, confident, gregarious and given to fleeting enthusiasms. He or she may be argumentative and hypercritical, and is adept at talking his or her way out of difficulties. The depressive phase, however, brings gloomy self-deprecation, foreboding and pessimism. The cyclothymic often expresses feelings of inadequacy and of regret and an inability to curb his or her intervening excesses and aggressive behaviour. The modern classification of this is as a personality disorder rather than formal psychiatric disorder and cyclothymia comes within the overall compass of the affective disorders. Interestingly, the cyclothymic personality has been found to have a hereditary basis. This is not absolute, but studies have shown a greater familial incidence of cyclothymics than would have been expected by chance. Among monozygotic or identical twins, raised together, the concordance of cyclothymia in both twins is 75%. Nevertheless, 25% are discordant and thus, clearly, both genetics and environment – nature and nurture – have a role. Cyclothymics – unlike unipolar personalities who suffer depression alone – are classically described as bright, extrovert, attractive personalities, which of course fits James Boswell precisely.

It has been known for 80 years, since the first description

by Kraepelin in Germany, that cyclothymics sometimes progress to full manic depressive psychosis and that a predisposition to cyclothymia may arise from the circumstances of childhood. This was first proposed by Freud and his psychoanalytical school but has not been borne out by later research. In particular, no recurring pattern of childhood circumstances, or relations to parents or traumatic events have been found. It is possible that cyclic depression and elevation of mood are related to a serial increase and decrease of neurotransmitters, such as serotonin, dopamine and nor-adrenaline, the neurotransmitters which internally regulate the central nervous system. Intensive research continues in this field.

BOSWELL'S LAST ILLNESS

He was taken acutely unwell on 14 April 1795 at a meeting of the Literary Club. The symptoms of chills, fever, headache and nausea indicate an acute infective process which could have been a malarial recurrence but are much more likely to have been a bout of acute septicaemia proceeding from an infective process which may have been prostatitis, or a pyelonephritis. Ten days later he was well enough to congratulate Warren Hastings on his acquittal after his long impeachment trial but, ten days after that, his brother advised Temple that 'a swelling in his bladder had mortified'.¹⁸ It is difficult to know what to make of this. A swelling could have been an obstructed bladder, or perhaps a tumour of the bladder itself. The term mortification, as then used, described a process of tissue death. The tumour was perhaps – in pathological terms – now infarcted or gangrenous. What was being described was a growth of some sort which was infected, and discharging blood, pus or both and located in or around the bladder. At any rate, this would have been accompanied as in all gangrene by fever, nausea, complete anorexia and muscle weakness. We hear from his son James that he could eat little and could not retain what he took. Young James had to write a letter to Temple for him on 8 May, presumably as he was too weak to hold his pen. He lingered on till 19 May and it seems to be the medical consensus that the final cause of death was renal failure precipitated by acute-on-chronic pyelonephritis, itself triggered perhaps by a chronically infected prostate or a post-gonorrhoeal urethral stricture. The latter is of course often due to gonorrhoea itself or to the implements used to overcome it. Thus, perhaps he fell at the last a sacrificial victim on the altar of Venus.

CONCLUSION

This, or indeed any account of the ailments which James Boswell bore can never cloud the fame which he won through his writings, his irrepressible good humour and his genius for friendship. 'How I miss, How I miss his noise, his hilarity,' said his friend Malone.

Every great age produces a man who through his life and letters comes to be regarded as the *rapporteur*, if not the epitome, of that age. We have Cicero's writings and

letters to illuminate the last days of Republican Rome, as we have those of Erasmus to vivify the Renaissance. For the Age of Reason, the Enlightenment of the 18th century, we have Boswell whose *Journals* sweep back the curtain to reveal an age like no other since, an age which we instinctively recognise as that in which our modern institutions and society came struggling to their birth and when we began to discern, through science, the truth that lights the way and, through philosophy and literature, the truth that warms the heart. 'He'll hae misfortunates great and sma' but aye a heart abune them a' sang his contemporary Robert Burns. The poet was referring, on this occasion, to himself, an infant in a humble cottage at Alloway, but he might have been describing his fellow Ayrshireman, the Laird of Auchinleck, a man he was never to meet but who will always share with him an immortal memory in the history of English language letters.

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