

**INVALID LIVES: DISABILITY, MASCULINITY AND  
CONSUMPTIVE IDENTITY IN NINETEENTH-  
CENTURY CULTURE**

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## INVALID LIVES: DISABILITY, MASCULINITY AND CONSUMPTIVE IDENTITY IN NINETEENTH-CENTURY CULTURE

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Focussing on texts produced between the publication of Rene Laënnec's *Treatise on Diseases of the Chest and on Mediate Auscultation* (1819; trans. 1821), and the emergence of a law demanding compulsory notification of all cases of pulmonary tuberculosis in 1912, this thesis examines the ways in which evolving cultural discourses surrounding tuberculosis affected the identities of men with this impairment. Many of the texts analysed in this thesis refuse to naturalise any one cultural model of consumptive identity, depicting consumptives who are themselves aware of the cultural pressures shaping their identity. My thesis shows that their exposure of hitherto naturalised social discrimination constitutes a 'social model' of disability and, therefore, an early demonstration of disability theory working within nineteenth-century texts.

In Chapter 1, I analyse nineteenth-century social history documents, advice books written for consumptives and their carers, mainstream medical textbooks, and eugenic texts depicting the emerging biomedical model of tuberculosis and the disabling social marginalisation experienced by consumptive men.

Chapter 2 examines letters and near-contemporary biographical and critical material discussing poet John Keats (1795-1821) and artist Aubrey Beardsley (1872-1898) to explore the ways in which nineteenth-century consumptives could interact with prevailing cultural stereotypes.

Chapter 3 focuses on the characterisation of Linton Heathcliff in Emily Brontë's *Wuthering Heights* (1847), analysing the disruptive potential of juxtaposing traditional Romantic and sentimental models of disability with new models of disease as a mundane biological phenomenon.

Chapter 4 focuses on the consumptive's outraged response to a new, distinctively Darwinian deity called 'Nature' in Fyodor Dostoevsky's *The Idiot* (1869) and Thomas Hardy's *Jude the Obscure* (1895).

In Chapter 5 I discuss the ways in which Beatrice Harraden's *Ships That Pass in the Night* (1893) approaches the problem of conceptualising a disabled identity as one generated through negative social 'damage' and yet still worthy of validation. *Ships* presents the struggle for valid disabled identity as analogous with the situation of women seeking self-realisation and social equality in the 1890s.

My thesis offers the potential to redefine 'positive' representation of disabled identity according to criteria more coherently theorised than elsewhere in disability studies. Many of the texts explored in my thesis undermine disabling cultural structures not by presenting flattering or 'realistic' images of disability, but by presenting disruptive ways of performing the negative, unrealistic and clichéd consumptive identities available in nineteenth-century culture. My focus on deployment rather than content of cultural identities has allowed this thesis to redefine the political radicalism of nineteenth-century texts – and people – hitherto ignored by the modern disability movement. Exploiting historical and moral chinks in the armour of traditional essentialist models of disability, these 'negative' identities demonstrate a degree of socio-political consciousness that would only re-emerge in disability criticism at the end of the twentieth century.

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## Contents

<b>Abstract</b>	Page i
<b>Acknowledgements</b>	ii
<b>List of Illustrations</b>	v
<b>Introduction</b>	
Aims	1
Definition of disability	5
Models of disability	7
Locating disabled identity in history	11
The decline of the Victorian consumptive	13
Why has the consumptive been ignored by disability criticism?	14
Relational identity, concrete impairment	18
Masculinity	21
Biomedical impairment and the radical moment of transformation	24
Chapter outlines	27
<b>Chapter 1: Physiological and Social Influences on Consumptive Identity</b>	
Introduction	31
Tuberculosis	35
Fantastical early consumptions	38
The Victorian biomedical model of consumption	43
Heredity and characterisation	46
Heredity and eugenics	51
The impact of eugenics on consumptive identity	55
Disabling prognosis and treatment	61
Disabling social structures	64
Conclusion	70
<b>Chapter 2: John Keats, Aubrey Beardsley and ‘Drag’ Disabled Identities</b>	
Introduction	72
Romantic consumptive genius	75
The decline of Romantic consumptive genius	79
John Keats in life and afterlife	81
Beardsley on Keats	88
Impairment, experience and identity	91
‘The time when an artist could be “snuffed out by an article” is altogether bygone’...	97
Proliferation and liberation	102
Dismantling drag	106
Conclusion	109
<b>Chapter 3: The Unnatural Consumptive in <i>Wuthering Heights</i> (1847)</b>	
Introduction	111
Sentimentality	112
Cultural archetypes	120

Biomedical representation: the weak body and heredity	126
Unfit offspring	132
Disrupted and supernatural heredity	134
What <i>is</i> Linton?	139
Conclusion	143
<b>Chapter 4: The protesting body in <i>Jude the Obscure</i> (1895) and <i>The Idiot</i> (1869)</b>	
Introduction	144
Romantic and biomedical consumption	146
'We are made a spectacle unto the world...'	153
Exploiting culture	157
The tarantula-god	162
Suicide	166
The sickroom and stifled protest	169
Conclusion	177
<b>Chapter 5: Valid Invalid Identity in <i>Ships That Pass in the Night</i> (1893)</b>	
Introduction	179
The limits of biomedicine in the Kurhaus	183
Identity and damage	189
Disability and romance	191
Sentimentality and communication	199
The New Woman and the disabled man	207
Conclusion	217
<b>Conclusion</b>	219
<b>Appendix: Violence Involving Consumptive Men</b>	223
<b>Bibliography</b>	227

## List of Illustrations

FIG. 1: Galton's 'most typical' consumptive face	Page 49
FIG. 2: Composite of 206 consumptive faces	49
FIG. 3: Aubrey Beardsley (1894), by Walter Sickert	73
FIG. 4: <i>Self Portrait</i> (1892), by Aubrey Beardsley	73
FIG. 5: Keats on his deathbed (1821), by Joseph Severn	86
FIG. 6: Aubrey Beardsley (1897) – photograph	94
FIG. 7: Aubrey Beardsley [1890] – photograph	104
FIG. 8: Aubrey Beardsley 'Gargoyle' (1893) – photograph	104
FIG. 9: <i>Portrait of Himself</i> (1894), by Aubrey Beardsley	104
FIG. 10: <i>Christ in the Tomb</i> (1521), by Hans Holbein	158

## Introduction

### Aims

My thesis will analyse a selection of novels and non-fictional texts to demonstrate that social and cultural pressures limited the range of legitimate identities available to men with tuberculosis in the nineteenth century. This limitation, which both exploited and reinforced the consumptive's physical and socio-economic vulnerability, rendered the nineteenth-century consumptive a disabled person in the politicised sense defined by the Union of the Physically Impaired Against Segregation in 1976.<sup>1</sup> This definition of disability, explained below, differs from that used in most mainstream official and public discourses, including the 2005 Disability Discrimination Act, by locating 'disability' in social structures and cultural pressures rather than in the impaired body. The UPIAS definition used throughout my thesis focuses on the social marginalisation and stigma experienced by people with physical impairments of all kinds, rather than on the biomedical details of impairments themselves. This allows people with chronic and terminal illness to identify as 'disabled' on the same terms as people with sensory or mobility impairments.

Simultaneously glamorised and stigmatised, the Victorian figure of 'the consumptive' can illuminate the cultural conditions surrounding the emergence of a distinctive form of disabled identity. Yet disability studies has not so far acknowledged the intriguing early demonstrations of 'disability pride' by consumptive artists like Aubrey Beardsley (1872-1898), or the radical politicisation of masculine impairment exemplified by Beatrice Harraden's novel *Ships That Pass in the Night* (1893).<sup>2</sup> Similarly, in evaluating cultural representations of the consumptive, Victorian studies has not yet embraced disability theory's habitual scepticism about the oppressive potential of texts (literary and critical) that naturalise cultural meanings attributed to people with impairments. My thesis will therefore begin to rectify this by exploring the

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<sup>1</sup> See Colin Barnes, 'A Legacy of Oppression: A History of Disability in Western Culture', in *Disability Studies: Past, Present and Future*, ed. by Len Barton and Mike Oliver (Leeds: Disability Press, 1997), pp. 3-24 (p. 4).

<sup>2</sup> See Tom Shakespeare, 'Disability, Identity, Difference', in *Exploring the Divide: Illness and Disability*, ed. by Colin Barnes and Geoff Mercer (Leeds: Disability Press, 1996), pp. 94-113 (p.106), on 'disability pride'.

fruitful possibilities of applying disability theory to representations of the consumptive, and the consumptive to disability theory.

Focussing on four novels depicting men living with – not merely dying from – tuberculosis, I will examine the ways in which the conceptual shift from Romantic and sentimental discourses of consumption to biomedical discourses of tuberculosis may have altered the range of identities available to men with this impairment by the end of the nineteenth century. The four novels discussed in detail in my thesis are *Wuthering Heights* (1847) by Emily Brontë, *The Idiot* (1869) by Fyodor Dostoevsky, *Jude the Obscure* (1895) by Thomas Hardy, and *Ships That Pass in the Night* (1893) by Beatrice Harraden. These novels exploit the temporary instability of the consumptive sign to objectify the process by which identities are allocated, embracing the potential of new biomedical discourses to liberate consumptives from the oppressive spiritual and moral meanings of earlier discourses – only to encounter new problems. My comparison of *Jude* and *The Idiot* in Chapter 4 uses the different perspective of Russian literary culture to illuminate Hardy's more familiar depiction of biomedical and Darwinian discourses on nature and suffering. Darwinism's status as a Western import enhances its disruptive potential within *The Idiot's* exploration of a self-consciously modern, anti-theistic, socially-alienated, and exceptionally aggressive disabled identity. All four novels are remarkable in refusing to naturalise any one model of consumptive identity as essential, and in depicting consumptives who are themselves aware of the cultural pressures shaping their identity. My thesis will show that these novels' exposure of hitherto naturalised social discrimination constitutes a 'social model' of disability and, therefore, an early demonstration of disability theory working within the novels themselves.

It is not my intention to survey fictional representations of consumptives across the century. Rather, my thesis is concerned with the possibility of some nineteenth-century texts generating a politicised 'social model' of disability. Many well-known Victorian representations of consumption reflect contemporary attitudes but are preoccupied with quite specific religious or moral discourses that cannot be expected to generate a social model of disability. The first chapter written for this thesis in 2006 consisted of an analysis of *The Portrait of a Lady* (1881) by Henry James, and *The Story of a Nobody* (1893) by



Anton Chekhov. This chapter was inspired largely by Chris Baldick's discussion of the radical rebellion of the 'monster' that speaks for itself as a conscious subject rather than simply being depicted as a mute symbolic object.<sup>3</sup> *Portrait's* psychological realism and *Story's* first-person consumptive narrator are undoubtedly significant in this context. However, this did not fit with the subsequent chapters' increasing focus on texts that explored the transgressive potential of playful or angry self-objectification rather than celebrating disabled subjectivity. Consequently, the chapter was published as a journal article and removed from the thesis.<sup>4</sup> Similarly, in *Daniel Deronda* (1876), the distinguishing feature of George Eliot's representation of Mordecai is its use of psychological realism rather than disruptive juxtaposition of stereotypes. The function of impairment in André Gide's *The Immoralist* (1902) – especially the narrator's preoccupation with and loathing of his own sick body – made this text incongruous with the other novels discussed in my thesis. In Samuel Butler's *Erewhon* (1872), the set-piece court trial of a consumptive for being consumptive cannot offer a coherent model of disabled identity aside from the implication that biomedicine can redefine sickness as blameworthy. Many more novels feature consumptive women or children rather than men, or use the disease only as a convenient plot device – especially when eliminating a minor character, as in Mona Caird's *The Daughters of Danaus* (1894), or to facilitate social commentary and provoke the readers' pity over factory or workhouse conditions, as in Charles Dickens' *Oliver Twist* (1838), or to create a deathbed scene for religious contemplation, as in Charlotte Brontë's *Jane Eyre* (1847). For reasons I will explain in this Introduction, novels using the disease in these ways certainly invite a politicised disability critique but are unlikely to generate this critique internally. Arguably, such novels merely reproduce the cultural 'problem' of disability that the social model seeks to expose and rectify.

My sole concern in dealing with these novels is to discuss what they actually *do* – the representation of disabled identity that appears on the page – rather than speculating on the possible influence imparted by the author's personal

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<sup>3</sup> See Chris Baldick, *In Frankenstein's Shadow: Myth, Monstrosity, and Nineteenth-century Writing* (Oxford: Clarendon Press, 1987), p. 45.

<sup>4</sup> See Alexandra Tankard, 'Emasculation, Eugenics, and the Consumptive Voyeur in *The Portrait of a Lady* (1881) and *The Story of a Nobody* (1893)', *Critical Survey: Victorian Masculinities*, 20 (2008), 61-78.

experience or inexperience of disability, or by any other biographical event. I will, however, examine non-fictional texts from across the nineteenth century to illuminate the extent to which the novels reflect wider contemporary social pressures acting on consumptive identities – and, more importantly, the extent to which the novels criticise and transcend the identities thus generated. Medical and sociological writing, letters and press interviews show that Victorians with tuberculosis experienced socio-economic marginalisation, prejudice and helplessness that severely limited the range of legitimate identities available to them. I will demonstrate that these texts depict an ominous threat of domestic and even institutionalised abuse overshadowing the lives of consumptives – a threat that may have encouraged the consumptive’s compliance with (or indignant reaction against) specific cultural identities.

Most existing literary studies in this area, including Anna Krugovoy Silver’s *Victorian Literature and the Anorexic Body* (2002) and Athena Vrettos’s *Somatic Fictions: Imagining Illness in Victorian Culture* (1995), have focussed on Victorian invalidity as a state used to limit female conduct and so discipline feminine identities. Partly to counteract the persisting (but certainly diminishing) imbalance in literary criticism on this topic, I will therefore focus on the ways in which disability affected masculine identities by precluding the economic productivity and sexual success associated with hegemonic masculinity in Victorian culture. My study does not wholly negate earlier critical studies of invalidism as a feminine state. Rather, it suggests that this apparent femininity should be reinterpreted as a state of general vulnerability and relative inferiority to the hegemonic masculinity operating within that culture – a weaker, emasculated subject position occupied by people of either sex in a disabling society.

I have also restricted my study to white, middle-class males in an attempt to focus on impairment as the dominant trait distinguishing my subjects from the ‘neutral citizen’ exposed and challenged by feminist identity politics. During the course of my research, this attempt to isolate impairment from other marks of

'Otherness' forced me to renegotiate my use of disability theory and reassess the intimate relationship between disability, sexuality and gender in particular.<sup>5</sup>

My study of Victorian texts will illuminate the social and cultural factors that have disciplined the identities of people with impairment in specific cultural contexts and, by extension, explore what constitutes disability. I will also demonstrate the value of modern disability theory, with its innate suspicion of the naturalisation and viability of culturally-prescribed disabled identities, in appreciating the astute political consciousness at work within these Victorian representations of consumptive men.

### **Definition of disability**

This is the first study explicitly to define the Victorian consumptive as a disabled person in the modern theoretical sense. The absence of the Victorian consumptive from disability studies, and the absence of disability theory from literary studies of the Victorian consumptive, highlights problems in both disciplines regarding definitions of what constitutes a disabled person. Before suggesting reasons for this omission, however, I must first outline the definitions of disability (and disability theory) with which I will be working.

In 1976, the Union of the Physically Impaired Against Segregation defined 'physical disability' as:

the disadvantage or restriction of activity caused by contemporary social organisation which takes no or little account of people who have physical impairments and thus excludes them from participation in the mainstream of social activities. (UPIAS in Barnes, p. 4)<sup>6</sup>

This definition denies that bodily impairment itself causes or is synonymous with disability, arguing instead that disability is located not in the individual body but in a society that makes full inclusion conditional upon a level of physical functioning impossible for some of the population to attain. This theory of disability, which traditionally draws a strict distinction between bodily impairment and the social injustice inflicted upon people with impairment, is

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<sup>5</sup> See Robert McRuer, 'Crip Eye for the Normate Guy: Queer Theory and the Disciplining of Disability Studies', *PLMA*, 120 (2005), 557-586, and Susan J. Hekman, *Private Selves, Public Identities: Reconsidering Identity Politics* (Pennsylvania: University of Pennsylvania Press, 2004).

<sup>6</sup> Cognitive impairment raises questions about rational agency and personhood that fall far outside the scope of my thesis and, evidently, outside the interests of UPIAS in 1976.

known as the ‘social model’ of disability. This model does not suggest that pain, shortened lifespan or deterioration of the impaired body do not cause suffering. Rather, it forces us to question how much suffering really is biologically determined, and how much is social injustice.

For historical reasons explained below, many official and public discourses still use the term ‘a disability’ to refer to an impairment. Even disability theorists and activists who embrace the social model sometimes refer to ‘people with disabilities’, without any apparent concern that this terminology might reproduce the biomedical conflation of impairment and disability that the social model is supposed to attack.

I would suggest that the commonplace use of the term ‘disabilities’ to refer to impairments should be avoided within the social model because, in wider public discourse, ‘disabilities’ tends to be used to refer to stable, non life-threatening impairments like sensory or limb deficiencies, as distinct from life-limiting diseases like cancer, HIV/ AIDS, or tuberculosis.<sup>7</sup> In an attempt to assert that people with sensory or limb deficiencies should not be regarded as pathological objects condemned to misery and imminent death, even the disability movement has perpetuated this false distinction between positive ‘disabilities’ and negative diseases – with the obvious implication that people with the latter are the rightful property of biomedicine and are beyond the reach of disability politics. Within the social model, ‘disability’ is not a disease – not because it is a healthy kind of impairment, but because it is a form of social oppression: to refer to a ‘person with a disability’ is akin to referring to a woman as a ‘person with a misogyny’. The distinction should not be between ‘disabilities’ and diseases, but between ‘dis-abling’ social structures and biological impairments of every kind. A consistent adherence to the biological impairment/ social disability distinction would allow people living with chronic or terminal illness to identify as disabled people on the grounds of a shared experience of the social marginalisation that constitutes disability.

Arguably, the outdated distinction between illness and ‘disabilities’ was coherently refuted in the conference that produced the essays in Colin Barnes and

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<sup>7</sup> See Lennard J. Davis, *Bending Over Backwards: Disability, Dismodernism, and Other Difficult Positions* (New York and London: New York University Press, 2002), p. 86, for an especially problematic use of these terms.

Geoff Mercer's collection *Exploring the Divide: Illness and Disability* (1996); my discussion of consumptives as disabled people should be uncontroversial – and, indeed, it has provoked no argument in one-to-one discussion with other disability theorists. Nonetheless, the continuing use of the term 'disabilities' (especially by American disability theorists), and the omission of tuberculosis from the two major studies of Victorian disability by Mary Klages (1999) and Martha Stoddard Holmes (2004), discussed later, suggests that the terminology and its effect on scholarship concerning the lives of people with chronic or terminal illness still requires further theorisation and correction.

### **Models of disability**

Disability studies identifies several ways in which Western cultures have attempted to explain the existence (and justify the social marginalisation) of people with impairments at various points in history.<sup>8</sup> During the nineteenth century, religious, sentimental, and even biomedical models could be deployed simultaneously, jostling for prominence in different textual contexts. Throughout this thesis, my frequent references to distinct models of disability may seem artificial and too rigidly historicised. However, for disability theorists, the alternative to aligning texts with particular models of disability seems to be a tendency to organise texts according to how 'realistically' or 'positively' they depict life with impairment.<sup>9</sup> Arguably, my use of cultural models of disability exerts a necessary restraint on this tendency for under-theorised prioritisation of phenomenological representations of disability, and provides a constant reminder that 'realistic' first-hand experiences of impairment are always shaped by historical contexts and cultural pressures rather than conveying some universal truth of disability.

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<sup>8</sup> See Deborah Kaplan, 'The Definition of Disability' <http://www.accessiblesociety.org/topics/demographics-identity/dkaplanpaper.htm>. (accessed 6<sup>th</sup> August 2007) for a simple list of models of disability.

<sup>9</sup> See especially Deborah Kent, 'Disabled Women: Portraits in Fiction and Drama', pp. 47-63, and Paul K. Longmore, 'Screening Stereotypes: Images of Disabled People in Television and Motion Pictures', pp. 65-78, both in *Images of the Disabled, Disabling Images*, ed. by Alan Gartner and Tom Joe (New York: Praeger, 1987). At a conference on 'Disability and Popular Fiction: Reading Representation', held at Liverpool John Moores University in 2009, I was surprised to hear contributors evaluating various representations on these grounds.

Religious, supernatural or ‘moral’ models of disability explain impairments as divine punishment for sin, or as a sign of special destiny or holy favour.<sup>10</sup> Any stigma or disadvantage experienced by the bearer of impairment is justified by citing its divinely-ordained cause. In the West, this model of disability was supplanted by sentimental and proto-biomedical models of disability in scientific writing of the eighteenth-century Enlightenment. However, evangelicalism allowed a popular revival of a religious model of disability in the Victorian era, explored at length (albeit not in disability terms) by Maria H. Frawley.<sup>11</sup>

In the light of Mary Klages’s *Woeful Afflictions: Disability and Sentimentality in Victorian America* (1999), one may identify a sentimental model of disability, highly influential on the texts discussed in my thesis. According to Fred Kaplan, sentimental moral philosophy was informed by the Enlightenment’s pseudo-scientific observation of human responses (e.g. tears, attempts to alleviate suffering) to emotive stimuli (e.g. the sight of an afflicted child), and by Christian beliefs that impairments are inflicted by a loving God to stimulate charity and forbearance in the non-afflicted, and gratitude and fortitude in the afflicted.<sup>12</sup> Klages also uses nineteenth-century life-writing to show that the disabled person’s role in emotional interactions between pitied afflicted and pitying non-afflicted was not always that of the passive sign to be read by the non-afflicted, but also that of an agent with ‘the potential to feel those emotions in his or her own right’ as ‘both sign and subject, both the signifier and the perceiver of signification’.<sup>13</sup> The model of consumptive identity and literary characterisation produced by sentimental moral philosophy, combining the roles of pitiful object and grateful subject, may be analogous with what Leonard

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<sup>10</sup> See Tom Shakespeare, ‘Cultural Representation of Disabled People: Dustbins for Disavowal?’, in *Disability Studies: Past, Present and Future*, ed. by Len Barton and Mike Oliver (Leeds: Disability Press, 1997), pp. 217-236 (p. 232).

<sup>11</sup> In theory, this Victorian manifestation of the religious model of disability could accommodate newly-emerging biomedical notions of the underlying impairment by locating religious significance in the sufferer’s performative response to affliction rather than in the afflicted body itself. In practice, as Maria H. Frawley, *Invalidism and Identity in Nineteenth Century Britain* (Chicago: University of Chicago Press, 2004), pp. 162-168, points out, evangelically-inspired Victorian texts usually marginalise biomedical discourses that might distract from their religious agenda.

<sup>12</sup> See Fred Kaplan, *Sacred Tears: Sentimentality in Victorian Literature* (Princeton NJ: Princeton University Press, 1987), pp. 12-13, on universal human nature (and, by extension, universal responses to emotional stimulus) as dictated by a benign Creator.

<sup>13</sup> Mary Klages, *Woeful Afflictions: Disability and Sentimentality in Victorian America* (Philadelphia: University of Pennsylvania Press, 1999), p. 17.

Kriegel refers to as ‘the Charity Cripple’, exemplified by Tiny Tim from Dickens’s *A Christmas Carol* (1843).<sup>14</sup> Of sentimental prescriptions of responses to disabled people, Martha Stoddard Holmes writes:

My objection here is not with any of these feelings, per se, but with the fact that there are so few others suggested by the textual and visual narratives that train us how to picture, talk about, and enact the relationships to our own and others’ bodies shaped by the able-disabled binary.<sup>15</sup>

I will return to the disabling power-dynamics inherent in sentimental prescriptions of relationships between people with impairments and their carers in a later section.

The biomedical model of disability that began to dominate scientific writing in the nineteenth century argues that the disabled person’s social, economic, and personal disadvantage is caused by their biological abnormality. The common tendency (even in some corners of the disability movement) to refer to an impairment as ‘a disability’ originates in the biomedical model’s conflation of impairment with disability. The biomedical model attempts to solve the disadvantage of disability by moulding abnormal bodies to fit the supposedly ‘normal’ environment, either by curing their impairments or by preventing the conception or birth of irreparably impaired people. The environment built for the ‘normal’ body, and the desirability of the ‘normal’ body, is not to be questioned.

Texts using the biomedical model of disability require access to a biomedical understanding of the underlying impairment, simply because the biomedical model of disability conflates disability and impairment. Thus, one cannot reasonably expect to find novels justifying the consumptive’s loneliness, poverty, helplessness and exploitation as biologically inevitable until a coherent biomedical model of consumption, stripped of its early religious symbolism and recognised as a discrete disease entity, emerged from post-Revolutionary France in the work of Gaspard Laurent Bayle (1774-1816) and René Théophile Hyacinthe Laënnec (1781-1826).

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<sup>14</sup> Leonard Kriegel, ‘The Cripple in Literature’, in *Images of the Disabled, Disabling Images*, ed. by Alan Gartner and Tom Joe (New York: Praeger, 1987), pp. 31-46 (p. 36).

<sup>15</sup> Martha Stoddard Holmes, *Fictions of Affliction: Physical Disability in Victorian Culture* (Ann Arbor: University of Michigan Press, 2004), p. ix.

The twentieth-century socio-medical model of disability locates the cause of disability not only in the impaired body, but also in the individual's personal inability to 'adjust' to their impaired body and to the demands that a society makes upon all of its citizens as a condition of full social inclusion.<sup>16</sup> The 2005 Disability Discrimination Act (DDA) appears to embrace this politically conservative model, defining:

a disabled person as someone who has a physical or mental impairment that has a substantial and long-term adverse affect on his or her ability to carry out normal day-to-day activities.<sup>17</sup>

Like the biomedical model, the socio-medical model does not tend to ask whether society should make demands or set standards of 'normal' functioning in the full knowledge that certain people cannot fulfil them. However, the socio-medical model does attempt to explain *why* society makes those demands. The socio-medical model, connected with medical humanism, provides useful theories of the construction of disabled identity by exploring the ways in which impairment, pain and social stigma affect social interaction and self-image.<sup>18</sup>

Finally, the social model of disability, generated by disability activists seeking social change, may be regarded as a negation of all the models above. While the socio-medical model generally accepts mainstream society's demands on the impaired person as inevitable, disability theorists regard these demands as oppressive structures to be challenged.<sup>19</sup> The DDA's definition of disability does not appear to recognise this model.

One must distinguish between the plethora of criticism that merely describes the cultural history of 'Otherness', illness, and physical difference, and the tiny (but currently expanding) body of criticism that applies the politicised social model of disability to Victorian texts. The work of cultural historians Maria Frawley and Clark Lawlor is invaluable in outlining the social and ideological landscape inhabited by nineteenth-century men and women with impaired bodies

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<sup>16</sup> See Longmore, pp. 65-78, especially p. 71, on what he refers to as 'dramas of adjustment'.

<sup>17</sup> 'Definition of "disability" under the Disability Discrimination Act (DDA)', <http://www.direct.gov.uk/en/Disabledpeople/RightsAndObligations/DisabilityRights/> (accessed 11.01.2010).

<sup>18</sup> See Colin Barnes and Geoff Mercer, 'Introduction: Exploring the Divide', in *Exploring the Divide: Illness and Disability* (Leeds: Disability Press, 1996), pp. 1-26 (pp. 3-4).

<sup>19</sup> See Paul Abberley, 'The Concept of Oppression and the Development of a Social Theory of Disability' (1987), in *Disability Studies: Past, Present and Future*, ed. by Len Barton and Mike Oliver (Leeds: Disability Press, 1997), pp. 160-178 (p. 171).



in general (Frawley), or consumptive bodies in particular (Lawlor), but they do not always recognise the oppressive power-inequalities underlying this landscape.<sup>20</sup> They provide the material for a legitimate, carefully contextualised disability study of Victorian illness, but do not politicise the material by seeking out the beneficiaries and victims of the ideologies they describe.

By contrast, Klages and Holmes use disability theory to politicise Victorian texts that naturalise sentimental models of disabled identity, and even to discuss the socio-economic pressures that lead some disabled Victorians to collude with this oppressive naturalisation. My thesis will use an approach comparable to Klages's and Holmes's in my exploration of the texts in which the imposition of identities is exposed as prescriptive and exploitative – or capable of radical subversion. Like Klages and Holmes, I regard fictional representation of disability as one of the cultural factors that both reflects and reinforces the patterns of social interaction between disabled and nondisabled people.

### **Locating disabled identity in history**

The disability movement emerged (and borrowed) from the civil rights movements and minority identity politics of the 1960s and 1970s.<sup>21</sup> Focussing on texts produced between the publication of Rene Laënnec's *Treatise on Diseases of the Chest and on Mediate Auscultation* (Paris, 1819; translated into English 1821), and the emergence of a law demanding compulsory notification of all cases of pulmonary tuberculosis in 1912, my thesis will show that, far from originating with the late twentieth-century disability movement, a recognisable theoretical social model of disability appears in some nineteenth-century novels.

Could consumptives in this period have identified themselves as disabled people – if not with those very words, then at least by identifying with a recognisably disabled subject-position as people who experience marginalisation and discrimination directed against impaired bodies? Attempts to locate modern identifications and self-identifications of minority groups in history can be problematic. Tom Shakespeare explains that:

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<sup>20</sup> Clark Lawlor, *Consumption in Literature: the Making of the Romantic Disease* (Houndmills, Basingstoke: Palgrave Macmillan, 2006).

<sup>21</sup> Catherine J. Kudlick, 'Disability History, Power, and Rethinking the Idea of "the Other"', *PMLA*, 120 (2005), 557-561 (559-560).

Lesbian and gay historians have attempted to trace a history of lesbian and gay people, while social constructionist theorists have shown that there is no continuity, and that same sex activity has different meanings in different times and places. As historians begin to reconstruct the disability experience, I believe they will face similar difficulties. (1996, p. 106)

Historians and critics embracing the social model of disability must acknowledge that every generation of people with impairments forms their disabled identity in relation to a different combination of socioeconomic structures and cultural images, some of which may have become unrecognisable as disabling (or, indeed, enabling) to the modern disability historian.

In Chapter 1 I will turn to documents from Victorian social history to show that the economic, cultural and medical structures capable of disabling people with tuberculosis were highly conspicuous in the nineteenth century. Klages observes that the biomedical model of disability emerging during the nineteenth century affected cultural attitudes and public health policies in a way that disadvantaged people with impairments in general (p. 4), while Gary Kerans observes the impact of these policies on consumptives in particular.<sup>22</sup> British materialist disability theorists locate the emergence of the social category of 'disabled person' as early as the eighteenth-century Industrial Revolution. Mike Oliver declares that 'our oppression [as disabled people] is ultimately due to our continued exclusion from the processes of production, and not because of society's hatred (real or imagined) of us.'<sup>23</sup> According to this argument, the category of 'disabled person' is constructed by a society that divides people into those who can labour to produce and consume goods, and those who cannot: Bill Hughes identifies a socio-economic situation resembling that described by UPIAS in 1976 emerging with the factory system.<sup>24</sup> Furthermore, alongside her analysis of the ways in which the labour of disabled people who actually managed to work was dismissed and devalued, Holmes argues convincingly that

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<sup>22</sup> See Gerry Kearns, 'Tuberculosis and the Medicalisation of British Society, 1880-1920', in *Coping with Sickness: Political Aspects of Healthcare in a Historical Perspective*, ed. by J. Woodward and R. Jutte (Sheffield: EAHMN Publications, 1995), pp. 145-170.

<sup>23</sup> Mike Oliver, 'Defining Impairment and Disability: Issues At Stake', in *Exploring the Divide: Illness and Disability*, ed. by Colin Barnes and Geoff Mercer (Leeds: Disability Press, 1996), pp. 39-54 (p. 50).

<sup>24</sup> Bill Hughes, 'Disability and the Body', in *Disability Studies Today*, ed. by Colin Barnes, Mike Oliver and Len Barton (Cambridge: Polity Press, 2002), pp. 58-76 (p. 61).

the 1834 Poor Law generated a social category of ‘helpless afflicted’ people to define deserving recipients of state aid and charity (2004, p. 33). These individuals, socio-economically marginalised as Oliver and Hughes explained, but not actually criminalised for their involuntary non-productivity, are recognisable as disabled people.

Historical evidence therefore suggests the legitimacy of applying a social model to – and even seeking a social model operating within – texts produced a century before the emergence of the modern disability movement.

### **The decline of the Victorian consumptive**

I am most interested in Victorian texts that exploit a fairly stable biomedical notion of consumption as a purely biological state, recognisable as tuberculosis, to undermine Romantic clichés and sentimental disabled identities and to generate newly politicised, self-aware consumptive disabled identities. These texts exploit a window of opportunity between Laënnec’s 1819/ 1821 account of ‘phthisis’ as a single disease entity (referred to by English physician James Clark in 1835 as ‘tubercular disease’), and the delayed public reaction to Robert Koch’s 1882 discovery of *Mycobacterium tuberculosis* as the communicable agent responsible for most cases of tuberculosis in human beings.<sup>25</sup> The fear of contagion that increasingly characterised discourses on the disease in the twentieth century altered the cultural meaning of tuberculosis and the social status of the consumptive. After 1912, tuberculosis raises questions of public health versus individual liberty that lie far outside the scope of this thesis, and outside the scope of mainstream disability politics.

Related to the growing public fear of contagion, the sanatorium movement that emerged at the end of the nineteenth century marks another significant historical boundary of my study. Before 1912, relatively few consumptives entered any institution other than the workhouse. In 1899, James Arthur Gibson complained that there were only 2,500 sanatorium beds available each year to

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<sup>25</sup> See John Banks and Ian A. Campbell, ‘Environmental Mycobacteria’, in *Clinical Tuberculosis*, ed. by Davies, 3<sup>rd</sup> edn. (London: Arnold, 2003), pp. 439-448, on other types of mycobacteria that can cause tuberculosis in humans.

treat the estimated 250,000 consumptives living in Britain.<sup>26</sup> Staying within my 1821-1912 boundaries, my study of Victorian consumptive experience need not engage with the sanatorium movement at all.

In fact, engagement with this movement would be out of place in my study of Victorian consumptive identities. The creation of Sanatorium Benefit in 1912 led to an expensive (and, arguably, exploitative and ineffective) programme of institutionalisation and traumatic surgical and clinical regimes.<sup>27</sup> Most TB sanatoria emerged not from the traditional health resort depicted in Harraden's *Ships That Pass in the Night*, but from Poor Law Infirmary austerity combined with the eccentric practices of the German Nordrach sanatorium.<sup>28</sup> At the height of the sanatorium movement, just before its abrupt demise with the distribution of effective antibiotics in the 1950s, 'autocratic sanatoria' like those depicted in A. E. Ellis's harrowing semi-autobiographical novel *The Rack* (1958) seemed to regard the psycho-social condition of institutionalisation as a desirable goal for their inmates, rather than as a disabling state to be avoided.<sup>29</sup>

The culture that so openly disabled these patients certainly emerged from Victorian biomedicine, but it would be scarcely recognisable to the fictional and non-fictional consumptives discussed in my thesis, who generated their rebellious disabled identities as a reaction against an entirely different range of social pressures. Transplanting Victorian discourses of consumptive identity into this cultural context would be immensely problematic, raising questions that would constitute a different thesis altogether.

### **Why has the consumptive been ignored by disability criticism?**

The consumptive presents a challenge to the social model of disability partly because so much of the consumptive's suffering – pain, exhaustion, weakness,

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<sup>26</sup> James Arthur Gibson, 'The Cry of the Consumptives', *Nineteenth Century*, 272 (1899), 641-653 (644). According to Thomas Dormandy, *The White Death: a History of Tuberculosis* (London: Hambledon & London, 1999), p. 166, this situation had scarcely changed in 1910.

<sup>27</sup> See Sir Arthur Newsholme, *Fifty Years in Public Health: a Personal Narrative with Comments: the Years Preceding 1909* (London: George Allen & Unwin, 1935) and F.B. Smith, *The Retreat of Tuberculosis 1850-1950* (London: Croom Helm, 1988) for criticism of the sanatorium movement.

<sup>28</sup> See Dormandy, p. 153; and Smith (1988), p. 99.

<sup>29</sup> Eric Wittkower, *A Psychiatrist Looks at Tuberculosis* (London: The National Association for the Prevention of Tuberculosis, 1955), p. 73.

breathlessness, bodily disintegration and shortened lifespan – initially seem to be biological facts unaffected by cultural context.

The omission of Victorian consumption from disability studies may have been influenced by a politically motivated tendency within the ‘first wave’ disability movement (c.1970-90) to downplay the role of biologically determined suffering in the negative experiences of many disabled people.<sup>30</sup> Liz Crow suggests that some inherently painful, terminal conditions (and, by extension, people with these conditions) have been excluded from disability discourse as a disheartening reminder that some aspects of life with impairment are, indeed, located in malfunctioning bodies beyond the reach of socio-political reform.<sup>31</sup> Yet, even if some suffering is biologically inevitable, this does not mean that other aspects of the same person’s experience cannot be damaged or ameliorated by social means; nor does it absolve us of the obligation to challenge and question the accepted boundaries between inevitable and avoidable suffering.

My thesis will correct this omission by highlighting nineteenth-century texts that demonstrate the great extent to which consumptive disability was in fact socially determined and socially remediable. Wendell describes the disabling effects of social structures in a way that seems especially relevant to the consumptive, whose impairment typically affects strength and stamina rather than movement or senses:

Much of the public world is also structured as though everyone were physically strong, as though all bodies were shaped the same, as though everyone could walk, hear, and see well, as though everyone could work and play at a pace that is not compatible with any kind of illness or pain, as though no one were ever dizzy or incontinent or simply needed to sit or lie down. (For instance, where could you rest for a few minutes in a supermarket if you needed to?) Not only the architecture, but the entire structure of physical and social organization of life tends to assume that we are either young and healthy and able to do what the average young, nondisabled man can do or that we are completely unable to participate in public life.<sup>32</sup>

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<sup>30</sup> A point clarified by Tom Shakespeare in private email correspondence, 13<sup>th</sup> February 2008.

<sup>31</sup> Liz Crow, ‘Including All Our Lives: renewing the social model of disability’, in *Exploring the Divide: Illness and Disability*, ed. by Colin Barnes and Geoff Mercer (Leeds: Disability Press, 1996), pp. 57-63 (pp. 58-59).

<sup>32</sup> Susan Wendell, *The Rejected Body: Feminist Philosophical Reflections on Disability* (New York and London: Routledge, 1996), p. 39.

Examination of letters and memoirs in Chapters 1 and 2 reveals that Victorian consumptive experiences of biological phenomena were coloured by cultural and social pressures of the kind Wendell describes.

The Victorian consumptive has also been ignored by disability studies because so many nineteenth-century cultural artefacts consistently depict the consumptive as dying from, not living with, tuberculosis. In adults, pulmonary tuberculosis severe enough to be diagnosed via crude nineteenth-century methods was often fatal, but death was usually preceded by months or years of remission, relapse, and relative stability. In 1835, Dr James Clark observed:

In the upper ranks of society, where patients have all the advantages that the best regimen, change of air, and medical treatment can afford, the medium duration of phthisis is probably not much short of three years.<sup>33</sup>

In 1908, Arthur Newsholme quoted more recent estimates ‘from three weeks to forty years’, with an average life expectancy of seven or eight years for middle-class consumptives.<sup>34</sup> Despite the publicly verifiable fact that many consumptives lived with their disease for months or even decades after diagnosis, Victorian novels like Charles Dickens’s *Nicholas Nickleby* (1839) and *Bleak House* (1853), and Charlotte Brontë’s *Jane Eyre* (1847) chose to present consumption as a rapidly fatal illness rather than as a chronic impairment. Unsurprisingly given this short life expectancy on the page, consumptives in nineteenth-century fiction are often peripheral characters excluded from the main protagonists’ love or marriage plot. If a prominent character develops consumption, the diagnosis of his or her illness usually occurs late in the text and signifies that the end of the narrative is imminent. For example, in Balzac’s *Cousin Bette* (1847) and Ellen Wood’s *East Lynne* (1861), the heroine does not acquire consumption until the novel’s close. Prominent characters may die from consumption, but they rarely live with it. Consumption could, indeed, kill within weeks, but the depiction of this phenomenon, rather than the common chronic form, indicates a conscious decision on the part of the author. Poems like N. N.’s ‘The Consumptive’ (1845), paintings like Alfred Rankby’s *The Old*

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<sup>33</sup> James Clark, M.D., *A Treatise on Pulmonary Consumption, Comprehending an Inquiry into the Causes, Nature, Prevention and Treatment of Tuberculous and Scrofulous Diseases in General* (London: Sherwood Gilbert and Piper, 1835), p. 177.

<sup>34</sup> Arthur Newsholme, M.D., *The Prevention of Tuberculosis* (London: Methuen, 1908), pp. 49-50.

*Schoolfellows* (1854), and staged photographs like Henry Peach's infamous *Fading Away* (1858), also depict consumptives as a species whose proper habitat is the deathbed or the grave.<sup>35</sup> In fact, this persistent cultural misrepresentation of consumptives as 'hopeless cases' (Dormandy, p. 168) merits a rigorous disability critique in its own right: we may ask whether it influenced the ways in which friends and carers treated Victorian consumptives, or the ways in which Public Health officials failed to address consumptives' needs.<sup>36</sup>

Finally, consumptives may have been ignored by disability studies because sentimentalism and Romanticism tended to generate flattering, reassuring literary representations of consumptives, thus concealing the Victorian consumptive's socio-political disability. The oppressive potential of flattering images is not always discussed by literary critics. Lawlor shows that Romantic myths surrounding consumption tended to identify 'the consumptive' as a socially and personally fulfilling identity. Miriam Bailin states that 'tuberculosis in particular was viewed as a sign of specialness, of consuming passion, genius, or beauty'.<sup>37</sup> Largely because the disease was seldom associated with negative social stigma, Lawlor does not regard the pre-1880 consumptive as disabled by cultural representations.<sup>38</sup> By contrast, I would adopt the disability movement's habitual suspicion about cultural representations that glamorise identities based on bodily difference – especially when that difference is one of special weakness and vulnerability. As I will show in Chapter 2, the very same consumptive traits glamorised at the beginning of the nineteenth century could become stigmatised all too easily by the end.

In conclusion, I would suggest that the Victorian consumptive has slipped through the cracks in disability and Victorian studies because both fields have erroneously believed the consumptive to be simultaneously too sick and too flattered by the cultural discourses surrounding this sickness to be truly disabled.

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<sup>35</sup> See Catherine Arnold, *Necropolis: London and its Dead*, 2<sup>nd</sup> edn (London: Pocket Books, 2007), p. 215, on Peach, and Smith (1988) and Pat Jalland, 'Victorian Death and its Decline: 1850-1818', in *Death in England: an Illustrated History* (New Brunswick, NJ: Rutgers University Press, 2000), pp. 230-255, on other consumptive deathbed images.

<sup>36</sup> See J. Edward Squire, *The Hygienic Prevention of Consumption* (London: Charles Griffin, 1893), p. 141, on the lack of hospice care for dying consumptives, a problem discussed by Smith (1988).

<sup>37</sup> Miriam Bailin, *The Sickroom in Victorian Fiction: The Art of Being Ill* (Cambridge: Cambridge University Press, 1994), p. 10.

<sup>38</sup> A point clarified by Lawlor in private email correspondence, 13<sup>th</sup> September 2007.

The error has been perpetuated because, without criteria based on disability theory, cultural historians have selected for discussion texts that cannot demonstrate the existence of a critical social model of disability operating within Victorian fiction.

### **Relational identity, concrete impairment**

The novels discussed in my thesis explore identity as something constructed through interaction with others and with cultural discourse. If social interaction is necessary to the formation and disciplining of *all* identities, then why should this process be regarded as especially disabling for people with impairments?

Firstly, disabled people share with ‘Others’ like women and non-white racial groups a tendency to be identified by the physical trait that distinguishes them from the (male, white) ‘neutral citizen’. Michael Kelly’s 1996 study of the contrast between pre- and post-diagnosis identity in young adult subjects with Crohn’s disease observed that a disparity arises between the self-image of the individual for whom their own impairment is a relatively minor aspect of their lives, and the public identity generated through interaction with others who perceive the impairment as their defining difference. Furthermore, Kelly remarks that:

while cultural stereotypes may be offensive, unhelpful and damaging, they are very real. They form part of a background of cultural meanings which for most able bodied people are in the outer zones of relevance of the lifeworld. They are drawn upon heavily, however, by persons with the condition, not necessarily in their self concepts – although these stereotypes may form a clear part of some facets of self – but will particularly form a strong component of anticipated responses from others in the negotiation of identity in presentation of self.<sup>39</sup>

Several of the texts discussed in my thesis depict the consumptive’s special vulnerability to and dependency on established cultural stereotypes to negotiate social expectations. In some of these texts, to become a consumptive is to be invaded and colonised by a ready-made cultural identity.

Secondly, Tom Shakespeare observes that, far more than women or racial minority groups, disabled people are disadvantaged by an unusual degree of

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<sup>39</sup> See Michael P. Kelly, ‘Negative Attributes of Self: Radical Surgery and the Inner and Outer Lifeworld’, in *Exploring the Divide: Illness and Disability*, ed. by Colin Barnes and Geoff Mercer (Leeds: Disability Press, 1996), pp. 74-93 (p. 91).



isolation from each other. This isolation fosters ignorance about the lives of the very people with whom a disabling society (rightly or wrongly) identifies them (1996, p. 105).

In the light of this isolation, observations made by Deborah Kent (p. 62), Holmes (2004, p. ix), and Klages (p. 2) regarding the content and homogeneity of cultural representations of disability acquire greater urgency. Lack of variety is just as oppressive as the content of specific examples, leading to a corresponding lack of variety and flexibility in the ways in which society perceives disabled people and even the ways in which disabled people can conceive of themselves. I address this issue in some detail in Chapter 2, exploring Beardsley's public assertion of a wide range of consumptive identities in contrast with the limited range validated in posthumous representations of Keats. The four novels in my thesis seem to bear out Judith Butler's observation that identities representing a challenge to the illusion of universality claimed by hegemonic norms tend to be described persistently as pathological or even impossible.<sup>40</sup>

The four novels that comprise the main body of my research depict consumptive men forced to seek legitimate identities through domestic relationships with nondisabled people. Many nineteenth-century novels represent only one validating relationship for consumptive characters: that of the sentimental sickroom. This exclusive dependency on interpersonal domestic relationships is shown to make the consumptive especially vulnerable to cultural restrictions on their behaviour, as well as undeserved invalidation when the more mobile, independent nondisabled characters on whom they are dependent fail to commit to the relationship.

However, while insufficient representation of alternatives in art and in the social sphere may play some part in the processes by which identities are disciplined, representations of transgressive disabled identities have been available since at least as early as *Wuthering Heights* in 1847 – if only disability historians had not persistently excluded consumptives and, in some cases, demanded 'positive' images when self-aware, critical, even obnoxious

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<sup>40</sup> Judith Butler, *Gender Trouble: Feminism and the Subversion of Identity*, 2<sup>nd</sup> edn (New York and London: Routledge, 1999), p. viii.

characterisations might have more political significance.<sup>41</sup> Some other force has limited the impact of these transgressive characterisations to the point that they are not recognised as such by disability critics even now, and to the point that even the texts themselves are aware of these identities as ‘impossible’.

Arguably, many of the fictional and non-fictional texts discussed in my thesis seem to imply that threatened or actual physical violence, incarceration and neglect gives cultural discourses dictating legitimate expressions of consumptive identity (submissive, grateful, asexual) their coercive force. Exclusion from the means of subsistence, combined with the weaker body’s vulnerability to injury and violation through unwanted contact, exposes the consumptive male to any coercion their society wishes to enforce. Living in fear of neglect and violation characterises the ‘disabled’ subject-position in several fictional and non-fictional nineteenth-century texts.

I would argue that the concealment of violence towards disabled people, presenting itself as a natural condition of their social interactions, is in itself disabling.<sup>42</sup> This concealment of violence derives partly from an ableist refusal or inability to understand what constitutes violence towards impaired bodies. The fictional and non-fictional texts in my thesis suggest that the consumptive’s oppression may occasionally take the form of outright abuse, but more often manifests itself as a deeply entrenched disregard for the needs of ‘abnormal’ bodies. The subjective experiences of those who, because of their impaired (or otherwise different) bodies, occupy a marginal position in relation to hegemonic masculinity, generate ‘different’ perspectives requiring ‘special’ explanation and justification. The different perspective for women is enshrined in the Reasonable Woman clause recently employed in American cases of sexual harassment and domestic violence, which asserts that ‘what women experience as injuries are not recognised or compensated as injuries if a masculine standard is applied’ (Hekman, p. 72).<sup>43</sup> One can find a parallel critique of the discrepancy between

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<sup>41</sup> David T. Mitchell and Sharon L. Snyder, *Narrative Prosthesis: Disability and the Dependencies of Discourse* (Ann Arbor: University of Michigan Press, 2000), p. 40, do acknowledge the ‘disruptive potential’ of ‘even the most “derisive” portrait.’

<sup>42</sup> See Lennard J. Davis (2002), p. 156.

<sup>43</sup> Hekman is discussing Robin West, ‘The Difference in Women’s Hedonistic Lives’ (1991) and Caroline Forell and Donna Matthews, *A Law of Her Own: the Reasonable Woman as a Measure of Man* (2000). For another discussion of this issue, see Maggie Wykes and Kirsty Welsh, *Violence, Gender and Justice* (London: SAGE Publications, 2009), p. 163.

hegemonic assumption and marginalised experience of interactions between consumptive and non-consumptive men in nineteenth-century texts as diverse as the fictional *Wuthering Heights* and the 1884 press reportage of an American criminal case, discussed in the thesis Appendix (pp. 224-226). These texts self-consciously raise questions about the effect of the subject's physical weakness on their perceptions of abuse and intimidation, and about hegemonic masculinity's ignorance, incredulity, and even official disregard for the perspective of the weaker participant.<sup>44</sup> They imply that the consumptive body becomes a permeable membrane rather than a protective shell, so that the disabled viewpoint effectively conflates threatening discourse and bodily violation, and even seemingly harmless incidents constitute a devastating assault. While the rest of my thesis will not focus on physical violence, I would argue that *Wuthering Heights* and the 1884 criminal case suggest that there is no secure boundary between the possibility and the actuality of violence for a weak body denied agency in preventing one from progressing to the other. The social and cultural circumstances that made physical danger ever-present for consumptive men are exposed in most of the texts discussed throughout my thesis, from Poor Law case files, to eugenic propaganda texts, to *Jude the Obscure*.

### **Masculinity**

Most existing Victorian criticism on gendered experiences of illness is preoccupied with female illness and, more specifically, with politicised readings of female hysteria and anorexia. Fleeting mentions of consumption in Silver (2002) and Vrettos (1995) cannot do justice to the cultural meanings attributed specifically to consumption in the nineteenth century.

These books also largely ignore the effect that the supposedly feminine experience of invalidism may have had upon patients who happened to be male.<sup>45</sup> In *Masculinities* (1995), R. W. Connell states that:

To recognise diversity in masculinities is not enough. We must also recognize the relations between different kinds of masculinity: relations of alliance, dominance and subordination. These relationships are

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<sup>44</sup> See Wykes and Welsh, p. 63.

<sup>45</sup> Frawley's *Invalidism and Identity* (2004) rectifies this omission in regard to letters, memoirs and other life-writing (but not fiction) by Victorian invalids, discussing the differences between texts produced by men and women. See also Rothman's *Living in the Shadow of Death* (1995).

constructed through practices that exclude and include, that intimidate, exploit, and so on. There is a gender politics within masculinity.<sup>46</sup>

The subject-position of the dominant or 'hegemonic masculinity' (p. 76) does not include all males equally, but rather maintains its dominance by devaluing, marginalising and oppressing men who lack the traits by which this subject-position defines itself. The relevance of this gender politics to male invalidism becomes obvious when one considers the physical, sexual, social and economic disabling of the Victorian consumptive male.

Feminist theorists have exposed the supposedly neutral universal 'citizen of the liberal polity' as possessing 'a very distinct identity: the white, male property owner of liberal tradition' (Hekman, p. 6).<sup>47</sup> One must also add that he is able-bodied. As Wendell (1996, p. 39) points out, impaired bodies may be disabled not only by the non-impaired's assertion of its own superiority, but also by its assertion of its own normality and universality. I would argue that the neutral citizen builds the world in its image and to serve its needs, regarding these needs as universal. The impaired body's inability to function in this supposedly neutral (but in fact very specifically-targeted) environment is then met with the neutral citizen's surprise or annoyance, blaming not the environment, but the impaired body. This body's posited illegitimacy becomes real illegitimacy: it is impossible to survive or even enter the 'normal' world with such a body; therefore, it is an illegitimate body. The neutral citizen (actually a hegemonic male) devalues and invalidates the difference of impairment because it represents an alternative way of being or doing that undermines the status of universality claimed by the hegemonic masculinity.<sup>48</sup>

How did his impairment exclude the Victorian consumptive male from the subject-position of hegemonic masculinity? The defining benefits of hegemonic masculinity were conditional upon a level of physical independence, stamina, stability and mobility impossible for some men to attain. Property-ownership demands the ability to labour and produce, and a long life-expectancy for career

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<sup>46</sup> R. W. Connell, *Masculinities* (Cambridge: Polity Press, 1995), p. 37.

<sup>47</sup> Wykes and Welsh, p. 63, explain that 'masculinism is the invisible bedrock of understanding about our world; it is the place from which things are viewed, categorised and defined, but it is not the subject of its own gaze; it does not see itself whilst measuring all against its norms and expectations.'

<sup>48</sup> See Carol Lee, *Talking Tough: the Fight for Masculinity* (London: Arrow Books, 1993), p. 82, on patriarchy's need to deny the possible existence of alternative masculinities.

development and accumulation or inheritance of wealth. According to Ruth Livesey:

The dominant nineteenth-century understanding of middle-class manliness and ‘character’ emphasized accumulation and action, self-denial and foresight: a continual striving in the world of work to provide for the space of private affections at home.<sup>49</sup>

Letters and memoirs discussed in Chapters 1 and 2 demonstrate that erratic consumptive bodies did not allow foresight, self-denial, or sustained striving outside the home: even sedentary work required stamina and concentration beyond the capabilities of sick consumptives. Furthermore, most levels of Victorian society made physical fitness and earning-power a condition of officially recognised heterosexual relationships: men who were crippled, disfigured, or unable to support a family could not readily expect to marry. Again, I will present historical evidence of specific incidents of exclusion (real or anticipated) in Chapter 1.

My focus on masculinity has been particularly valuable in challenging a common assertion in disability studies that ‘disabled’ is a unique minority identity because, while people tend not to change race or sex, anyone can become disabled – and almost everyone does by the end of their lives (Mitchell and Snyder, 2000, p. x). By contrast, studies of masculinities demonstrate clearly that gender, too, is not so much a static binary relation between male and female as a relation constantly renegotiated by individuals on a continuum of masculinity and femininity. The texts in my thesis depict men who effectively cease to be men because disability places them in a position of effeminacy or perpetual adolescence by denying them the property, agency and heterosexuality of hegemonic masculinity.<sup>50</sup> This is most apparent in representations of consumptive males as victims of domestic abuse – especially at the hands of their wives – when forced into a position that sociologists characterise as typically

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<sup>49</sup> Ruth Livesey, *Socialism, Sex, and the Culture of Aestheticism in Britain, 1880-1914* (Oxford: Oxford University Press for British Academy, 2007), p. 109.

<sup>50</sup> On disability affecting gender and sexuality, see Rosemarie Garland Thomson, ‘Feminist Theory, the Body, and the Disabled Figure’, in *The Disability Studies Reader*, ed. by Lennard J. Davis (New York and London: Routledge, 1997), pp. 279-292; Adrienne Asch and Michelle Fine, ‘Nurturance, Sexuality and Women with Disabilities: The Example of Women and Literature’, in *The Disability Studies Reader*, ed. by Lennard J. Davis, (New York and London: Routledge, 1997), pp.241-259.

feminine.<sup>51</sup> *Wuthering Heights* and *Jude* in particular demonstrate how far the typically masculine position in domestic violence is dependent on superior strength, wealth, and mobility, all of which can be erased by impairment.

Many of the fictional and non-fictional texts discussed in my thesis depict masculine disability as a circular process: cultural meanings attributed to consumption exclude consumptive men from the social privileges of hegemonic masculinity; furthermore, the social spectacle of their emasculation reinforces the cultural meanings.

### **Biomedical impairment and the radical moment of transformation**

While asserting the political radicalism of the four novels in my thesis, one must not over-emphasise their anachronistic use of relational, discursive theories of body and identity. In contrast with Judith Butler's (p. 5) denial that biological sex is a pre-discursive fact underlying gender, and with Frawley's study of mid-Victorian sickroom texts in which the biological nature of an impairment is often unspecified or unknown, my study will focus on texts in which a recognisably modern biomedical understanding provides a firm base of pre-discursive impairment on which supplementary social oppression (and transgressive identities) may be built. Thus, with the exception of *Wuthering Heights* (1847), these texts were published in the later nineteenth century, by which time 'consumption' could be conceptualised as a discrete disease entity recognisable as tuberculosis, rather than as a magical state mysteriously combining thinness, fever and pallor; two of the four novels were published after Robert Koch's 1882 discovery of *M. tuberculosis*.<sup>52</sup>

With an ontologically-specific impairment recognisable as tuberculosis, these novels place certain limits on the possible experiences for the tubercular body and, by extension, on the identities generated through embodied social interaction. My analysis of these texts will follow their (admittedly problematic) acceptance of biomedical impairment underlying social disability because the alternative is no less problematic. I would challenge postmodern disability theorist Shelley Tremain's argument that:

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<sup>51</sup> See Wykes and Welsh, pp. 159-160.

<sup>52</sup> Even *Wuthering Heights* offers a recognisable biomedical model of consumption as an alternative to the supernatural model, although it does not prioritise either model.

if the identity of the subject of the social model – people with impairments – is actually produced *in accordance with* requirements of the political configuration which that model was designed to contest, then a political movement which grounds its claims to entitlement on that identity will inadvertently *extend* those relations of power.<sup>53</sup>

With which ‘relations of power’ should a politicised model of identity engage if not with that it is designed to contest? One can hardly conceive of an effective modern disability movement based solely on denial of impairment and of the very nature of scientific evidence. The social model challenges the biomedical model not by stating that impairment is not impairment, but by stripping away socially-constructed suffering and injustice wrongly attributed to impairment. The disability movement certainly makes a problematic concession to biomedicine whenever it draws a line between the ‘socially constructed’ and the ‘biologically necessary’, but there is no reason to suppose that this line will always remain in the same place.

My own attempt to thrust the consumptive into disability theory – an individual whose experience of disability seems to have been dismissed by the disability movement so far as a purely biomedical phenomenon– illustrates the way in which the line may continually be pushed, annexing ground that was once the sole jurisdiction of biomedicine. My thesis argues that it is precisely these four novels’ engagement with the biomedical model that makes their radical politicisation of disability possible. I will show that the biomedical model, in ceasing to demand the self-debasing gratitude required of the sentimental consumptive, actually sows the seeds of its own undoing.

In Chapter 1, I discuss the new biomedical model of consumption-as-tuberculosis available to my four novelists. My thesis does not adhere strictly to Lawlor’s time-frame by picking up where he leaves off in the 1880s and treating this date as a watershed in the shift from ‘consumptions’ to ‘tuberculosis’. Rather, I will demonstrate that this immensely important shift did not only occur in the 1880s as a historical event, but also within individual texts as far apart as *Wuthering Heights* in 1847 and *Jude the Obscure* in 1895 as a conceptual, cultural ‘moment’, whenever the right conditions emerged.

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<sup>53</sup> Shelley Tremain, ‘On the Subject of Impairment’, in *Disability/ Postmodernity: Embodying Disability Theory*, ed. by Mairian Corker and Tom Shakespeare, 2<sup>nd</sup> edn (London and New York: Continuum, 2006), pp. 32-44 (p. 42).

Lawlor's 1880 watershed is nonetheless significant in terms of the decline of sentimental models of disability and the consolidation of biomedical models of consumption and disability. Firstly, Philip Collins observes a decline in the production of sentimental novels and of the appreciation of such texts by critics and 'the intelligentsia' from the end of the 1850s, with a significant critical hostility to sentimentality by the 1870s.<sup>54</sup>

Secondly, while the conditions necessary for a biomedical model of consumption recognisable as tuberculosis (at least for the purposes of fictional representation) were made available by to English readers by Laënnec's translated *Treatise* in 1821, such ideas can only make an impact on everyday clinical practice, cultural attitudes and novel-writing if society is prepared to receive them. I would agree with Lawlor that this took place in the last few decades of the century rather than in 1821. Indeed, John Waller describes a long process – taking around seventy-five years – by which biomedical principles came to be conceptualised, articulated, disseminated and applied to the lives of individuals.<sup>55</sup> Correspondingly, Bailin (p. 1) observes a radical change in the function of illness plots in fiction after 1880, from one of 'recuperative compromise', bringing characters together, to one of disruption and disappointment.

Susan Sontag's *Illness as Metaphor* (1979) argues that Romantic clichés of consumptive identity, however superficially glamorous, could be burdensome and oppressive, stating that 'nothing is more punitive than to give a disease a meaning – that meaning being invariably a moralistic one.'<sup>56</sup> Sontag's assertion that the new biomedical model of tuberculosis liberated patients from Romantic moralisation and identity-policing is equally significant, although it requires some qualification. The modern disability movement demonstrates amply the

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<sup>54</sup> Philip Collins, *From Manly Tear to Stiff Upper Lip: the Victorians and Pathos* (Wellington, NZ: Victoria University Press, 1974), pp. 15-16. Collins (pp. 17-19) places this shift in the context an increase in education and a growing tendency for boys' schools to focus on hearty games rather than tearful piety; an intensification of tough imperialism; increasingly vivacious feminine identities; social reforms (especially concerning child hardship) already underway, requiring less emotional literary appeals for pity; and a decline in enthusiastic displays of emotion, whether on the stage, in the pulpit, or in social life.

<sup>55</sup> While primarily concerned with the genesis of the eugenic movement, Waller's arguments are relevant to the rise of a biomedical model of consumption and of disability more generally.

<sup>56</sup> Susan Sontag, *Illness as Metaphor* (London: Allen Lane, 1979), p. 58.



oppressive potential of biomedicine and, as cultural theorist David B. Morris points out:

in her intention to deprive it of harmful meaning, Sontag wants to reduce illness to a scientific, biological fact. Unfortunately, returning illness to science does not deprive it of meaning but simply leaves it in the grip of a reductive, positivist, biomedical narrative that focuses solely on bodily processes.<sup>57</sup>

Butler also argues that biomedicine is not a morally neutral truth-language, as Sontag seems to suggest, but merely another normative, moralising, politicised discourse.<sup>58</sup> Certainly, *Wuthering Heights* and *Jude* depict the process by which biomedicine liberates the consumptive from Romantic clichés only to impose its own inhumane systems of moral judgement and identity-policing.

However, in exposing and exploiting the moment of transfer from one model to another, the novels in my thesis provide a radical critique by destabilising and denaturalising prevailing models of consumptive identity.<sup>59</sup> It is in this moment, in which tired Romantic and sentimental clichés are stripped away and new, untested identities seem available, that these texts (and often the consumptives represented within them) glimpse the socially-contingent nature of supposedly essential identities. This moment of exchange, and the toppling of deceptively glamorous Romanticism and deceptively comforting sentimentality, becomes possible with the emergence of a powerful, credible new model of impairment and disability. That this biomedical model is not without flaws and dangers of its own should not detract from the radical potential of the moment of transformation itself as depicted in these nineteenth-century texts.

## Chapter outlines

In **Chapter 1**, I present a variety of nineteenth-century social and medical documents to explore the range of consumptive identities made available by the newly emerging biomedical model of tuberculosis and by the social disability inflicted on men with this impairment. To understand biomedical tuberculosis

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<sup>57</sup> David B. Morris, *Illness and Culture in the Post-modern Age* (Berkeley: University of California Press, 1998), pp. 269-270.

<sup>58</sup> See Butler, p. 10, asking 'are the ostensibly natural facts of sex discursively produced by various scientific discourses in the service of other political and social interests?'

<sup>59</sup> Mitchell and Snyder (2000), p. 103, seem to offer a similar interpretation of William Shakespeare's *Richard III* (1592-93).

prior to Koch's discovery of *M. tuberculosis* in 1882, I focus especially on James Clark's influential *Treatise on Pulmonary Consumption* (1835), C.J.B Williams and Charles Theodore Williams's *Pulmonary Consumption* (1871), and George Thomas Congreve's popular quack pamphlet *On Consumption of the Lungs, or Decline* (1881 [?]). Entering the period of medical awareness of contagion and a more confident eugenic movement, I focus on the report of *The Royal Commission on the Poor Laws* (1909), J. Edward Squire's humane advice for consumptives and carers in *The Hygienic Prevention of Consumption* (1893), and a selection of eugenic texts from Francis Galton (1822-1911), Karl Pearson (1857-1936) and others.

In Chapter 1 I also briefly describe the 'religious consumptive' exemplified by Helen Burns in Charlotte Brontë's *Jane Eyre* (1847), and the 'sentimental consumptive' exemplified by Smike in *Nicholas Nickleby* (1839). These two novels reject the emerging biomedical model, preferring to cling to earlier models of consumptive identity.

**Chapter 2** examines letters and near-contemporary biographical and critical material surrounding poet John Keats (1795-1821) and artist Aubrey Beardsley (1872-1898) to demonstrate the ways in which nineteenth-century consumptives could interact with prevailing cultural stereotypes of the tormented, tragic Romantic artist. Beardsley's public persona – a reaction against posthumous representations of Keats – serves as an organising device for my selection of the novels that follow by helping to illuminate the kinds of discourses one can expect to see generated around transgressive performances of consumptive identity in the nineteenth century.

The three chapters that comprise the main body of my thesis will discuss four nineteenth-century novels selected for their self-conscious manipulation of consumptive cultural clichés. These novels derive their capacity to criticise established models of disabled consumptive identity from the contemporaneous emergence of a new biomedical model that challenges and destabilises meanings traditionally attributed to the consumptive.

**Chapter 3** focuses on the characterisation of Linton Heathcliff in Emily Brontë's *Wuthering Heights* (1847). This novel demonstrates the disruptive potential of juxtaposing traditional supernatural, Romantic and sentimental models of disability with new models of disease as a mundane biological

phenomenon. As with Beardsley, Linton's chaotic destabilisation of the consumptive sign permits the emergence of a remarkably self-aware, performative consumptive identity.

**Chapter 4** focuses on Fyodor Dostoevsky's *The Idiot* (1869) and Thomas Hardy's *Jude the Obscure* (1895). Rejecting the religious and sentimental models of disabled identity discussed in Chapter 1, Jude Fawley and Ippolit Terentyev struggle to fashion a response to a new, distinctively Darwinian deity called 'Nature', which doles out suffering without compassion or accountability, and against which protest is futile. Although *The Idiot* is a Russian text in translation, and consequently presents unique problems of its own, I will diminish the impact of these problems by focussing exclusively on its vivid engagement with contemporary Darwinist discourses in close comparison with *Jude*. *The Idiot* is also valuable in depicting perhaps the most obnoxious and outspoken consumptive in nineteenth-century fiction. Despite their interest in biomedical impairment, *Jude* and *The Idiot* seem to embrace, at least in part, a social model of disability in which protest can serve as an aggressive assertion of self-determination, even if it is not shown to affect social change.

In **Chapter 5** I discuss the ways in which Beatrice Harraden's *Ships That Pass in the Night* (1893) approaches the problem of conceptualising a disabled identity as one generated through negative social 'damage' and yet still worthy of validation. Harraden demonstrates this identity's capacity for growth and development through her politicised representation of a successful relationship between a disabled consumptive man and a New Woman – a liberating alternative to the abusive sickroom relationships by which consumptive identities are validated (and cruelly invalidated) in sentimental morality. *Ships* presents the struggle for valid disabled identity as analogous with the situation of women seeking self-realisation and social equality in the 1890s.

My discussion of these novels aims to make a significant contribution to disability studies by demonstrating that it is not so much the content of a model of disability that renders it disabling as the extent to which a text or individual is forced to commit to or be absorbed by it. These novels show that many cultural identities require resources or forms of social interaction customarily withheld from men with tuberculosis, restricting them to a narrow range of identities that naturalise helplessness, victimhood and incompleteness as necessary facts of

consumptive life. These novels also depict what disability activists might call 'negative' disabled identities – consumptives often dying, lonely, frustrated, embittered, dehumanised and damaged by social exclusion. However, throughout my thesis I will argue that these identities not only offer a politicised critique of social exclusion, but also, as *Ships* shows most explicitly, constitute a legitimate stage in the process of effective social reintegration on more self-assertive terms.

## Chapter 1

### Physiological and Social Influences on Consumptive Identity

By some persons it is considered no real disease in itself, but simply the culmination, it may be, of all other complaints, – an agency in nature prepared from the beginning of the world to sweep out of existence the thousands who, from their long and tedious ailments, or for their vicious hereditary tendencies, are no longer fit to live.

Dr Henry I. Bowditch (1869)<sup>60</sup>

### Introduction

In my thesis Introduction, I discussed the construction of disabled identity through social interaction and mentioned Tom Shakespeare's misgivings about historians attempting to 'reconstruct the disability experience' (1996, p. 106) without due attention to the specific social, cultural and economic circumstances that shaped that experience. In this chapter, I will offer a modern biomedical description of tuberculosis and present a selection of nineteenth-century non-fiction texts that illuminate the Victorian consumptive's experience of impairment and disability, providing a context for the fictional representations of consumptive identity discussed in subsequent chapters. René Laënnec's *Treatise on Diseases of the Chest and on Mediate Auscultation* (Paris, 1819; translated into English 1821), was the product of hundreds of autopsies performed in French hospitals, and of Laënnec's experimentation with the stethoscope, which he invented in 1818. Although Laënnec was not aware of *M. tuberculosis* as the causative agent, he produced a revolutionary account of consumption that connected the tubercles and lesions observed post mortem, to the sounds heard through the stethoscope during life, to the patient's apparent or professed symptoms. Whatever the scientific (or pseudo-scientific) merits of Laënnec's predecessors, Dormandy (pp. 36-37) – and, indeed, influential nineteenth-century medical writers like James Clark – have regarded Laënnec's stethoscope, and the *Treatise* that links the instrument's functions to internal pathology, as the basis of the biomedical model of consumption-as-tuberculosis. In this chapter I examine a

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<sup>60</sup> Henry I. Bowditch, 'Consumption in America', in *From Consumption to Tuberculosis: a Documentary History*, ed. by Barbara Gutmann Rosenkrantz (New York: Garland Publishing, 1994), pp. 57-96 (p.58) (first publ. in *The Atlantic Monthly* (January – March 1869)).

range of medical and social history texts to demonstrate that, despite changes in treatment regimes, life expectancy, mortality, and bacteriology, the basic biomedical principle of defining the consumptive body as a pathological object (rather than as an object of pity or exemplary piety) was available for assimilation by literary texts throughout the period 1821-1912. I will suggest that, once this biomedical principle was disseminated in mainstream medical textbooks and non-specialist magazines and self-help manuals, novels and other cultural representations of consumptives that excluded this new model may be regarded as doing so deliberately.<sup>61</sup> Conversely, novels that acknowledge the new biomedical model immediately expose earlier sentimental or religious models as contingent cultural constructs rather than exclusive, essential truths. The status such texts attribute to the new biomedical model (i.e. an absolute truth or yet another cultural construct) of course varies. One must bear in mind that only in the biomedical model of disability are ‘impairment’ and ‘disability’ regarded as the same thing. In the social model of disability I use throughout this thesis (as a kind of meta-model for purposes of literary analysis), impairment is biological but ‘disability’ refers to the state of disadvantage and exclusion created by social structures that discriminate against people with impairments.

Medical historian Norman Longmate shows that ‘consumption’ killed more people than any other disease in nineteenth-century Britain.<sup>62</sup> However, this assertion needs careful qualification: Victorian doctors with rudimentary diagnostic techniques may have mistaken the cause of death in many cases and, more importantly, ‘consumption’ was used to refer to different diseases depending on the theoretical background of the doctor involved. The problem of translating historical medical terminology is intensified when one discusses the writing of non-specialists, who often clung to outdated definitions of ‘consumption’ rejected by contemporary medicine. Thus, while ‘consumption’ should always refer to pulmonary tuberculosis after the publication of Laënnec’s *Treatise*, this is not always the case.

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<sup>61</sup> At least as early as 1847, John Dix, ‘A Conversation on Consumption, Between a Physician and His Patient’, *London Journal*, 107 (13<sup>th</sup> March 1847), 27-29, explains consumption in terms of pathological processes evidently gleaned from Laënnec and/ or Clark.

<sup>62</sup> Norman Longmate, *Alive and Well: Medicine and Public Health – 1830 to the Present Day* (Harmondsworth: Penguin, 1970), p. 38.

With the qualifications outlined above, one may assert that most of the 'consumption' experienced by young adults in Victorian Britain was probably tuberculosis of the lungs, also called 'pulmonary phthisis', 'tubercular consumption', or any combination of these terms. Although mortality rates for tuberculosis halved from 380 per 100,000 people living in 1838 to 183 per 100,000 in 1894, the Registrar General reported 48,366 deaths from consumption in England for 1890 and, according to S.A.K. Strahan, tuberculosis accounted for one in eight deaths in 1889.<sup>63</sup> However, mortality rates do not reveal the full social impact of morbidity from tuberculosis; Public Health officials complained that the few surveys in existence attempting to estimate the number of living consumptives were inadequate, largely because many consumptives did not come under medical scrutiny until they were dying or dead.<sup>64</sup> Early in the period under discussion, when tubercular mortality (if not necessarily morbidity) was probably at a historical high (Dormandy, p. 20), James Clark's *Treatise on Pulmonary Consumption* (1835) suggests that:

If we add to [pulmonary] consumption, tuberculous disease of the glandular and nervous systems, of the large joints, of the spinal column, &c. and deduct mortality which occurs during the first months of life, I shall probably be within the truth in stating that a third-part of the mortality of this country arises from tuberculous diseases: if to this frightful destruction of mankind we add the numerous crippled and disfigured sufferers whom we daily meet with, and couple those results with the painful reflection that the predisposition to tuberculous disease is transmitted from the parent to the offspring, it will surely be unnecessary to press upon medical practitioners the claim which this class of diseases, above all others, has upon their earnest consideration. (pp. 8-9)

While it cannot be regarded as reliable statistical evidence, Clark's estimate indicates the visible public presence of tuberculosis at the beginning of the Victorian era, as well as its human costs in terms of poverty, bereavement, and

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<sup>63</sup> Figures from F.B. Smith, *The People's Health 1830-1910* (London: Croom Helm, 1979), p. 288; Squire, p. 2, and S. A. K. Strahan, *Marriage and Disease: A Study of Heredity and the More Important Family Degenerations* (London: Kegan Paul, Trench, Trübner, 1892), p. 194.

<sup>64</sup> *Royal Commission on the Poor Laws and Relief of Distress, appendix volume III. Minutes of Evidence (49<sup>th</sup> to 71<sup>st</sup> days), being mainly the evidence of the Critics of the Poor Law and Witnesses representing the Poor Law and Charitable Associations* (London: Printed for His Majesty's Stationary Office by Wyman and Sons, 1909), p. 35. In a study of prison inmates, Charles Goring, *On the Inheritance of the Diathesis of Phthisis and Insanity – a Statistical Study Based upon the Family History of 1500 Criminals*, Draper's Company Research Memoirs: Studies in National Deterioration, 5 (London: Dulau, 1909), p. 4, stated that 'most probably 10% of the general population at some time in their lives suffer from pulmonary tuberculosis.'

fear of illness. Even at the end of the century, when consumptive mortality had more than halved since 1838, James Arthur Gibson (644) estimated that there were around 250,000 consumptives living in England and Wales.<sup>65</sup> Throughout the period 1821-1912, almost everyone in every social class must have known friends or relatives affected by consumption.

Yet Victorian Britain was not built to meet the needs of this conspicuous proportion of the population. The destitution experienced by consumptives demonstrates not only the fact that poor people were more likely to become ill, but also the failure of employers and social welfare systems to accommodate individuals with impaired stamina and mobility: near the end of the period under discussion, Dr Nathan Raw stated that ‘40 per cent. of paupers dying of phthisis have been reduced to pauperism by the disease independently of other causes’ (*Royal Commission*, p. 34). Until the Second World War, 30% of people who died from TB ended their lives in the workhouse (Smith, 1988, pp. 238-239). Even middle-class men found themselves under-educated, unemployed, and finally destitute after periods of prolonged illness.

Throughout the nineteenth century, medical and popular opinion asserted the existence of a hereditary predisposition to develop consumption. This had two conspicuous effects on consumptive identity. Firstly, medical and pseudo-medical writers constructed a comprehensive, biomedically determined identity for the consumptive, reducing all of their physical and temperamental traits to pathological phenomena. Some of the novels discussed in my thesis engage with this biomedical identity by assimilating various aspects, some by deliberately subverting it – but none can ignore it.

Secondly, combined with their conspicuous poverty and sickness, theories of heredity labelled consumptive men as unworthy candidates for hegemonic masculinity defined by goal-orientated heterosexuality. Mainstream medical textbooks and eccentric sociological pamphlets alike discouraged consumptives from marrying and reproducing. As early as 1835, Clark suggested that the proliferation of hereditary tubercular disease hindered the material and moral progress not only of individual families, but also of the nation (pp. xiii-xiv). No

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<sup>65</sup> Near the end of the period under discussion, Henry Clarke, *Studies in Tuberculosis* (Liverpool: Liverpool University Press, 1909), p. 26, declared that: ‘There are in Liverpool probably not less than 5,000 living consumptives and this must be associated not only with a great amount of misery, but also with an economic loss to the city of not less than £350,000 a year’.



laws were passed with the explicit intention of preventing consumptives from marrying or reproducing, but the socio-economic structures that made it impossible for most disabled men to successfully support a family created ample confirmation of medical assertions that consumptive marriages led to tragedy.

Social marginalisation and medical discourses limited the range of social interactions available to men with tuberculosis in the nineteenth century and, by extension, the range of identities that could be generated, disciplined and legitimated through social interaction. As I argued in my Introduction, this restriction can be viewed as a form of oppression, enforcing social expectations of consumptive behaviour shaped by essentialist models of disabled identity (whether sentimental or biomedical), and marginalising transgressive performances as 'impossible' or 'illegitimate' (Butler, 1999, p. viii). This process is reflected in the novels discussed later in my thesis, many of which comment on the power of social expectations and clichéd fictional representations to discipline disabled identities, suggesting a complex interaction between fiction and life and, by extension, the text's awareness of the cultural construction of identity.

### **Tuberculosis**

In young, white, HIV-negative adults, most cases of tuberculosis are caused by the organism *Mycobacterium tuberculosis*, which may produce infection by being inhaled, ingested, or absorbed through damaged skin.<sup>66</sup> The lungs are by far the most common site of disease, usually caught by inhaling bacteria-laden sputum coughed-up by a patient suffering from active pulmonary TB. Most invading organisms are destroyed by a healthy immune system. However, TB is an opportunistic disease: if malnutrition, certain congenital variations, prolonged emotional stress, or concurrent illness impair the immune system, the organism may more readily colonise the body of the susceptible host. Primary TB is

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<sup>66</sup> In full acknowledgement of my non-scientific background, the following section was written with particular reference to Peter D.O. Davies, 'Respiratory Tuberculosis', in *Clinical Tuberculosis*, ed. by Davies, 3<sup>rd</sup> edn. (London: Arnold, 2003), pp. 108-124, and to private correspondence with Professor Davies, Professor J.M. Grange, and Dr Hugh McAllister in person and via email. The disease descriptions in this section are drawn from Clark (1835), but filtered through Davies (2003) to ensure correctness and clarity. Dormandy, pp. 22-25 and pp. 220-221, also provides simple descriptions useful to the lay reader.

usually asymptomatic, but may progress to forms of pneumonia or pleurisy, and occasionally causes part of the affected lung to collapse.

This primary disease usually resolves itself; however, in vulnerable individuals, immune-system cells may engulf the bacteria but fail to kill them; bacteria may also travel through the bloodstream from the original site of infection and then lie dormant for months or even years in other tissues before resuming their attack. In post-primary TB, when dormant bacteria reactivate or the patient is re-infected, tissues become inflamed and form swellings ('tubercles') which may heal, or may break down into cavities and scarring as the immune system attempts to destroy infected cells. Ironically, the body is damaged as much by its own immune-responses as by the bacteria themselves.<sup>67</sup>

As the disease progresses over weeks and months, the patient suffers exhaustion, weakness, accelerated pulse, significant weight-loss, recurring fever that peaks in the evening, and night-sweats. Coughing and breathlessness increase as cavities and scarring replace healthy lung tissue. When cavities open into airways, bacteria gain a route to the outside world, infecting people nearby. Violent coughing fits may cause vomiting or tear lung tissue damaged by over-zealous immunological processes, causing emphysema and rupturing blood vessels: haemoptysis, or coughing up blood from the lungs, is traditionally a telltale symptom of consumption.<sup>68</sup>

Symptoms multiply if infection spreads through the body: bacteria may be swallowed, causing nausea, bowel obstructions, and diarrhoea; if the larynx is affected, the patient becomes unable to speak or swallow. Membranes between the lung and chest wall may become inflamed, causing painful pleurisy. In the last stages of the disease, the patient becomes extremely weak, breathless, and emaciated. The fingers may become clubbed, and the fingernails curved. The patient suffers pain in the chest and shoulders, debilitating diarrhoea and, occasionally, intermittent delirium. Congestion of the lungs may cause the heart to enlarge and the legs and face to swell with fluid. The disease can kill in weeks ('galloping consumption'), or can extend to decades of remission and relapse. Death usually occurs due to suffocation as the lungs become too damaged to

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<sup>67</sup> See J.M. Grange, 'The Immunophysiology and Immunopathology of Tuberculosis', in *Clinical Tuberculosis*, ed. by Davies, 1<sup>st</sup> edn. (London: Chapman & Hall Medical, 1994), pp. 55-71 (p. 68).

<sup>68</sup> Clark, pp. 135-136, and p. 97.

supply oxygen to the body, or due to heart failure. Alternatively, the patient may suffer an enormous pulmonary haemorrhage, flooding the lungs and killing within minutes. Unless the brain is affected (by, for example, tubercular meningitis or lesions forming in the brain itself), the patient's capacity for reason usually remains intact to the end: many nineteenth-century medical textbooks describe this discrepancy between physical decay and mental resilience as the cruellest aspect of tuberculosis.<sup>69</sup>

Historically, consumptives also complained of insomnia, vivid nightmares, and a peculiar emotional state known as '*spes phthisica*, "the hope of the tuberculous", an irrational optimism which many patients themselves recognised as irrational and which tended to alternate with troughs of deep depression' (Dormandy, p. 39). In 1955, Eric Wittkower demonstrated that these historically-observed symptoms were probably psycho-social rather than physiological in origin; they tend not to appear in modern medical texts.<sup>70</sup>

The symptoms of tuberculosis, debilitating to the patient and visible to those around them, project the private disease into the public domain. Case studies in medical textbooks, photographs, and statements from Victorian consumptives themselves demonstrate the ways in which the bodies of men with TB differed functionally and aesthetically from non-consumptive men. For example, some consumptive men weighed around 50lb less than the average for men of their height at that time; their actual and apparent frailty affected public expectations of their social functioning.<sup>71</sup> Contemporary and retrospective accounts by friends of Victorian consumptives describe the shock of witnessing a pulmonary haemorrhage at a party, or the inconvenience and alarm of a sudden collapse on holiday, or the difficulty of holding a conversation with a coughing, breathless consumptive. Max Beerbohm (1872-1956) recalled attending a dinner hosted by Aubrey Beardsley, who 'was the life and soul of the party, till, quite suddenly,

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<sup>69</sup> Dormandy, pp. 22-25 and p. 221; Clark pp. 82-107.

<sup>70</sup> C. C. Evans, 'Historical Background', in *Clinical Tuberculosis*, ed. by P.D.O Davies (London: Chapman & Hall Medical, 1994), pp. 1-17 (p. 7), remarks that *spes phthisica* is no longer thought to exist.

<sup>71</sup> Squire (1893) provides a table of average weights of late-Victorian men, plus minimum healthy weights calculated for insurance purposes. *Leadville Daily Herald* (26<sup>th</sup> August 1884), p. 4, states that Dr J. H. Holliday (1851-1887), around 5'11" tall, weighed 122lb; according to Squire's table, the average weight for a man of that height (albeit in England, not America) was 174lb. Benita Eisler, *Chopin's Funeral* (London: Little Brown, 2003), p. 22, states that composer Fryderyk Chopin (1810-1849) was around 5'1" and apparently weighed less than 100lb, rather than the average 124lb in Squire's table.

almost in the middle of a sentence, he fell fast asleep in his chair.’<sup>72</sup> These problems, ranging from mildly embarrassing to terrifying, may have diminished not only the consumptive’s confidence in social interaction, but also the willingness of their friends to include them.

### **Fantastical early consumptions**

In 1955, Wittkower observed that many TB patients reported experiencing chronic emotional stress, frustration, resentment and depression in the months prior to falling ill. At the time, any causal link was unclear; however, more recently immunologist J. M. Grange explained that prolonged, hopeless emotional stress leads to a build-up of the adrenal hormone cortisol, which depresses the body’s protective immune responses to *M. tuberculosis*, favouring processes of progressive cavitation and tissue-damage instead. Thus, Grange suggests that there is some discernible scientific truth behind depictions of consumptives dying from ‘a broken heart’ in literature since the Renaissance.<sup>73</sup>

However, the relationship between ‘consumption’ and tuberculosis in many Victorian novels, poems and sickroom narratives is not that of a recognisable, discrete disease merely awaiting biomedicine to give it a modern name. Many Victorian novels depicting ‘a consumptive’ do not represent the conspicuous physical and social experience of the tubercular body. Susan Sontag famously expressed surprise at the seemingly perverse romanticisation of tuberculosis in Romantic literature, concluding that ‘one must suppose that the reality of this terrible disease was no match for important new ideas’ (p. 30). In fact, as Lawlor shows, the misrepresentations may be explained by the fact that the word ‘consumption’ carried several centuries of religious and cultural baggage (rather than ‘new ideas’), and often was not intended to refer to tuberculosis at all. James Clark opens his 1835 *Treatise* by stating that:

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<sup>72</sup> Max Beerbohm, ‘Aubrey Beardsley’ (1898), in *The Incomparable Max: a Selection* (London: Heineman, 1962), pp. 85-93 (p. 87); of course, Beardsley may simply have been drunk.

<sup>73</sup> See Grange, pp. 98-99, elaborated on in private email correspondence with Grange (28<sup>th</sup> April 2008 and 27<sup>th</sup> May 2008). Bowditch, ‘Consumption in America’, p. 82, remarks that ‘we fear that death even from a “broken heart” belongs rather to the ideal world of poetry than to that of fact. The lyre of Moore and the exquisite poetic prose of Irving would almost persuade us that such deaths are perhaps common. We will not deny their existence, but we have never seen them.’ Bowditch blames the self-neglect and self-indulgence of ‘less elevated characters’, rather than grief *per se*.

The term Phthisis, or Consumption, was originally applied in a very vague manner to a variety of chronic diseases, having scarcely any character in common except emaciation. [...]

At length Laënnec, finding, in the course of his extensive researches into diseases of the chest, that tubercles formed almost the sole cause of consumption, proposed to restrict the term Phthisis to the disease produced by tubercles in the lungs; and since the publication of his valuable work in 1819, which forms an important era in our knowledge of pulmonary pathology, the term has been so restricted in France. (pp. 1-2)

In England before this date (and, in practice, for some years after), 'consumption' was not a strictly biomedical term. Lawlor traces the origins of 'consumption' as it appears in Romantic literature back to the glamorisation of chronic wasting as an indisputable proof of authentic, intense feeling in Renaissance literature of Courtly Love (p. 24), and to religious beliefs in Protestant early modern England:

Puritans reduced emphasis on the role of the priest, liturgy and sacraments, and loaded a greater weight of moral responsibility onto the shoulders of the dying person. Moreover, the Calvinist idea of election caused the God-fearing to look anxiously for signs of God's grace in illness and death. [...]

It was better to be taken ill and die at home surrounded by one's family and friends; advice and farewells could be given to each individual as part of the dying person's pious bequest. The death needed to be exemplary so that those left behind might be inspired to live and die well. [...] According to biblical precedent, physical states reflected mental ones; a composed body – albeit dying – might speak of God's favour, especially to those believing in the doctrine of election. (pp. 35-38)

Lawlor also comments on the Victorian survival or revival of this interpretation of the consumptive death under the influence of Evangelical Christianity. Furthermore, he demonstrates that seemingly fantastical Romantic biographies of glamorous, creative consumptives were in fact validated by eighteenth-century science: George Cheyne's highly influential association of the wasting, febrile body with refined 'nerves' was inseparable from the eighteenth-century cult of Sensibility, while the Romantics' notion of the consumptive burning-out quickly were related to John Brown's 1770 theories of vitalism ('Brunonian theory' / 'Brunonianism'). Thus, at the beginning of the nineteenth century, 'the medicine of sensibility was combined with a Romantic vitalism that viewed man's life (both physical and mental) as a burning flame with a fixed amount of fuel' (Lawlor, p. 115), with the consumptive embodying the sincerity of the Courtly

lover, the divine grace of the 'Good Death', and the glamour of exceptionally refined nerves.<sup>74</sup>

The apparent misrepresentation of consumption in nineteenth-century non-scientific literature therefore has two clear explanations. Firstly, novels, memoirs and poems tended to borrow disproportionately from the religious or Courtly models of consumption, which did not refer to tuberculosis but to spiritual states manifested in the body. Secondly, as Clark explained in 1835, even medical textbooks did not use the terms 'consumption' or 'phthisis' consistently to refer to a distinct disease analogous with tuberculosis until Laënnec in 1819. Novelists were therefore free to depict 'consumptives' dying without tubercular symptoms; readers would not be confused by glaring omissions because they did not realise that the term 'consumption' *should* refer to a discrete disease from which necessary symptoms had been omitted. The only constant sign was the bodily wasting to which 'consumption' or 'phthisis' literally refers; everything else was optional.

Having attended at the miserable deathbed of Romantic poet John Keats in 1821, Clark complained that common literary representations of consumption ignore the patient's experience:

It has often been stated that pulmonary consumption is a mild disease, by which the patient is imperceptibly wasted away, without pain or suffering, indulging the hope of recovery to the last. They must have witnessed but little of the disease who could give this as its general character. The miserable sensations produced by the [...] distressing and death-like chills [...]; the harassing cough and expectoration; the pains of the chest; the frequent dyspnoea, amounting often to a threat of suffocation; [...] and, more than these, that 'contention de l'esprit,' that inward struggle between hope and fear, which, whether avowed or not, is generally felt by the patient in the latter stages, – constitute a degree of suffering which, considering the protracted period of its duration, is seldom surpassed in any other disease. (pp. 35-36)

Clark displays the biomedical notion that bodily pathology is an indisputable cause and proof of mental suffering. He extends his biomedical gaze from body to mind, rather than from soul to body as in earlier models of consumption.

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<sup>74</sup> See Lawlor, p. 167, on evangelical appropriation; pp. 53-58, on George Cheyne publishing in early 1700s; pp. 114-115, on John Brown's *Elementa Medicinae* (1770). In Chapter 2, I discuss the Romantic combination of these consumptive myths as used in biographies and criticism of consumptive artists throughout the century.

The ‘consumptions’ depicted in many nineteenth-century memoirs and novels are not biomedical in this way. Charlotte Brontë’s *Jane Eyre* (1847) and Charles Dickens’s *Nicholas Nickleby* (1839) reproduce outdated but established models of ‘consumptions’ rather than perversely misrepresenting tuberculosis. As I will show, the fact that these two Victorian novels, so clear in their spiritual and moral intent, eschew the biomedical model of consumption available to them suggests that this model may have been already establishing new meanings that interfered with traditional cultural functions of ‘consumption’.

The death of Helen Burns in *Jane Eyre* may be regarded as an exemplary Victorian revival of the early modern association of consumption with the ‘Good Death’ and, therefore, of a religious model of consumptive identity. While Helen does suffer from a slight cough and fever (and many fictional ‘consumptives’ do not), other tubercular symptoms are minimised: she is enjoying a state of spiritual grace scarcely related to any recognisable biological state. Her illness occurs in the midst of a typhus epidemic at Lowood School, perhaps emphasising the distinction between her ethereally calm death, enacted in a privileged, solitary crib ‘half covered with its white curtains’, and the mundane mass of ‘delirious patient[s] in the fever-room’.<sup>75</sup> Crucially, Helen herself regards ‘consumption’ as a sign of grace:

‘I am very happy, Jane; and when you hear that I am dead you must be sure and not grieve: there is nothing to grieve about. We all must die one day, and the illness which is removing me is not painful; it is gentle and gradual; my mind is at rest. [...] By dying young I shall escape great sufferings. I had not qualities or talents to make my way very well in the world: I should have been continually at fault.’

‘But where are you going to, Helen? Can you see? Do you know?’

‘I believe; I have faith: I am going to God.’ (p. 81)

By willingly offering her consumptive body as a sign to be read while patiently explaining its meaning, Helen is shown to collude wholeheartedly in the early modern and Victorian Christian legitimation of the consumptive’s identity as ‘exemplary sufferer’.

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<sup>75</sup> Charlotte Brontë, *Jane Eyre* (1847), ed. by Margaret Smith with notes by Sally Shuttleworth (Oxford: Oxford University Press, 2000), p. 80.

The assimilation of the religious model of consumption into representations of disability in Victorian sentimental fiction is exemplified in this widely-quoted passage from *Nicholas Nickleby* regarding Smike:

There is a dread disease which so prepares its victim, as it were, for death; which so refines it of its grosser aspect, and throws around familiar looks, unearthly indications of the coming change; a dread disease, in which the struggle between soul and body is so gradual, quiet, and solemn, and the result so sure, that day by day, and grain by grain, the mortal part wastes and withers away, so that the spirit grows light and sanguine with its lightening load, and, feeling immortality at hand, deems it but a new term of mortal life; a disease in which death and life are so strangely blended, that death takes the glow and hue of life, and life the gaunt and grisly form of death; a disease which medicine never cured, wealth never warded off, or poverty could boast exemption from; which sometimes moves in giant strides, and sometimes at a tardy pace, but, slow or quick, is ever sure and certain.<sup>76</sup>

The depiction of consumption as inevitably terminal – and therefore of the consumptive as an essentially ‘dying person’ rather than a contingently ‘disabled person’ – is typical of many Victorian novels. Dickens’s description of the spirit shedding its mortal shell is a transparent appropriation of the early modern origins of ‘consumption’ as a state of divine grace (Lawlor, pp. 28-40). At his deathbed, we also learn that, like the Courtly Lover, Smike is pining in unrequited love for Kate Nickleby. Smike’s sentimental disabled identity therefore becomes a credible Victorian manifestation of the Renaissance and early modern Protestant consumption. Smike’s consumption is not really tuberculosis.

As Jeffrey Meyers and Miriam Bailin point out, many early- and mid-Victorian novels and memoirs using illness as a plot device or metaphor of spiritual crisis do not name the disease.<sup>77</sup> Terms like ‘fever’ for acute crisis, and ‘decline’, ‘fading away’ or ‘wasting’ for chronic end-of-life states, are common terms in non-scientific Victorian literature because they fulfil ideological and narrative functions without raising expectations of medical realism that might complicate these functions.

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<sup>76</sup> Charles Dickens, *Nicholas Nickleby* (1839), ed. by Paul Schlicke (Oxford: Oxford University Press, 1990), pp. 637-638.

<sup>77</sup> See Jeffrey Meyers, *Disease and the Novel: 1880-1960* (London: Macmillan, 1985), p. 12. Bailin, p. 1, states ‘at their most familiar, scenes of illness are employed as registers of emotional tumult, as crucial stages in self-development, and as rather high-handed plot devices to bring events to their desired issue.’



Arguably, by opening his elaborate set-piece description with the authoritative phrase ‘there is a dread disease’ to emphasise its status as a discrete disease entity, and by subsequently labelling Smike’s disease ‘consumption’ (p. 732) twenty years after Laënnec famously clarified the term, Dickens raises just such expectations. The same may be said of Charlotte Brontë’s use of the term ‘consumption’ in 1847. Rather than discreetly sidestepping problems of medical realism by using the neutral term ‘decline’ or ‘wasting’, perhaps *Nicholas Nickleby* and *Jane Eyre* are rejecting the biomedical model directly by using ‘consumption’ in a conspicuously nostalgic reconstruction of historical models of consumption. By contrast, the four novels discussed in my thesis challenge these traditional models of consumption and of consumptive identity by introducing the new biomedical model – if not as a complete replacement, then at least as a disruptive addition or alternative.

### **The Victorian biomedical model of consumption**

In offering an alternative meaning for the consumptive body as a vessel of tubercular disease rather than as an object of sentimental pity or pious contemplation, the Victorian biomedical model of this impairment described by Clark’s *Treatise* (1835) and C.J.B. Williams and C.T. Williams’s *Pulmonary Consumption* (1871) also offered new possibilities for disabled identity. Both books were authoritative representations of mainstream medical theory and practice in their respective periods.<sup>78</sup>

Before widespread professional acceptance of Koch’s discovery of *M. tuberculosis* in 1882, Victorian scientists struggled to construct plausible explanations for pathological processes in tuberculosis, often focussing on now-irrelevant details like texture of pulse, qualities of temperature, and even hair and skin colour. David Wootton argues that such preoccupations betray the physicians’ conservative adherence to Hippocratic magic-medicine rather than to

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<sup>78</sup> Although Dormandy calls Clark ‘a lamentable doctor’ (p. 19), his *Treatise* ‘became known as the tuberculosis doctor’s bible’ (p. 41): Clark was knighted and became Royal Physician. C.J.B. Williams was Professor of Medicine at University College London and Senior Consultant at the specialist Brompton Hospital for Consumption.

scientific observation: pathological theories were often constructed to justify existing professional practices, rather than vice-versa.<sup>79</sup>

Nonetheless, under the label ‘consumption’, both Clark and Williams offer serviceable descriptions of the disease now known as tuberculosis. Williams opens his 1871 textbook by stating:

The disease, too well known to the public, as well as to the medical profession, as PULMONARY CONSUMPTION, is characterised by the symptoms, persistent cough, expectoration of opaque matter, sometimes of blood; a progressive loss of flesh, breath, and strength; often hectic fever, night sweats, and diarrhoea; and the common tendency of this disease is to a wasting of the body and a decline of its powers, down to its termination in death.

Pathologically considered, pulmonary consumption is characterised by certain changes in the textures of the lungs, consisting chiefly of consolidations, granular or diffused, which irritate their functions and clog their structures, and which proceed to further changes, of degeneration, disintegration, and excavation of some parts, and of induration and contraction of others – all tending to a disorganisation of the lungs, and a wasting away of the flesh and blood of the body.

It is this tendency to degeneration and destruction, which stamps the consuming character of the disease.<sup>80</sup>

This ‘pulmonary consumption’ is clearly recognisable to the modern reader as pulmonary tuberculosis. This is not to say that misdiagnosis could not occasionally take place using this description as a guide; however, Williams describes a coherent range of symptoms with the explicit intent of excluding most other diseases.

Why is this exclusion so important? In the Preface to his 1821 translation of Laënnec’s enormously influential *Treatise on the Diseases of the Chest*, John Forbes praises Laënnec’s invention of the stethoscope in 1818 to ascertain lung damage in respiratory diseases, remarking that:

Almost all other diagnostic signs are furnished by symptoms, which, for the most part, have only a remote connexion with the morbid lesion, and are, indeed, frequently present in other and very different diseases. M.

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<sup>79</sup> David Wootton, *Bad Medicine: Doctors Doing Harm Since Hippocrates*, 2<sup>nd</sup> edn (Oxford: Oxford University Press, 2007), pp. 144-146.

<sup>80</sup> C.J.B Williams and Charles Theodore Williams, *Pulmonary Consumption: its Nature, Varieties, and Treatment* (London: Longmans, Green & Co., 1871), p. 1. Like many Victorian writers, Williams does not use the term ‘tuberculosis’, but this certainly does not constitute a rejection of Laënnec’s biomedical model.

Laënnec's diagnostics, on the contrary, are the immediate and almost physical result of the individual derangement of parts.<sup>81</sup>

Clark, too, is impressed by the desirability of linking diagnostic signs with a single pathological, biomedical cause. Clark presents a coherent new system of signs and meanings for the consumptive body, re-inscribing it as an object of pathological scrutiny with new meanings that increasingly exclude the old. The pallor, wasting and weakness that used to be signs of divine favour, thwarted love or exquisite sensibilities are now to be read as signs of internal cavities, tubercles, and constitutional impairment. Crucially, Clark recognises the importance of this sign-making process, drawing attention to his scrupulous 'endeavour to trace the relation between the symptoms and the physical signs' (p. 22) in confusing situations that might invite competing interpretations.

The biomedical model of disability tends to extend its explanatory influence into all areas of human life and to construct an exclusive, absolute causal relationship between impairment and disability: impairment always causes suffering; all the disabled person's suffering can be traced back to impairment. Consumptive identity is also explained in exclusively reciprocal terms: pathology is the root of all of the consumptive's physical and temperamental traits; all the consumptive's traits are pathological. When embraced fully (however seldom this actually occurred in fiction or in life), the biomedical model offers a wholesale pathologisation and invalidation of all manifestations of consumptive identity. The negative impact of the biomedical model of impairment and disability has been amply explored by disability theorists since the 1960s and 70s. More recently, Susan Wendell, Liz Crow and Carol J. Gill have explored its particular impact on people with chronic or terminal illness, with Gill arguing that people with chronic or life-limiting illness are disabled especially by the biomedical model's assumption that only medical professionals can judge whether impairment makes life invalid.<sup>82</sup> Nonetheless, in terms of cultural expectations of social conduct, the consumptive afflicted by biology may

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<sup>81</sup> John Forbes, 'Preface' to Rene Laënnec, *A Treatise on the Diseases of the Chest, in which they are described according to their anatomical characters, and their diagnosis established on a new principle by means of acoustick instruments* (France, 1819), translated by John Forbes (London: T&G Underwood, 1821), pp. i-xx (p. xiii).

<sup>82</sup> See Carol J. Gill, 'Disability, Constructed Vulnerability, and Socially Constructed Palliative Care', *Journal of Palliative Care*, 22 (Autumn 2006), 183-191.

experience more (or at least different) freedom than the consumptive afflicted by God for religious or sentimental purposes. The biomedical model does not demand gratitude or piety. The consumptive no longer exists as a sign of affliction to provoke pity, but as a sign of nature perverted. As such, they may be free to behave perversely and to protest against this undisguisedly inhumane invalidation of their disabled identity.

### **Heredity and characterisation**

During the nineteenth century, heredity rather than contagion provided a system of causation to replace direct divine intervention in discourses of consumption. One might expect Robert Koch's discovery of *M. tuberculosis* in 1882 to lead immediately to the social ostracisation of its conspicuous carriers. In 1894, Dr Owen J. Wister predicted that 'instead of regarding the unfortunate victims of consumption with compassion they will be looked upon as peripatetic fountains of danger, and a feeling of hostility to them will arise'.<sup>83</sup> However, medical historians Jean-Paul Gaudillière and Ilana Löwy observe that, until the 1900s, 'tuberculosis continued to be perceived as a weakly infectious disease which was not dangerous to healthy individuals; as a result, doctors did not insist on isolation of the sick.'<sup>84</sup> As I argued in my Introduction, theories of contagion would one day redefine the disabling of consumptives, but not during the period discussed in my thesis.

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<sup>83</sup> 'Discussion on the Advisability of the Registration of Tuberculosis', in *From Consumption to Tuberculosis: a Documentary History*, ed. by Barbara Gutmann Rosenkrantz (New York: Garland Publishing, 1994), pp. 303-330 (p. 304) (first publ. in *Transactions of the College of Physicians in Philadelphia*, ser. 3, 16 (1894), 2-27). See also Thomas J. Mays, MD, 'The Fly and Tuberculosis', pamphlet repr. in *The New York Medical Journal and Philadelphia Medical Journal* (New York: A.R. Elliot Publishing, 1905).

<sup>84</sup> Jean-Paul Gaudillière and Ilana Löwy, 'Introduction- Horizontal and Vertical Transmission of Diseases: the Impossible Separation', in *Heredity and Infection: the History of Disease Transmission*, ed. by Gaudillière and Löwy (London: Routledge, 2001), pp. 1-17 (p. 6). Aubrey Beardsley's letters suggest that he rarely experienced rejection resulting from fear of infection in the 1890s. According to Matthew Sturgis, *Aubrey Beardsley: a Biography* (London: Harper Collins, 1998), p. 335, quoting John Rothenstein, *The Life and Death of Charles Conder* (1938), pp. 135-136, when Beardsley accidentally drank from Decadent artist Charles Conder's glass, Conder (1868-1910) 'with an involuntary gesture of revulsion [...], carefully wiped the rim'. Nonetheless, this hurtful gesture apparently 'shocked the party' with whom they were dining, suggesting that Conder's behaviour was not regarded as normal or acceptable in 1897. Beardsley knew that his disease involved 'bacilli', although he seemed confused about their function and did not mention contagion specifically. See Beardsley to Julian Sampson (22<sup>nd</sup> March 1897), in *The Letters of Aubrey Beardsley* (1878-1898), ed. by Henry Maas, J. L. Duncan and W. G. Good, 2<sup>nd</sup> edn (Oxford: Plantin Publishers, 1990), p. 282.

Undoubtedly, the identity-conferring impact of being diagnosed as ‘a consumptive’ derived partly from the chronic nature of the disease. However, one must not underestimate the impact of theories of consumption as hereditary. The inherited factor was usually described as a predisposition (‘diathesis’) to develop tubercles. Before Koch’s discovery of *M. tuberculosis*, the hereditary predisposition was explained in terms of mysterious toxic residues deposited in the lungs by a congenitally undersized heart or constipated gut. Afterwards, the fact that some individuals exposed to *M. tuberculosis* succumbed to the disease while others remained healthy allowed doctors to argue that certain individuals provided a hereditarily vulnerable ‘soil’ for this specific ‘seed’.<sup>85</sup> In 1886, the *Liverpool Mercury* indicated that belief in hereditary predisposition was still strong enough to influence Civil Service recruitment policy, observing that ‘a candidate for a clerkship in the Postoffice [sic] is rejected on the ground that there has been consumption in his family, though he himself is well’.<sup>86</sup> Even in the twentieth century, both Karl Pearson and Charles Goring denied the credible explanation that high numbers of children of consumptive parents fell ill due to constant re-infection, arguing instead that ‘the one vital factor in the occurrence of tuberculosis is inheritance’ (Goring, p. 23).<sup>87</sup>

Traits of the ‘consumptive type’ supposedly extended beyond actual symptoms of people already suffering from the disease to include the physical and temperamental traits of predisposed individuals. Clark argues firstly that ‘the predisposition to tuberculous disease is transmitted from the parent to the offspring’ (pp. 8-9) and, secondly, that ‘the countenance generally affords strong indications of the presence of this affection’ (p. 13). Under the biomedical model, the consumptive’s inherited destiny of sickness and premature death was both predictable and visible to the discerning eye. The features attributed to this

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<sup>85</sup> See Dormandy, p. 50, and Clark, pp. 16-21 on congenital variations supposed to affect predisposition. See Michael Worboys, ‘From Heredity to Infection: Tuberculosis, 1870-1890’, in *Heredity and Infection: the History of Disease Transmission*, ed. Jean- Gaudillière and Löwy (London: Routledge, 2001), pp. 81-100, on ‘seed and soil’ metaphors of tuberculosis.

<sup>86</sup> ‘Is Consumption Hereditary?’, *Liverpool Mercury* (Tuesday 11<sup>th</sup> May 1886), p. 3.

<sup>87</sup> See Karl Pearson, *A First Study of the Statistics of Pulmonary Tuberculosis*, Draper’s Company Research Memoirs: Studies in National Deterioration, 2 (London: Dulau, 1907), p. 10. However, ‘Is Consumption Hereditary?’, p. 3, demonstrates that persistent belief in hereditary predisposition after 1882 was not uncontroversial, publishing recent statistics demonstrating that ‘only a tenth of deaths from consumption are cases where an hereditary taint is clearly traceable’, and remarked that ‘the tables made in London and Paris show the exact reverse of what might be expected if hereditary predisposition has any real influence in the production of consumption.’

unfortunately predisposed individual are remarkably consistent in scientific writing throughout the century. Congreve's best-selling 1880's self-help manual explains that:

This condition is frequently marked by external appearances; by a long neck, prominent shoulders, and a narrow chest; by a fine clear skin, fair hair, delicate rosy complexion, large veins, and thickness of the upper lip. It is also indicated by a weak voice and great mental sensibility.<sup>88</sup>

Evidence was often strained beyond the limits of scientific credibility. In 1882, influenced by Cesare Lombroso's facial analysis of criminals to measure biologically-determined criminality, Francis Galton and F. A. Mahomed used a system of 'composite' portrait photography to identify a 'phthisical [consumptive] type' of face, declaring confidently that 'fig. 23, one of the components of fig. 22, is a most typical, perhaps the most typical phthisical face' [FIG. 1].<sup>89</sup> Galton and Mahomed are determined to define a 'typical' consumptive in accordance to some illusive ideal rather than by observation of real consumptives: the more representative but ignored 'co-co-composite' of 206 consumptives [FIG. 2] presumably looks too normal to satisfy Galton. Such studies show a strong desire to marginalise the consumptive – like the 'criminal' or the 'feeble minded' – as a special 'type' of person. Grange (2003, pp. 97-98) does explore various complex (and, in some cases, still poorly understood) genetic factors influencing immune responses in TB. However, Grange does not link these genetic variations to physical appearance: the 'consumptive type' is almost certainly *not* visibly identifiable as Victorian scientists insisted. Grange also emphasises 'socioeconomic changes' and the role of early exposure to antigens (e.g. other forms of mycobacteria) in priming immune responses (p. 98): arguably, with the far more obvious influences of poverty, malnutrition, air-pollution and concurrent disease, even Victorian doctors – especially after 1882 – had few legitimate reasons to focus upon hereditary causes.

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<sup>88</sup> George Thomas Congreve, *On Consumption of the Lungs, or Decline; and its Successful Treatment: Showing that Formidable Disease to be Curable in All its Stages*, 2<sup>nd</sup> edn (London: publ. by the author and Elliot Stock, enlarged edition [1881(?)]), p. 3.

<sup>89</sup> Francis Galton and F.A. Mahomed, 'An Inquiry into the Physiognomy of Phthisis by the Method of "Composite Portraiture"', in *Guys Hospital Reports*, 25 (London: 1882), 475-493 (487). See Angelique Richardson, *Love and Eugenics in the Late Nineteenth century: Rational Reproduction and the New Woman* (Oxford: Oxford University Press, 2003), p. 23, on Lombroso.



FIG. 1: Galton's 'most typical' consumptive (in fact carefully selected to exemplify Galton's expectations of consumptive physiognomy).

From Francis Galton and F.A. Mahomed, 'An Inquiry into the Physiognomy of Phthisis by the Method of "Composite Portraiture"', in *Guys Hospital Reports*, 25 (London: 1882), 475-493.



FIG. 2: Composite of 206 consumptive faces.

However, in the period 1821 to 1912, contrary to Barbara Gutmann Rosenkrantz's assertion, the consumptive remained 'a consumptive' rather than suddenly becoming an ordinary individual with an acquired disease in 1882.<sup>90</sup> Wootton (p. 16) is undoubtedly correct in noting that one of the most significant changes in the cultural meaning of consumption was its transformation from mysteriously incurable to mundanely curable in 1950's Britain. Until then, scientific texts like Pamart and Parsavant's *On the Early Diagnosis and Treatment of Pulmonary Tuberculosis and Pre-Tuberculous Affections* (1905) and Pearson's studies on tuberculosis would continue to define the consumptive as an essentially different 'type' of person.

The 'consumptive type' constructed by Victorian biomedicine differs from the earlier religious and sentimental models of consumptive identity in one crucial respect: just as the symptoms of consumption came to signify pathology rather than a state of spiritual grace, so too did traits that once signified an individual's spiritual refinement now begin to signify a diseased, illegitimate identity. This process of pathologising identity seems to become apparent in medical discourses of consumption almost simultaneously with the consolidation of the biomedical model itself: as early as 1835, Clark declares that:

By diminishing the disposition to this most destructive of maladies [tubercular disease], we shall not only reduce the sum of its daily victims, but we shall raise the standard of public health, and at the same time advance the moral excellence of man, augment his mental capabilities, and increase the sphere of his usefulness: for it need not be stated, that without sound bodily health, the intellectual powers languish and decay. Our subject, therefore, is one which not only concerns personal feelings and social happiness, but involves the wellbeing of society at large, and the intellectual and physical character of nations. (pp. xiii-xiv)

This deprecation of the consumptive's intellectual and moral worth intensified in later Victorian discourses on degeneration, in which sickness of body is associated with sickness of mind. By the end of the period under discussion,

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<sup>90</sup> See Barbara Gutmann Rosenkrantz, 'Introductory Essay: Dubos and Tuberculosis, Master Teachers', in Rene and Jean Dubos, *The White Plague: Tuberculosis, Man, and Society*, 2<sup>nd</sup> edn (New Brunswick, NJ: Rutgers University Press, 1996), pp. xiii-xxxiv (pp. xiii-xiv), stating that 'after the discovery of the tubercle bacillus, in 1882, [...] the consumptive person came to be identified as the patient *with* tuberculosis'. By contrast, see Gaudillière and Löwy, p. 6, arguing that evidence of contagion had little clinical or cultural impact until the last years of the century.



Galton asserts that 'constitution, physique and intellect' are most certainly *not* 'three independent variables', while Strahan declares:<sup>91</sup>

that there exists a diathesis which predisposes the owner to the attack of this particular disease germ, there can be no possible doubt. That this particular constitutional state is a degeneration, that is, like every other degeneration, hereditary, and that it is frequently associated, both in individual and in family, with other degenerate conditions, such as idiocy, insanity, deaf-mutism, cancer, drunkenness, epilepsy, and crime, it is now my business to prove. (p. 197)

Having observed (without deigning to offer proof) that 'in them the generative organs are but poorly developed, which in itself is positive evidence of progressive decay of the stock' (p. 200), Strahan threatens that if consumptives mate together 'phthisis in the parent not only deepens to scrofula in the child, but to that lowest of all types of humanity, the scrofulous idiot' (p. 205). Under the biomedical model of consumption and disability, the legitimate consumptive identity becomes not one of conspicuous humility and gratitude, but one of absence. The only good consumptive is one who is not born on the first place.

### **Heredity and eugenics**

In the realms of later nineteenth-century sexology and criminology, one may observe an uneven but fairly strong shift from the old dominance of religious and sentimental moral discourses to a new dominance of biological and pathological discourses. For example, Lombroso's *Criminal Man* (1876) and Richard von Kraft-Ebing's *Psychopathia Sexualis* (1886) describe deviant behaviours as more pathological than immoral. In *Sexual Inversion* (1897), Havelock Ellis speculates whether homosexuality is a 'vice', a 'beneficial variety of human emotion', a mental disease, or 'a natural monstrosity'.<sup>92</sup>

While the specific content of religious and sentimental prescriptions of disabled identity was undermined the biomedical model, that is not to say that the biomedical model of disability did not have prescriptions of its own to replace them; as Herbert Spencer remarked in 1861, 'all breaches of the laws of health

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<sup>91</sup> Francis Galton, 'Studies in National Eugenics', in *Essays in Eugenics* (1909; facsimile repr. Honolulu, Hawaii: University Press of the Pacific, 2004), pp. 60-67 (p. 64).

<sup>92</sup> Havelock Ellis, *Sexual Inversion* (1897), *Studies in the Psychology of Sex*, 2 (extract repr. in *Sexology Uncensored: the Documents of Social Science*, ed. by Lucy Bland and Laura Doan (Cambridge: Polity Press, 1998), pp. 52-57.

are physical sins.’<sup>93</sup> Henry Smith’s *Plea For the Unborn* (1897) exemplifies cultural discourses seeking to pressurise individuals into prioritising the health of their prospective offspring over their own happiness for the good of the species or the nation. Smith complains:

The lame, the blind, the deformed, the consumptive, the epileptic, the scrofulous, all and one, are permitted to marry and bring into life creatures like themselves. Is this not a sin – a crying sin against nature? Is it not *a shameful sin against the unborn child*? If that diseased child could, when given to its father and mother, turn around and curse them with its first breath, it would be justified.<sup>94</sup>

Smith dehumanises people with impairment as ‘creatures’ and identifies them collectively like biological specimens. His deprecation of the lame and the blind, so prominently the objects of Christ’s mercy in the Gospels, suggests how far the biomedical model of disability has strayed from earlier religious models. He uses religious language of sin, blame and cursing, but now the unborn child and ‘nature’ take the place of God as moral authorities – a transformation I will discuss in Chapter 4.

The main focus of biomedical moralisation of consumption was sexual reproduction. Clark states that:

Members of families already predisposed to tuberculous disease should at least endeavour to avoid matrimonial alliances with others in the same condition; [...] those who are afflicted with organic disease, more especially with consumption, should pause before they enter in a contract which can only entail disease or unhappiness on all concerned.

The full extent of misery arising from injudicious marriages of this description is comprehended by the medical practitioner only. (pp. 270-271)

Tracing the disabled person’s (physical *and* social) misery to disease, as one would expect under the biomedical model of disability, Clark seeks to avoid this misery by inviting consumptives to examine their consciences to avoid multiplying impairment. Yet, although he also asserts the special knowledge of

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<sup>93</sup> Herbert Spencer, *Education: Intellectual, Moral, and Physical* (London and Edinburgh: Williams and Northgate, 1861), p. 190. See Richardson (2003) for a detailed discussion of eugenic morality and citizenship. Samuel Butler’s satirical novel *Erewhon* (1872) depicts a society in which all sick people, including consumptives, are tried and imprisoned for their crimes against health.

<sup>94</sup> Henry Smith, *A Plea For the Unborn: An Argument that Children Could, and therefore Should, be Born with a Sound Mind in a Sound Body, and that Man May Become Perfect by Means of Selection and Stirpiculture* (London: Watts, 1897), p. 101.

medical professionals in assessing quality of life with impairment, seeming to deny consumptives the ultimate power in judging the morality of breeding, he does not demand official legislation against them marrying. By contrast, in 1838 Alexander Walker argued:

Laws assuredly ought to prescribe proper means for insuring the natural conformation and health of both parties, and should forbid marriage before each had furnished a certificate vouching for these. Monstrosities and diseases capable of being transmitted by generation, should also be regarded as so many physical causes of divorce. By this means, not only sterility and deformities, but degeneration of the species, would be avoided.<sup>95</sup>

Walker's book was perhaps less influential than Clark's ubiquitous medical textbook, but boasted the support of Dr George Birkbeck and Sir A. Carlisle, who wrote to inform Walker of his concerns about 'the deterioration of the once brave manhood of England.'<sup>96</sup> This desire to eliminate consumption by preventing consumptive marriages persisted and intensified even after Koch proved the disease to be contagious and not hereditary, as demonstrated by an American doctor's assertion in 1894 (twelve years after the discovery of *M. tuberculosis*) that:

We must not overlook the strong hereditary tendency to the disease. If you ever want to get rid of consumption, it is not going to be simply by the disinfection of sputum and similar means. It will largely be by the prevention of the marriage of tuberculous persons. There you strike at the root of the evil. (J. M. DaCosta in 'Discussion on the Advisability of the Registration of Tuberculosis', p. 313)<sup>97</sup>

In the last decades of the century, eugenicists and social hygienists propagandised more intensely and coherently for new social taboos and even legislation against the procreation of undesirable elements of the population. Galton explained that 'Eugenics is the Science which deals with all influences that improve the inborn qualities of a race', and that:

Eugenics co-operates with the workings of Nature by securing that humanity shall be represented by the fittest races. What Nature does

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<sup>95</sup> Alexander Walker, *Intermarriage; or the mode in which, and the causes why, Beauty, Health and Intellect, result from certain unions, and Deformity, Disease and Insanity, from Others* (London: John Churchill, 1838), p. 370.

<sup>96</sup> Sir A. Carlisle, 'Letter to the Author' in Walker, p. ii.

<sup>97</sup> As Dormandy, p. 237, points out, quoting from L. Darwin, *British Medical Journal*, 2 (1928), 257: 'in the 1930s Major Leonard Darwin was still preaching birth control and voluntary sterilisation as a prophylactic remedy for the "undoubted hereditary nature of tuberculosis".'

blindly, slowly, and ruthlessly, man may do providently, quickly, and kindly.<sup>98</sup>

An effective eugenic movement required, first and foremost, faith in a degree of biological essentialism and an acceptance of hereditary transmission of important traits. This is certainly apparent in Clark and Walker in the 1830s. Eugenics also required faith that the population could be improved by selective breeding – that is, that experts were capable of judging what constituted improvement, and that such improvement was desirable for success in a supposed ‘struggle’ for survival. Awareness of these issues was not necessarily widespread until the publication of Charles Darwin’s *Origin of Species* (1859) or, more pertinently, *The Descent of Man, and Selection in Relation to Sex* (1871).<sup>99</sup> While Walker in 1838 was acutely aware of the relevance of selective animal breeding to explain and modify human heredity, he was not necessarily considering a geological (and certainly not a Darwinian) timescale for human evolutionary development, or perceiving life as a struggle for supremacy over other organisms. Early Victorian consumptives may also have seen the consequences of their reproduction as short-term, and so have been resistant to or incapable of absorbing proto-eugenic ideas.

Finally, as Carolyn Burdett argues, a eugenic movement could only become credible when the population was measured, classified and analysed.<sup>100</sup> This required the development of the sciences of statistics and biometrics, institutions where people could be gathered for examination, health visitors to examine them, laboratories staffed by scientists to analyse data – and, of course, the will of individuals, organisations and the state to fund and carry out these projects. John Waller also lists ‘the emergence of intractable social problems and the

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<sup>98</sup> Francis Galton, ‘Eugenics: its Definition, Scope and Aims’, in *Essays in Eugenics* (1909; facsimile repr. Honolulu, Hawaii: University Press of the Pacific, 2004), pp. 35-43 (p. 35, and p. 42).

<sup>99</sup> See William Cecil Dampier Whetham and Catherine Durning Whetham, *The Family and the Nation: a Study in National Inheritance and Social Responsibility* (London: Longmans, Green & Co., 1909), p. 5.

<sup>100</sup> Carolyn Burdett, ‘From *The New Werther* to numbers and arguments: Karl Pearson’s eugenics’, in *Transactions and Encounters: Science and Culture in the Nineteenth Century*, ed. by Roger Luckhurst and Josephine McDonagh (Manchester: Manchester University Press, 2002), pp. 204-231 (p. 204), observes that ‘quantifying the business of the state was to become an increasingly important activity: the statistical department of the Board of Trade was founded in 1832 and the Royal Statistical Society in 1833; the first nationwide census was undertaken in 1851’. Eugenic legislations would not even begin to become credible until the Government was capable of quantifying the population and its traits in this way.

diminution of vertical social relations', 'the inception of policies of large-scale social intervention attendant upon the rise of poverty and pauperism', and 'the incremental professionalisation of science, medicine and government' as essential factors.<sup>101</sup> These conditions fell into place unevenly during the period 1821-1912.

### **The impact of eugenics on consumptive identity**

How much impact could these ideas have had on the social interactions of consumptive men and the disabled identities thus formed? Consumptives' letters and memoirs are unhelpful: as I will suggest in Chapter 2 regarding Keats and Beardsley, those who did avoid marriage seem to have been either indifferent to the prospect or overwhelmed by poverty and sickness; the impact of eugenics (if it even entered their minds) is not conspicuous on these nineteenth-century consumptives. Indeed, despite being a doctor, Anton Chekhov (1860-1904) seems to have disregarded both contagion and heredity; in his letters to his wife, he expresses his eagerness to father a child.<sup>102</sup>

We may ask instead what kind of instructions were available to consumptives in their (alas, poorly documented) reproductive decisions, and whether the state could have exerted effective eugenic pressure to implement these instructions. The impact of eugenic activity and propaganda was limited to that of persuasion rather than coercion because the means and the political will to enforce eugenic measures against consumptive reproduction did not exist. As Burdett (p. 204) points out, the state increasingly demanded statistics on which to decide the requirement for and efficiency of legislation. This placed an embryonic eugenic movement in an impossible position regarding consumptives. Until notification of all cases of pulmonary tuberculosis became compulsory – for Poor Law patients in 1909, working-class hospital and dispensary patients in 1911, and all patients in 1912 – consumptives evaded quantification and therefore state

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<sup>101</sup> John C. Waller, 'Ideas of Heredity, Reproduction and Eugenics in Britain, 1800-1875', in *Studies in History of Philosophy, Biology, and Biomedical Science*, 32 (2001), 457-489 (482). See also Daniel J. Kevles, *In the Name of Eugenics: Genetics and the Uses of Human Heredity* (Berkeley: University of California Press, 1986), and Diane B. Paul, *Controlling Human Heredity: 1865 to the Present* (New Jersey: Humanities Press, 1995).

<sup>102</sup> See Anton Chekhov, *A Life in Letters (1876-1904)*, ed. by Rosamund Bartlett, trans. by Bartlett and Anthony Philips (London: Penguin, 2004), especially to Olga Knipper-Chekhova (27<sup>th</sup> August 1902), p. 499; (10<sup>th</sup> September 1902), p. 502, and (1<sup>st</sup> January 1903), p. 507.

intervention of any kind, environmental or eugenic.<sup>103</sup> ‘Degenerates’ were unlikely to come forward for identification until they were offered some incentive: in 1905 one official observed that, having no hope of effective treatment, many poorer consumptives never presented themselves to a doctor ‘and in many instances the first intimation of the Medical Officer of Health has of a case is after the death of a patient’ (*Royal Commission*, p. 35) – by which time they had already finished spreading degeneration. Yet the free medical treatment and assistance with living expenses that might persuade disabled people to come forward was anathema to eugenicists and Social Darwinists, who complained that ‘by facilitating medical relief we are preventing a natural process of elimination of the unfit’ (*Royal Commission*, p. 35).<sup>104</sup>

The only overt eugenic legislation passed in Britain was the Mental Deficiency Act of 1912, which stated, among other things, that anyone attempting to marry ‘feeble-minded’ persons would be fined or imprisoned.<sup>105</sup> The ‘feeble-minded’ were, by definition, deemed incapable of informed consent (or its withholding) and therefore excluded from the reciprocal framework of rights and responsibilities by which rational citizens could be protected from state coercion. Despite the efforts of some eugenicists to associate their physical impairment with mental decay, consumptives were classed as rational citizens unless proven otherwise. The fact that no explicit legislation was made against their procreation indicates a fundamental lack of political will to interfere with the lives of citizens in this way – an ideological stance that must inform the novels discussed in the main body of my thesis.

Even if a consumptive accepted their responsibility to consider the health of future generations, they had scientific grounds for optimism about the wellbeing of their offspring. Some ‘soft’ theories of heredity, usually associated with Jean Baptiste de Lamarck (1744-1829), assumed the transmission of acquired traits from all cells present in the parent’s body at the time of conception: thus, a

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<sup>103</sup> See Newsholme (1935), pp. 258-259.

<sup>104</sup> The Commission disagrees with this stance, but see [William Greg], ‘On the Failure of ‘Natural Selection’ in the Case of Man’, *Frasers Magazine*, 68 (September 1868), 353-362. The compulsory notification of tuberculosis in 1912 was an attempt to control contagion rather than breeding, and was therefore accompanied by the (dysgenic) incentive of ‘sanatorium benefit’ to persuade rational citizens to cooperate. See Newsholme (1935), p. 262.

<sup>105</sup> Edward Mason, ‘Eugenics and Legislation’, *Journal of the Society of Comparative Legislation*, n.s., 13 (1912), 123-129 (129).

parent who had lost a finger would transmit a lack of finger-material and so produce a fingerless child.<sup>106</sup> This theory was refuted by August Weismann in 1883, who distinguished between ‘somatic cells’ (body cells that could be altered by environment or injury during life) and the ‘germ cells’ transmitted unaltered from parent to child (Paul, p. 41). Yet, although Weismann’s ‘hard’ heredity would gain the upper hand with the 1900 rediscovery of Gregor Mendel’s experiments, soft heredity dominated medical texts like Bowditch’s ‘Consumption in America’ (1869) and even Squire’s *Hygienic Prevention of Consumption* (1893).<sup>107</sup> With characteristic tact, Squire states:

It would be best if advanced consumptives would not marry; but such self-sacrifice is not to be expected, although, certainly, persons with *active* tubercular disease are not in a fit condition to marry and have children. (p. 59; his italics)

Squire acknowledges that eugenic breeding demands the sacrifice of individual happiness, although it is not clear whether he dismisses this sacrifice because it is unlikely or because the individual consumptive’s loneliness is an unacceptable price to pay for some imagined future good. His emphasis on advanced and ‘*active*’ disease indicates a soft-hereditarian preoccupation with the parents’ condition at the time of conception, perhaps implying that a well-fed consumptive in remission would not transmit degeneration to their offspring. His ambivalent attitude towards hereditarily predetermined misery leads him to attack misleading statistics (p. 33) and to describe children from consumptive families escaping their parents’ fate (p. 109) – a possibility that Pearson and Goring can scarcely bear to acknowledge, much less represent in such emphatic detail.

One must not underestimate the potential difference in ideological outlook between physicians, perhaps devoted to the care of (paying) individual patients for whom marriage may have been a crucial aspect of wellbeing, and eugenicists with mathematical, non-clinical backgrounds like Pearson in particular. The

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<sup>106</sup> Julius Henry Steinau, *Pathological and Philosophical Essay on Hereditary Diseases, with appendix on Intermarriage, and the Inheritance of the Tendency to Moral Depravities and Crimes* (London: Simpkin, Marshal & Co., 1843), p. 27 and p. 35, describes cases of children inheriting intestinal worms and missing bones from their parents.

<sup>107</sup> See Daniel J. Kevles, ‘Genetics in the United States and Great Britain, 1890-1930: a Review with Speculations’, *Isis*, 71 (September 1980), 441-455, on conflicts between biometry (of which Pearson was a major exponent) and Mendelism.

*Royal Commission on the Poor Laws* (1909) revealed that many health-workers in direct contact with consumptive paupers were also more preoccupied with caring for their families than with preventing their breeding. The Commission's official stance was that:

the theory that the processes by which life is preserved are themselves a cause of degeneration, by prolonging the lives of the unfit, is open to the criticism that of all the discriminating agencies to produce the survival of the fittest disease is the worst, for the injury to those that survive is so serious that all measures which combat disease tend to improve the race. (p. 16)

This closely resembles Squire's assertion that:

The 'Spartan Method' of rearing [children from consumptive families] would result in the 'survival of the fittest,' not without injury, perhaps, that lessened the expected benefit to the nation. (p. 62)

Both texts engage with contemporary eugenic ideas on their own terms, using Utilitarian notions of weighing individual needs against the greater social good – and, in Squire's case, deciding that consumptives may be valuable to the community as a whole (p. 79). Consumptive James Arthur Gibson also declared in 1899 that consumptives are not the dregs of humanity but 'the thinkers, the doers', who have been harmed by unhealthy urbanisation and deserve to be rescued (649). Squire and Gibson exploit Social Darwinist terminology to present the preservation of those who appear to be weak, but have hidden potential, as a seamless extension of scientific progress and civilisation.

In the light of contradictory advice from different quarters, the real impact of direct proscriptions against consumptive marriage seems impossible to ascertain. In 1911, Charles B. Davenport declared that 'the marriage of defectives and tubercular persons, [is], in wide circles, taboo.'<sup>108</sup> Yet other doctors and social scientists complained that such marriages were *not* taboo – not only Walker in 1838, but Strahan in 1892, Henry Smith in 1897, Dr Robert Reid Rentoul in 1903, the Whethams in 1909 and, of course, Pearson in 1907, who lamented that:

There is an anti-social disregard for national eugenics in the conduct of medical men who can write to the public press that the marriage or even intermarriage of members of tuberculous stocks is of no social detriment, providing they live with a good supply of fresh air. (p. 15)

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<sup>108</sup> Charles B. Davenport, 'Euthenics and Eugenics', *Popular Science Monthly* (January 1911), 16-20 (20).



F. B. Smith remarks that ‘from about 1870 it seems to have become usual for engaged couples with a tuberculous background to consult their medical adviser, who in turn advised against marriage when the threat was obvious’ (1988, p. 37), but Smith does not specify his sources for this assertion. One such incident does, however, appear in Bowditch’s ‘Consumption in America’ (1869):

More than thirty years ago [1830s?], we were consulted by a young man, who frankly confessed that he believed he had disease of the lungs, and he asked us to say whether or not he could rightly be married to an excellent young person to whom he had been for years engaged. We found that his opinion was correct, that decided disease of one lung existed, but it was not at that time in an active state. We found, however, at the same time, that an adverse opinion on our part would forever shatter the hopes of two lovers who had been for years devoted to one another. [...] Ten or twelve years of sweetest married life were the result, and then the husband died of lung disease. But exactly what the youth feared came to pass, namely, one of his children died in very earliest infancy, and the other at the age of twenty – both from consumption.

In the above case we deemed ourselves justified in allowing the marriage to be consummated, because, as may be stated generally, we were not sure the disease would progress, and there was a chance of the husband’s getting well, and there was no certainty of children being born. But there are cases every day arising in which it seems almost madness for either party to think of marriage, – cases in which death seems foreshadowed with the certainty of almost absolute fate. In many of such, parents and physicians alike should protest. (p. 95)

Bowditch seems to assert his professional right to weigh the value of the young couple’s happiness against the potential suffering of their children, and to dictate whether this marriage should go ahead. The most intimate details of the consumptive’s life are exposed to the doctor’s evaluation: not only his medical prognosis, but also his emotional welfare, his sexuality, and his virility are scrutinised and appraised by the doctor ‘allowing the marriage [between consenting adults] to be consummated’. Nonetheless, Bowditch’s acknowledgement of the possibility of happy marriage despite bodily impairment, and his professed reluctance to disappoint two young people in love, demonstrates his commitment to exploring the moral, emotional impact of medical proscriptions on consumptive sexuality. This article may represent a far broader cultural trend towards contradictory advice – simultaneously sensitive

and intrusive, encouraging and condemnatory – even for consumptives who did accept their eugenic duty to seek medical permission to marry.

This confusion is exemplified most clearly in the apparent scarcity of medical or eugenic texts advocating contraception or non-reproductive sexual relationships for consumptives before the 1900s.<sup>109</sup> This strange gap in eugenic logic suggests either that historical records are incomplete, or that contemporary reproductive advice for consumptives really was incoherent. Victorian texts on this subject seem to assume that ‘marriage’ is synonymous with fertile reproductive intercourse – ignoring the fact that birth-control within (middle-class) marriage was already a statistically-observable reality after the 1870s, and that children could be conceived out of wedlock.<sup>110</sup> After 1900, eugenicists did begin to address these inconsistencies by advocating sterilisation of ‘the unfit’.<sup>111</sup>

As Havelock Ellis explained in 1911:

The law may, for instance, enact prohibitions against certain kinds of people marrying, but it cannot so prevent procreation, and the mere prohibition to marry is both unjust and unnecessary in so far as it prevents the unions of people who may be fully aware of their racial disabilities and consequent responsibilities, and ready to act accordingly.<sup>112</sup>

The pre-1900 omission may be explained by, among other things, the widespread Press condemnation of Charles Bradlaugh and Annie Besant in 1877 for publicising birth-control, or the inadequacy of Victorian birth-control methods.<sup>113</sup> Simon Szreter argues that the most widely used methods within marriage were not ‘appliance methods’ (e.g. condoms) but abstinence and coital infrequency, the latter of which was suited to spacing births but not to preventing the births of sick children altogether.<sup>114</sup> Still, abstinence from reproductive intercourse within an affectionate marriage, however unlikely, was always an inexpensive, low-tech

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<sup>109</sup> Kearns, p. 152, remarks that, as Medical Officer to the Local Government Board 1908-1919, Newsholme never advocated the use of condoms to prevent venereal disease or allow ‘unfit’ individuals to marry without reproducing.

<sup>110</sup> See J.A. and Olive Banks, *Feminism and Family Planning in Victorian England* (Liverpool: Liverpool University Press, 1964), p. 122.

<sup>111</sup> See C. W. Saleeby, ‘The Methods of Eugenics’ ([n.p., n. pub., October 1910), p. 282, on ‘sterilisation of the unfit’ by ‘vasectomy or salpingectomy’ and ‘Röntgen rays’. See also Mason, and Dr Robert Reid Rentoul, *Proposed Sterilization of Certain Mental and Physical Degenerates: An Appeal to Asylum Managers and Others* (London and Newcastle-on-Tyne: Walter Scott Publishing, 1903).

<sup>112</sup> Havelock Ellis, *The Problem of Race Regeneration* (London: Cassell, 1911), p. 70.

<sup>113</sup> See Banks, pp. 88-91 on Bradlaugh and Besant.

<sup>114</sup> Simon Szreter, *Fertility, Class and Gender in Britain, 1860-1940* (Cambridge: Cambridge University Press, 1996), especially pp. 392-403.

possibility – and one seemingly never advertised for Victorian consumptives longing to marry but afraid of having children.

One may ask whether pre-1900 texts forbidding marriage and ignoring contraception were merely using ‘marriage’ as a coy euphemism for procreation, or whether they were using the word in Ellis’s far broader sense of a legitimate physical, social and emotional union, and wanted to deprive consumptives of this too. Strahan, at least, admits to being revolted by the idea of sick bodies involved in intimate relationships; he declares marriages between ‘degenerates’ in general:

are outrages against Nature’s benign laws, and [...] their promoters must be suspected of the same morbid feeling that fills a church to witness the wedding of a Tom Thumb or some monster from one of Barnum’s side-shows. (p. 170)

Strahan’s viciousness is perhaps unusually explicit, although Henry Smith also characterises such marriages as ‘*shameful*’ (his italics) and criminal (p. 27), inviting the ‘diseased child’ to ‘curse’ its parents (p. 101).<sup>115</sup> They depict the consequences of disabled sexuality in hideous terms that seem designed to make consumptives loathe their own bodies and desires, and to undermine their confidence in seeking sexual relationships – with or without contraception. However, the impact of morally-impregnated scientific discourses on the private realm of individual sexuality remains, by its nature, difficult to ascertain.

### **Disabling prognosis and treatment**

Unlike contradictory reproductive advice, architectural and socioeconomic structures had a concrete and observable impact on the identities of the consumptive men who left documentary evidence of their frustration and disappointment. Yet many Victorian texts locate these problems in the sick body rather than in a ‘social organisation which takes no or little account of people who have physical impairments’ (UPIAS in Barnes, p. 4), thereby discouraging social reform in their own time and obscuring their status in posterity as artefacts of disability history.

The consumptive’s typically limited life-expectancy must have affected the identities of individuals with the disease – but how much, and in what way, is impossible to ascertain from letters and memoirs. Most consumptive deaths

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<sup>115</sup> See Chapter 4 on *Jude* and *The Idiot*.

occurred between the ages of fifteen and forty-five.<sup>116</sup> Consumptive identity therefore did not include a reasonable expectation of old age; rather, it was an identity intimately bound up with youth – of young adulthood spoiled or, as some biographies seem to suggest, a state of arrested adolescence ending in death rather than maturity, with consumptives denied the responsibilities and privileges of adult life. I will return to this in Chapters 2 and 3.

Until the manufacture of effective antibiotics in the late 1940s, tuberculosis was an incurable and usually fatal disease.<sup>117</sup> Yet many consumptives did not regard their diagnosis as an absolute death sentence; their own accounts veer between despair, acceptance, and buoyant optimism. In February 1897, Beardsley wrote that he had ‘of course lost long ago anything in the nature of hopefulness’; however, in September (less than six months before his death at the age of twenty-five) he wrote that ‘I may not only have several years of life before me, but perhaps even a long life.’<sup>118</sup> Beardsley recognised that his notion of long life was, in itself, subjective, telling Raffalovich ‘don’t think me foolish to haggle about a few months, you will understand, dear André, how precious they may be to me for many reasons now.’<sup>119</sup> Beardsley measures time in terms of what he can do with it – a subjective measurement woefully unhelpful to the empirically-minded historian.

Consumptives were disabled not only by their rapidly disintegrating bodies, but also by medical treatments that did not prioritise their wellbeing so much as their doctors’ obstinate determination to adhere to Hippocratic traditions regardless of consequences (Wootton, pp. 144-146). Some consumptives were persuaded to take exhausting journeys in search of sea or mountain air and dry climates supposed to prolong their lives, sometimes with tragic consequences. In her social history of tuberculosis in America, Sheila M. Rothman describes countless graves lining the wagon trails across the plains, while consumptives who found themselves not cured but destitute and dying far from home gave

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<sup>116</sup> Anne Hardy, ‘Reframing Disease: changing perceptions of tuberculosis in England and Wales, 1938-70’, *Historical Research*, 76 (2003), 535-556 (535). Hardy discusses nineteenth-century death statistics in contrast with later statistics.

<sup>117</sup> Dormandy, p. 22, claims that, ‘until the 1950’s informed opinion [...] reckoned that it was fatal in 80 per cent of cases in five to fifteen years’.

<sup>118</sup> Beardsley to Smithers (4<sup>th</sup> February 1897), pp. 245-246, and to Raffalovich (27<sup>th</sup> September 1897), pp. 372-373.

<sup>119</sup> (30<sup>th</sup> March 1897), p. 287.

some American frontier towns suicide rates among the highest in the world.<sup>120</sup> At various times during the century, therapies included bloodletting with lancet or leeches; blistering the skin with hot glass or corrosive chemicals; purging with emetics; starvation or force-feeding; antiseptic inhalations and injections, or medicines concocted from antimony, arsenic, creosote, gallic acid, opiates, belladonna, chloroform, and even ergotine – a toxic organic source of LSD.<sup>121</sup> Folk remedies and quack medicines abounded but, as Dormandy (pp. 273-277) points out, the sensible lifestyle advice and kindly reassurance offered by Congreve's self-help manual *On Consumption* (1881[?]) may have made his placebo 'Elixir' (mainly alcohol, sugar, and red food-colouring) more effective than many conventional treatments available until the 1940s. Despite their more optimistic titles, some late nineteenth-century American medical texts and advice manuals for consumptives seem far more brutal and bullying than their friendly English equivalents. N. S. Davis' *Consumption: How to Prevent it and How to Live with it* (1891) orders cruel force-feeding, while J. M Buckley, who uses combative language throughout his account of *A Hereditary Consumptive's Successful Battle for Life* (1892), declares that:

There are many persons who, independent of their physical state, have not the moral courage to overcome consumption, and if that cannot be aroused they will do nothing but *die*.<sup>122</sup>

By contrast, English doctor Squire's *Hygienic Prevention of Consumption* (1893) is gentle and humane, urging both medical professionals and carers to sympathise with the consumptive's peculiar physical needs and emotional wellbeing. Squire transcends the contemporary biomedical model of disability by breaking the absolute causal link between impairment and misery, asserting the possibility of sick consumptives deriving 'interest and enjoyment' from photography, botany, 'pleasant companionship' and picnics (pp. 173-179).

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<sup>120</sup> Sheila M. Rothman, *Living in the Shadow of Death: Tuberculosis and the Social Experience of Illness in American History* (Baltimore, Maryland: John Hopkins University Press, 1995), p. 166.

<sup>121</sup> See Charles V. Chapin, 'What Changes Has the Acceptance of the Germ Theory Made in Measures for the Prevention and Treatment of Consumption?' Fiske Fund Prize Dissertation, No. 38 (Providence, RI, 1888) (repr. in *From Consumption to Tuberculosis*, pp. 260-290). Famous ergotine users include Robert Louis Stevenson and Beardsley (see *Letters AB*, p. 144 and p. 269).

<sup>122</sup> J.M. Buckley, *A Hereditary Consumptive's Successful Battle for Life* (New York: Eaton & Mains, 1892; repr. Kessinger, 2006), p. 60.

How could the content and tone of these texts possibly affect (for better or worse) the progress of an incurable disease? It seems that careful nursing, good diet and palliative care could improve the quality and even the duration of consumptives' lives.<sup>123</sup> In 1835, Clark observed that, with his 'best regimen' of starvation, bloodletting and purging, 'the medium duration of phthisis is probably not much short of three years' (p. 177); John Keats (1795-1821) survived only four months in Clark's care, dying in agony barely one year after his first haemorrhage. Yet, by the beginning of the twentieth century, the estimated average life expectancy for middle-class consumptives had extended to seven or eight years (Newsholme, 1908, pp. 49-50). Bloodletting gradually became unfashionable after rudimentary clinical trials in the 1840s; starvation was increasingly abandoned in favour of a nutritious high fat, high protein diet for consumptives and, if all else failed, after 1855 injectable morphine made their last days more bearable.<sup>124</sup> Unlike Keats, Beardsley survived for eighteen years after diagnosis and died peacefully in 1898 with frequent doses of morphine; Chekhov survived for twenty years after his first haemorrhage and, according to his wife, spent his last moments in 1904 happily drinking champagne.<sup>125</sup>

### **Disabling social structures**

In my discussion of heredity I remarked that no eugenic legislations were passed with the explicit aim of preventing consumptives in Britain marrying or reproducing. However, medical and eugenic recommendations against marriage were reinforced by social factors that made normal family life for consumptive men difficult or even impossible. The 'marriage' discouraged by Victorian doctors and eugenicists may refer not only to an exchange of genetic material, or even to a socially legitimate state of heterosexual intimacy, but to a socio-political institution by which hegemonic masculine status is reinforced and displayed through undertaking an exclusive legal relationship with a woman, producing children, and maintaining a home. If so, texts discouraging

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<sup>123</sup> See Smith (1988), Table II, p. 7, and Hardy (2003), 542.

<sup>124</sup> See Wootton, p. 143, on bloodletting; Congreve and Squire on diet, Hardy (2003), 535-556, on possible explanations (e.g. high protein diet) for TB changing from a killer of young adults to a chronic, even asymptomatic disease of old men in twentieth-century England. See Longmate, p. 62, on hypodermic syringe for morphine.

<sup>125</sup> See Sophie Laffitte, *Chekhov, 1860-1904*, trans. by Moura Budberg and Gordon Latta (Arts Book Society/ Readers Union Group, 1974), p. 239, and especially Ernest J. Simmons, *Chekhov: a Biography* (London: Jonathan Cape, 1963) on Chekhov's death.

consumptive marriage may be regarded as part of a wider cultural policing of masculine identities, expelling ‘unfit’ men to protect the integrity of hegemonic heterosexual masculinity.

Poverty had an enormous impact on consumptives’ family lives. In *London Labour and the London Poor* (1861), Henry Mayhew interviews a young ‘homeless painter’, who declares that he ‘worked in Liverpool, earning but little through illness, and working on and off as my health permitted’:

I came back to Liverpool early in 1848, and got work, but was again greatly distressed through sickness. [...] For the last ten days, I declare solemnly, I have had nothing but what I picked up in the streets. [...] I often had to walk the streets all night. I was so perished I could hardly move my limbs. I never asked charity [...] I had the greatest mind to steal something to get sent to prison, where, at any rate, I said to myself, I shall have some food and shelter.<sup>126</sup>

Although the homeless painter does not name his disease, his story serves as an effective example of the hardships and humiliations faced by Victorian workers with unpredictably recurring impairments like tuberculosis. At the end of the period under discussion, Henry Clarke pointed out that ‘patients in the terminal stages of the disease are [...] unable to work, and are either completely destitute, or are a burden on their friends’ (1909, p. 29). Even middle-class consumptives were affected: F. B. Smith (1979, p. 253) quotes an article in *The Lancet* from 1834 seeking assistance for ‘an apothecary’ whose ‘disease is consumption; he appears to get daily worse, and is recommended by his physician to leave the hospital. This poor man has not a penny, nor a friend.’<sup>127</sup>

Poverty also affected the sexual, matrimonial or reproductive decisions of consumptive men across the period and across different classes. Polish Romantic composer Fryderyk Chopin (1810-1849) wrote from Edinburgh in 1848:

Supposing that I could fall in love with someone who loved me in return, and as I would wish to be loved, even then I would not marry, for we should have nothing to eat and nowhere to live. But a rich woman looks for a rich husband – and if she does choose a poor man he must not be a feeble creature, but young and vigorous. A man on his own can struggle

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<sup>126</sup> Henry Mayhew, *London Labour and the London Poor* (1861), ed. by Victor Neuburg (London: Penguin, 1985), pp. 429-430.

<sup>127</sup> Quoting *The Lancet* (25<sup>th</sup> January 1834), 696.

along, but when there are two, poverty is the greatest misfortune. I may give up the ghost in an institution, but I won't leave a wife to starve.<sup>128</sup>

In 1902-1903, Bethnal Green Workhouse Union's history sheet for the Sparuls family records precisely the scenario Chopin described in 1848. This document is not a eugenic text in the sense of Pearson's *Studies in National Deterioration*, but nonetheless provides concrete documentary evidence of a local government policy that effectively deprived a consumptive citizen of his masculine identity as father, husband and provider:

Bethnal Green – the Sparuls' Case.

H.S. 6377. – Frederick Sparuls, 47; Rachel Sparuls, 37.

On April 4<sup>th</sup>, 1902, this family of husband, wife, and three children became chargeable. He was an undertaker's coachman, no club, but insured 3d. per week for the family. The first entry is:-

4.4.02. – For relief, husband sick, and unable to work. Relief in kind given, husband to be summoned when well.

14.4.02. – Husband was admitted to Victoria Park Chest Hospital.

15.4.02. – Another child born, and relief in kind continued until

23.5.02. – Eliza and Arthur admitted for the schools. Arthur ill and admitted to the infirmary.

7.6.02. – Husband admitted to the infirmary.

2.8.02. – A doctor's order for woman and infant.

14.8.02. – Burial order for infant.

18.12.02. – The woman admitted to infirmary suffering from pulmonary tuberculosis.

17.2.03. – Husband died in the infirmary of pulmonary tuberculosis.

17.9.03. – Wife died in the infirmary of pulmonary tuberculosis.<sup>129</sup>

The Commission adds:

That, I'm sorry to say, is not an uncommon history sheet.

#### OBSERVATIONS

It will be seen that there is nothing against the man's character and that he had exercised some thrift; yet the board employ the deterrent that he is to be 'summoned' (i.e. that he is to appear before the board or committee) when well. As the man had pulmonary tuberculosis he ought to have had medical care and good food much earlier. The relief given was obviously inadequate, as no money is given for rent, or apparently for clothing. (p. 521)

<sup>128</sup> Chopin to Wojciech Grzymala (30<sup>th</sup> October 1848), in *Selected Correspondence of Fryderyk Chopin*, collected by Bronislaw Edward Sydow, trans. and ed. by Arthur Hedley (London: Heinemann, 1962), p. 349.

<sup>129</sup> 'Sparuls' Case', Appendix No. III. Handed in by Mr J. Theodore Dodd, Oxford (Q.25612), in *Royal Commission*, p. 521.



The Commission regards his summoning as a humiliating incident undermining the man's 'character', either in the sense of social status or personal integrity. Because of his impairment, he has been treated officially as an undeserving beggar rather than as a legitimate patriarch. The 'mortal funk of the pauper's life – and death' described by Beardsley may have been a significant restriction on the consumptive male's social status and associated identity.<sup>130</sup> Crucially, three of the four novels discussed in subsequent chapters of my thesis also represent the impact of contemporary eugenic or hereditarian proscriptions against marriage as inseparable from (and exacerbated by) the consumptive male's socio-economic helplessness and vulnerability to domestic abuse.

What became of the destitute dying deprived of recognisable status within the family? Dormandy indicates that, even in specialist tuberculosis hospitals or sanatoria, "hopeless cases" [...] were never welcome and many were discharged when their death was imminent' (p. 168). Squire observed that:

Homes for incurable consumptives are few, and not always utilised for their intended purpose. A sanitary district should provide a home for its own advanced consumptives, where the sufferers should be received without thereby incurring the brand of pauperism [...] where their surroundings should be made bright and comfortable. (p. 141)

Although Ernest Dowson's and George Moore's novel *A Comedy of Masks* (1893) depicts a (charitable) nursing-home of this kind, in reality Squire's recommendations were more or less ignored.<sup>131</sup> Wittkower's 1955 study describes the fate of several 'advanced' consumptives rejected by TB sanatoria, including 'an unskilled labourer, aged 26' who:

occupied a kitchen in one of the huge, dark tenement houses so common in the slum districts of London. He had had several haemoptyses and was terrified of having another one. In view of his advanced lesion he had been regarded as unsuitable for sanatorium treatment. He was unmarried and had very few friends. [...] During the day-time friendly neighbours popped in now and again. If something happened to him at night he could not even make himself heard. (pp. 81-82)

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<sup>130</sup> Beardsley to Smithers (31<sup>st</sup> May 1897), p. 328.

<sup>131</sup> Anton Chekhov raised money to build a home for dying consumptives in Russia in the last years of his life. Extracts from his appeal, 'Help the Dying' (1902), are quoted in Laffitte, p. 214.

This scenario bears an appalling resemblance to those described by the Reverends Andrew Mearns and William Carnall Preston's lurid report, *The Bitter Cry of Outcast London* (1883):

There are (i.e., in addition to those who find their way to our hospitals) men and women who live and die day by day in their wretched single rooms, sharing all the family trouble, enduring the hunger and the cold, and waiting without hope, without a single ray of comfort, until God curtains their staring eyes with the merciful film of death.<sup>132</sup>

It is tragic to reflect that Wittkower's consumptive 'unskilled labourer, aged 26' in 1955 was scarcely better off than consumptives in 1883. Some consumptives were not only denied hospice care, but also lacked families willing to nurse them: of ten 'deaths from starvation, or accelerated by exposure' in Whitechapel slums and gutters in 1904, at least four were diagnosed *post mortem* with 'phthisis' (*Royal Commission*, p. 515). Did they develop tuberculosis while living rough, or were they consumptives cast out to die on the streets? Those who did have families also faced hardship; in 1909 Henry Clarke stated:

Many more [consumptives] would voluntarily enter the workhouse, but for two reasons. The first and most important is that they object to being branded as paupers, and they and their friends make every effort to avoid this disgrace. The second reason, which is effective in many instances, is that many of these patients are insured for a few pounds. If they die in the workhouse this money may be claimed by the guardians, and the relatives deprived of a long-expected festivity. (p. 29)

Clarke hints at the neglect and misery experienced by consumptives forced to choose between burdening resentful, neglectful families and dying in a dismal institution – or, indeed, alone in a cellar or on the streets.

Perhaps fundamental in the social disabling of the consumptive was the contemporary biomedical model's representation of the impaired body as an illegitimate part of the social organism. This means that the consumptive's needs were regarded as 'special' needs – an inconvenient or even burdensome diversion from the needs of the physiological norm. Evidence of consumptives' exclusion from the 'normal' world is not hard to find. Beardsley and Chekhov complain persistently about the numerous obstacles to consumptives travelling

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<sup>132</sup> Andrew Mearns and William Carnall Preston, 'The Bitter Cry of Outcast London: an Inquiry into the Condition of the Abject Poor' (London: 1883) in *Homes of the London Poor and The Bitter Cry of Outcast London*; Cass Library of Victorian Times No.6 (London: Frank Cass & Co., 1970), p. 17.

by train; Beardsley could only travel on Thursdays (seemingly the only day that Cook's travel agents offered a service to move his luggage for him), while Chekhov wrote to his sister:<sup>133</sup>

I must admit I would be a little nervous of travelling by train. I would suffocate in a carriage just now, especially as I am finding it so hard to breathe, and the slightest thing exacerbates it. Moreover, there are no through sleeping cars from Vienna to Odessa, so it would not be very comfortable. (Chekhov to Maria Chekhova, 28<sup>th</sup> June 1904, p. 531)

Both Chekhov and Beardsley also complain about stairs in buildings without lifts. Beardsley writes to Smithers 'I'm afraid I shall have some little difficulty as to logement. Stairs are an impossibility for me, the few short flights to my room here finish me off,' yet he finds that hotels with lifts are prohibitively expensive for a poor consumptive: in affordable hotels, he must be carried upstairs by the porters.<sup>134</sup> G.B. Iollos reported that 'it was hard for [Chekhov] to mount the slight stairway of the Potsdam Station; for several minutes he sat, helpless, and breathing heavily.'<sup>135</sup> As I suggested in my thesis Introduction, these buildings and transport systems were built with no regard for the needs of a sizeable section of the population. The architects were imagining an ideal building or railway as part of an ideal world in which weak, breathless bodies that haemorrhage upon exertion do not exist, much less travel or stay in hotels. This exclusion from the architects' imagination becomes a real exclusion from public space, forcing the consumptive to plead for 'special' help – even to be carried – and risk the resentment of their assistants.<sup>136</sup>

While evidence of this exclusion from public space is easy to find, contemporary critiques are more elusive, discouraged by the increasingly dominant biomedical model that asserts the exclusive validity of the 'normal' bodily configuration as the form around which the environment naturally shapes itself. Thus, Beardsley's employers could not imagine accommodating the

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<sup>133</sup> Beardsley to Raffalovich (3<sup>rd</sup> April 1897), p. 292.

<sup>134</sup> Beardsley to Smithers (28<sup>th</sup> April 1896), p. 127, and to Raffalovich (13<sup>th</sup> April 1897), pp. 301-302. See also Chekhov to Olga Knipper-Chekhova (4<sup>th</sup> March 1903), p. 512: 'Are you moving to a new apartment? What floor is it on? If it's very high it will take me half an hour to get there.'

<sup>135</sup> G.B. Iollos, Berlin correspondent to *Russian News* (July 1904), quoted in Simmons, p. 634.

<sup>136</sup> In Henry James, *The Portrait of a Lady* (1881), ed. by Nicola Bradbury (Oxford: Oxford University Press, 1995), p. 542, Gilbert Osmond states of consumptive Ralph Touchett 'He ought never to have come; it's worse than an imprudence for people in that state to travel; it's a kind of indelicacy. [...] Other people invariably have to look after him'. Osmond's statement is presented to the reader as unacceptable but not necessarily exceptional.

unpredictable disease that often left him too weak and ‘paralysed with fear’ to work to deadlines.<sup>137</sup> Beardsley and his contemporaries seem to have regarded his self-confessed ‘mortal funk of the pauper’s life – and death’ as a purely personal dilemma caused by his impaired body, and by specific incidences of bad behaviour on the part of his colleagues, rather than being caused by a general lack of social support for people living with impairment.<sup>138</sup> Under the biomedical model, which locates disability in the body rather than in social structures, a critique of the disabling environment is simply not a part of conventional narratives of life with impairment.<sup>139</sup>

### Conclusion

The ‘mortal funk of a pauper’s life – and death’ was, quite demonstrably, a significant factor in determining the social interactions by which the identities of consumptive men were generated and disciplined. Destitution and fear of destitution obviously affected the identities of consumptive men by making them unfit fathers and husbands and by enforcing their dependency on families that may have been unwilling to care for them. The built environment and the social imagination as a whole ignored the consumptive body in ways that made it difficult for consumptive men to assert themselves in the public realm.

The impact of legislation, public welfare policy, medical treatments and the built environment in disciplining consumptive identity is visible – albeit to a limited extent – in documentary evidence. Far more difficult to ascertain is the impact of propaganda, ideas and prejudices, especially regarding extremely private issues: the medical and eugenic advice available to consumptives was often contradictory, and Victorian consumptives themselves were not always cooperative in recording for posterity the processes by which they made reproductive decisions or evaluated themselves as legitimate masculine subjects.

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<sup>137</sup> Beardsley to Raffalovich (30<sup>th</sup> October 1896), p. 194. In September 1897, Smithers complained to Wilde that ‘it seems hopeless to try and get any connected work out of [Beardsley] of any kind’ (quoted in *Letters of Aubrey Beardsley*, p. 366n). Beardsley later received a pension from Raffalovich, allowing him to die in relative comfort.

<sup>138</sup> Beardsley to Smithers (31<sup>st</sup> May 1897), p. 328. See also Vincent O’Sullivan, *Aspects of Wilde* (London: Constable, 1936), p. 86, expressing ‘disgust and indignation that the greatest genius of the last years of the nineteenth century, young and dying, should have been in such a plight as to money.’ O’Sullivan blames Smithers and Wilde for damaging Beardsley’s career.

<sup>139</sup> See Appendix, pp. 224-226 on 1884 press reportage of the Holliday/ Allen hearing, and the consumptive Holliday’s defence, as a possible exception.

When Clark asked consumptives in love to ‘pause before they enter in a contract which can only entail disease or unhappiness on all concerned’ (pp. 270-271), that pause indicated a space of personal moral responsibility in which the physician and the state could not decide on the consumptive’s behalf. The moral anguish, selfish desire, or altruistic impulses that could have filled this space for unmarried, childless, or otherwise emasculated consumptive men are perhaps best approached through the analysis of Victorian novels that occupies the final three chapters of my thesis.

Nonetheless, even if Victorian non-fiction texts do not provide perfect clarity in evaluating the pressures on consumptive masculine identities, such texts can certainly illuminate the ways in which certain kinds of representation were perpetuated while others were stifled, and the ways in which some consumptive men devised public performances of identity to transgress oppressive social and cultural limitations. In the next chapter, I will discuss the extent to which Victorian representations of Keats acted as an effective posthumous disciplining of his identity, and whether Beardsley’s playful proliferation of consumptive cultural identities allowed him to escape Keats’s fate.

## Chapter 2

### John Keats, Aubrey Beardsley, and 'Drag' Disabled Identities

'How long will this posthumous life of mine last?'

Keats to Dr James Clark, 1821 <sup>140</sup>

'Sadly but truly, perhaps only a dying consumptive could have written such filth'.

'Expert' witness for the *Lady Chatterley* trial <sup>141</sup>

### Introduction

Haldane MacFall's 1928 biography of Aubrey Beardsley opens with his recollection of a gathering of literary and artistic celebrities of the 1890s attending the unveiling of a bust of John Keats in Hampstead church. Afterwards, as the congregation dispersed into the churchyard, MacFall observed Beardsley, deathly pale and breathless, stumbling away over the gravestones; artist Walter Sickert also recorded the portentous scene: [FIG. 3].<sup>142</sup>

Beardsley, like Keats, would die from consumption at the age of twenty-five. Significantly, at the time of Keats's memorial service in 1894, Beardsley himself was no less aware of the coincidence than were his observers. Diagnosed at the age of seven in 1879, Beardsley identified publicly with other consumptive cultural figures throughout his career, informing Penrhyn Stanlaws in 1894 that 'I shall not live much longer than did Keats'.<sup>143</sup> As art editor of the *Yellow Book*, Beardsley published Sickert's sketch, exposing his impairment to the public at an early point in his career; according to Matthew Sturgis, one contemporary observed that the portrait 'accounts for much that is eccentric in Mr Beardsley's work' (Sturgis, 1998, p. 211). Yet Beardsley's problematic relationship with

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<sup>140</sup> John Keats to Dr James Clark, later author of *Treatise on Pulmonary Consumption* (1835), quoted by Joseph Severn in letter to John Taylor (6<sup>th</sup> March 1821), in Joseph Severn, *Letters and Memoirs*, ed. by Grant F. Scott (Aldershot, Hants.: Ashgate, 2005), p. 138.

<sup>141</sup> Quoted in Dormandy, p. 290.

<sup>142</sup> Haldane MacFall, *Aubrey Beardsley: the Man and His Works* (London: Bodley Head, 1928), pp. xiii-xiv. See also 'The Keats Memorial', *Saturday Review*, 78 (21<sup>st</sup> July 1894), 66. See Wendy Baron and Richard Shone, *Sickert: Paintings* (New Haven & London: Yale University Press, 1992), pp. 94-95 for an interpretation of this sketch.

<sup>143</sup> Penrhyn Stanlaws, 'Some Personal Recollections of Aubrey Beardsley', *The Book Buyer* (October 1898), 212-214 (212).

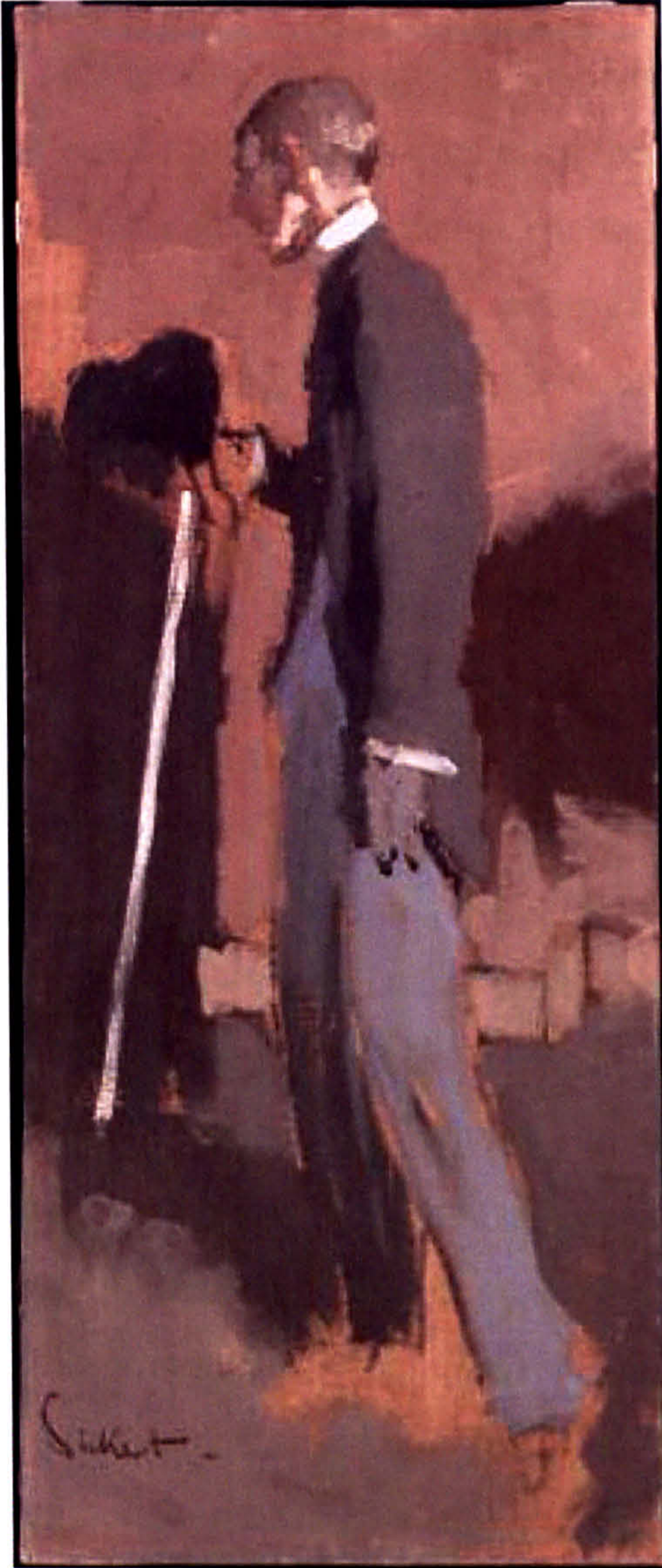


FIG. 3: *Aubrey Beardsley* (1894), by Walter Sickert. Tate Britain, London (estate of Walter Sickert).



FIG. 4: 'Self Portrait' (1892), by Aubrey Beardsley, in *A Second Book of Fifty Drawings by Aubrey Beardsley* (London: Leonard Smithers, 1899), p. 13.

other consumptive figures demonstrates his misgivings about the oppressive conditions placed on the validation of disabled identities.<sup>144</sup>

This chapter will focus on Beardsley's engagement with one particular form of consumptive identity condoned throughout the Victorian era: that of the Romantic consumptive genius exemplified (although certainly not invented) by Keats. Two of the defining aspects of this identity are the consumptive artist's extreme sensitivity to and passivity under critical persecution, and his incompleteness, as the stark fact of the consumptive's early death forces him to relinquish control of his reputation before he (and it) reaches maturity. Both aspects indicate Romantic and Victorian misgivings about the consumptive artist's capacity for self-determination. Commonplace representations of consumptive artists as abnormally vulnerable and incomplete imply that they have missed some normal process of development necessary for an adult subject to attain a robust, legitimate identity: they become, paradoxically, a self that is simultaneously essential and false – an identity fixed in permanent invalidity.

Disability theorists Mitchell and Snyder suggest that the 'championing or critique of one disabled writer by another demonstrates that a disability consciousness has been available during prior ages'.<sup>145</sup> This 'disability consciousness' is not merely the consciousness that others share the same medical diagnosis; rather, it is the consciousness of sharing marginalisation from the nondisabled world. Lawlor shows that some consumptive artists, especially Laurence Sterne (1713-1768) and Henry Kirke White (1785-1806), self-consciously exploited contemporary cultural meanings attributed to their disease

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<sup>144</sup> 'Degeneration' (review of Max Nordau's *Degeneration*), *Spectator*, 2<sup>nd</sup> March 1895, pp. 291-292 (p. 292), dismissed the fears raised by Max Nordau's *Degeneration* (1892; trans. into English 1895) by stating that 'in England Yellow-Bookishness is dying already from the contempt of the fully sane', using the magazine with which Beardsley was associated as Art Editor as a synonym for mental and physical degeneracy. Beardsley obviously courted such criticism, telling one interviewer that 'I have one aim – the grotesque. If I am not grotesque I am nothing'. See Arthur H. Lawrence, 'Mr Aubrey Beardsley and His Work', *Idler*, 11 (March 1897), 188-202 (p. 198). His place in these contemporary discourses of degeneracy – especially regarding the perceived androgyny and deformity of the figures in Beardsley's drawings, and of Beardsley himself – has been explored in great depth by Matthew Sturgis, and by Chris Snodgrass, *Aubrey Beardsley: Dandy of the Grotesque* (Oxford: Oxford University Press, 1995), especially pp. 177-189 on the skull/foetus motif, and pp. 59-61 on the figure of the hermaphrodite in Beardsley's drawings. Though they are relevant to my study of the ways in which consumptives engaged with the new biomedical model of disabled identity, I will not reiterate these arguments in this chapter.

<sup>145</sup> Mitchell, David T. and Sharon L. Snyder, 'Representation and its Discontents: the Uneasy Home of Disability in Literature and Film', in *Handbook of Disability Studies*, ed. by Gary L. Albrecht, Katherine D. Seelman and Michael Bury (Thousand Oaks, CA: Sage Publications, 2001), pp. 195-218 (p. 208).



in conceptualising themselves and their work.<sup>146</sup> At the beginning of the nineteenth century, Romanticism's celebration of individuals and texts that were aberrant, marginalised and incomplete, combined with increasingly comprehensive pseudo-scientific theories of the relationship between consumption and temperament, seemed to validate the identities of consumptive artists. After his death in 1821, critics appropriated Keats as the perfect archetype of the Romantic consumptive artist. Keats's reluctance or inability to clarify his own consumptive identity during his lifetime left his reputation especially vulnerable to a disabling cultural exploitation that would affect subsequent generations of artists with tuberculosis struggling to validate disabled identities in his shadow.

Beardsley challenged Romantic stereotypes not by pretending to represent the 'reality' of life with tuberculosis but by presenting a professional persona that appropriated and manipulated several models of consumptive identity, thus refuting the signifying and determining power these models gained through their claims of exclusive interpretation of the consumptive body. I will demonstrate that Beardsley's playful overlaying of conflicting personas resembles Judith Butler's description of 'drag' as a disruption of conventional gender types.<sup>147</sup> Even the most Romantically-inclined of Beardsley's contemporaries, strenuously seeking to present him as a coherent Keatsian archetype, were forced to acknowledge the discrepancy between the expectations raised by the artist's visibly pathological body and sinister drawings, and the energetic, childlike character revealed on closer acquaintance. Beardsley demonstrated the potential for disabled Victorians to disrupt the disabling cultural identities available to people with impairments, and to validate alternative identities of their own construction.

### **Romantic consumptive genius**

As Clark Lawlor (2006) demonstrates, by the time of Keats's death, eighteenth-century medical notions of 'nerves' and Brunonian vitalism had become entangled with Renaissance Courtly love and early modern religious models of

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<sup>146</sup> See Lawlor, pp. 98-107 on Sterne, and pp. 127-137 on Kirk White. See also Henry Kirk White, 'Written in the Prospect of Death', in *The Poetical Works of Henry Kirk White* (1803-1806; repr. Kessinger Publishing's Rare Reprints, 2007), pp. 113-115.

<sup>147</sup> Butler, pp.150, 175 and 185.

'consumptions' to generate the Romantic figure of the too-sensitive, fast-burning artist who dies young and unappreciated by a callous world.<sup>148</sup>

The meanings attributed to artists with consumption were endorsed and consolidated by biomedical writers throughout the nineteenth century and beyond. Congreve's 1880's self-help manual for consumptives declares:

It is worthy of remark that persons of a highly sensitive mind and fine intellect are frequently the subjects of this disease, a fact much to be regretted. How often has the spark of true genius been thus early quenched, and the expanding mind, panting for the living spirit of the Beautiful, been hushed to its one long sleep! (p. 2)

Romantic discourses of consumptive genius rarely decide whether the disease is an accompanying sign, direct consequence, or direct cause of creativity.

Assertions of an essential, hereditary consumptive 'type' of person characterised by sensitivity and creativity often appear alongside claims that 'too ardent pursuit of literary fame' (Congreve, p. 3) can cause the disease in otherwise healthy individuals. This confusion reflects a far broader ambiguity about the role of hereditary predisposition and inflaming incident in causing consumption.<sup>149</sup> In his 1821 preface to *Adonais*, in which he eulogises the recently dead Keats, Percy Bysshe Shelley declares:

The genius of the lamented person to whose memory I have dedicated these unworthy verses was not less delicate and fragile than it was beautiful; and where canker-worms abound, what wonder if its young flower was blighted in the bud? The savage criticism on his *Endymion*, which appeared in the *Quarterly Review*, produced the most violent effect upon his susceptible mind; the agitation thus originated ended in the rupture of a blood vessel in the lungs; a rapid consumption ensued.<sup>150</sup>

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<sup>148</sup> See Lawlor, p. 24, pp. 35-38, pp. 53-58, and pp. 114-115, discussed in Chapter 1. Famous consumptives (or people supposed to be consumptive) in the arts include writers Molière (1622-1673), Alexander Pope (1688-1744), Laurence Sterne (1713-1768), Percy Bysshe Shelley (1792-1822), Emily Brontë (1818-1848), Anne Brontë (1820-1849), Robert Louis Stevenson (1850-1894), Ernest Dowson (1867-1900), Anton Chekhov (1860-1904), Franz Kafka (1883-1924), D.H. Lawrence (1885-1930), and George Orwell (1903-1950); philosophers Baruch Spinoza (1632-1677) and John Locke (1632-1704); artists Jean Antoine Watteau (1684-1721), Richard Parkes Bonington (1802-1828), and Amadeo Modigliani (1880-1920); composers Niccolò Paganini (1784-1840) and Fryderyk Chopin (1810-1849); and early French film-director Jean Vigo (1905-1934).

<sup>149</sup> See Williams and Williams, pp. 7-8, discussed in Chapter 1.

<sup>150</sup> Percy Bysshe Shelley, Preface to *Adonais: An Elegy on the Death of John Keats, author of Endymion, Hyperion etc.* (1821), in *Romanticism: An Anthology*, ed. by Duncan Wu (Oxford: Blackwell, 1994), pp. 970-971 (p. 970).

Once he discovers that Keats has died of consumption, Shelley systematically ignores his personal acquaintance with Keats as a robust bare-knuckle-boxing cockney to force him to conform to existing cultural stereotypes. The language of violence, ‘rupture’ and ‘canker’ successfully conveys both the vulnerability of the tender, ‘susceptible mind’ and the callousness of the world. However, this emotive mix of causes overdetermines Keats’s illness: his inherent ‘susceptibility’ diminishes the responsibility of the ‘canker worms’ and vice-versa.

With the consolidation of the biomedical model of consumption-as tuberculosis, later nineteenth-century and early twentieth-century texts, including many memoirs of Beardsley by his contemporaries, seem more willing to commit to one causal direction. Without offering evidence, W.B Yeats claimed: ‘I know that some turn of disease had begun to parade erotic images before his eyes, and I do not doubt that he drew these images.’<sup>151</sup> Lewis J. Moorman’s *Tuberculosis and Genius* (1940) quotes the London Correspondent to the *Journal of the American Medical Association* arguing that in understanding consumptive writers, including Keats and Chekhov, the ‘point’:

is not the effect which the trouble of tuberculosis has in moulding the writing of authors, but that the toxins of the disease act in some way as a stimulus to the brain in the production of the imagination.<sup>152</sup>

The London Correspondent’s statement, embraced by Moorman, constitutes an explicit denial of a socio-medical and social model of disabled identity – despite the fact that ‘the toxins of the disease’ were not (and still are not) proven to exist. Imagination itself is presented as some kind of neuroendocrine by-product. Eric Wittkower’s 1955 study of three-hundred TB patients is sceptical about the mythical toxin. Wittkower contradicts Moorman, prioritising obvious psychosocial explanations for instances of consumptive creativity, and arguing that such a common disease must include talented people among its victims (pp. 46-47). Most importantly, Wittkower attributes to TB patients some agency in

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<sup>151</sup> W. B. Yeats, *Autobiographies* (1914; London: Macmillan, 1977), pp. 331-332.

<sup>152</sup> Lewis J. Moorman, MD, *Tuberculosis and Genius* (Chicago, IL: University of Chicago Press, 1940), p. xvii, quoting *JAMA* (June 1932). See Moorman, pp. xviii-xiv, p. 248 and pp. 254-256 on Keats. René and Jean Dubos, *The White Plague: Tuberculosis, Man, and Society* (1952; New Brunswick, NJ: Rutgers University Press, 1996), probably the most influential twentieth-century social history of TB, gives some credence to the mythical ‘toxin’.

responding to their limited lifespan with accelerated productivity, and in salvaging their damaged self-esteem by identifying with famous historical consumptives.<sup>153</sup>

In his cautious assessment of possible links between Beardsley's art and his illness, Snodgrass attributes a similar agency to the artist:

The fact that Beardsley was fascinated with the grotesque from early childhood and grew up identifying himself with it, as in his ghoulish 1892 *Self-Portrait* [FIG. 4], may have been a rather logical consequence in one whose physical appearance and personal demeanour were so often belittled. (Snodgrass, p. 161)

Unlike Yeats, Snodgrass recognises Beardsley's identification with the marginal and malformed as a conscious, 'logical' response to social prejudice, rather than as an unconscious, illogical reaction to some mysterious toxin. If his endless absorption and recycling of negative images and existing stereotypes (especially regarding the supposed correlation between sick body and sick identity) exposes their oppressive ubiquity, in that he can never escape them but can only exchange one for another, then it also reveals their empowering potential as materials for self-expression, allowing the consumptive to anticipate and even control the social interactions that discipline their disabled identity. I would characterise Beardsley's exploitation of existing consumptive identities, layering impaired body and social disability, as performative and, in this sense, helpfully illuminated by analogy with Judith Butler's description of drag. In drag:

part of the pleasure, the giddiness of the performance is in the recognition of a radical contingency in the relation between sex and gender in the face of cultural configurations of causal unities that are regularly assumed to be natural and necessary. In place of the law of heterosexual coherence, we see sex and gender denaturalized by means of a performance which avows their distinctness and dramatizes the cultural mechanism of their fabricated identity.

The notion of gender parody defended here does not assume that there is an original which such parodies imitate. Indeed, the parody is of the very notion of an original. (Butler, p. 175)

Beardsley's peculiar deployment of various consumptive clichés – if not quite as 'logical' as Snodgrass suggests – emphasises its own self-conscious performativity in ways that utterly refute notions of the consumptive as a helpless

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<sup>153</sup> See also Paul Mayho, *The Tuberculosis Survival Handbook*, 2<sup>nd</sup> edn (Weybridge, Surrey, and West Palm Beach, Florida: Merit Publishing International, 2006), p. 51.

vessel of spiritual or pathological forces beyond their control. Just as drag breaks any supposed causal link between biological sex and social gender, even undermining the notion of biological sex as the true original, so too does Beardsley's consumptive identity break the biomedical model's causal link between impairment and disability, suggesting that disabled identity is a product of cultural discourses rather than a 'parody' of an underlying, essential pathological state.

### **The decline of Romantic consumptive genius**

In depicting the consumptive's creativity as an alternative form of validation, reproduction, and self-perpetuation for an otherwise invalid, sterile, prematurely aborted life, Romantic clichés offered consumptives fertile material for constructing a publicly-validated disabled identity. However, if the Romantic consumptive persona was not inherently oppressive or dehumanising, then it was at least an unwieldy tool for the individuals so designated. Lawlor remarks of early criticism of Michael Bruce (1746-1767), Henry Kirk White and John Keats that:

The struggle for power over these narratives of illness gained a new dimension in the new role of the literary critic, who often had the upper hand in his ability to convey opinions about a poet to the ever-increasing literary public [...] at the cost of contradicting the messages sent by the poets themselves. (p. 134)

Young, often impoverished artists who entered the public consciousness close to death or even posthumously had little control over their reputations. As I will show in the next section, in demanding that its object be dying or dead, their work unappreciated during their lifetime, the Romantic model of consumptive identity enforces the poet's passivity and impotence in managing their own career or public profile. This seems to preclude any possibility for the Romantic consumptive artist to re-assert authority over his or her cultural representation and identity. Once Romanticism has been imposed upon them, they are deprived of the power to remove themselves from the Romantic discourse.

However, as I will argue throughout this chapter, Beardsley really did manage to flirt with Romanticism without being swallowed by it. A new model of disabled identity had developed between Keats's death and Beardsley's career,

disrupting the glamour and exclusive explanatory power of the Romantic model and, arguably, rendering it more manageable for Beardsley in the 1890s than it could have been for Keats in 1820.

In the Victorian era, consumptive genius was increasingly pathologised by biomedical models of disability that dismissed disabled identities as degenerate and illegitimate. In *Hereditary Genius* (1869), Francis Galton complained that:

There is a prevailing belief [...] that men of genius are unhealthy, puny beings – all brain and no muscle – weak-sighted, and generally of poor constitutions. I think most of my readers would be surprised at the stature and physical frames of the heroes of history. [...]

A collection of the living magnates in various branches of intellectual achievement is always a feast to my eyes; being, as they are, such massive, vigorous, capable looking animals.<sup>154</sup>

In 1869, Galton regards himself as a beleaguered minority in his admiration of muscular geniuses. Yet this taste apparently became more widespread in accordance with the growing public interest in eugenics discussed in Chapter 1.

In 1894, the *Spectator* claimed:

The *beauté malade* of certain works of art is the reflection of the sickly soul in the sickly body. The very best artists, like those who have succeeded best in other human efforts, are the essentially healthy.<sup>155</sup>

Evidently, the mythical consumptive creativity once lauded by the Romantics was, in some quarters at least, being undermined as inferior to ‘healthy’, normal art. As I will show later in this chapter, Beardsley dealt with this new pathological criticism not by denying his sickness, but by denying his Keatsian passivity and his vulnerability to critical attack of any kind.

The *Spectator*'s expression of hostility towards sickly ‘Yellow-Bookish’ art and artists identifies itself as self-consciously modern, thus historicising sickly creativity (and uncritical admiration thereof) as an outdated superstition rather than a timeless, essential truth about consumptive identity.<sup>156</sup> Ironically, these modern pathological criticisms, of which Beardsley was most certainly a target, may have offered Beardsley a liberating escape route from the Romantic

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<sup>154</sup> Francis Galton, *Hereditary Genius: an Inquiry into its Laws and Consequences*, 2<sup>nd</sup> edn (1892; repr. London: Macmillan, 1935), p. 321.

<sup>155</sup> ‘The Literary Advantages of Weak Health’, *Spectator*, 20<sup>th</sup> October 1894, p. 521.

<sup>156</sup> See also ‘Degeneration’, p.292, quoted in thesis p. 74, n. 144, implying that the impact of Beardsley's decadence is already waning.

monolith – a new language of disgusted critique and subversion more coherent and aggressive than anything available to Keats in 1820. I will return to Beardsley's specific expressions of disgust for Keats-like consumptive poets in a later section.

### **John Keats in life and afterlife**

Ascertaining the extent to which Keats was accustomed to think of himself as a consumptive may be relevant in understanding the problems he evidently experienced in constructing a coherent and resilient disabled identity in the last year of his life.<sup>157</sup> Keats lost an uncle, a brother and his mother to consumption; in his last letter he wrote 'it runs in my head we shall all die young'.<sup>158</sup> However, even the contemporary consensus that consumption was hereditary is not a reliable indicator of whether Keats and his friends identified him as a consumptive before his self-diagnosis in 1820. In the unpublished memoir that formed the basis of Richard Monckton Milnes's major 1848 biography of the poet, Keats's housemate Charles Brown remarked that:

Consumption, it may be urged, was in his family; [...] therefore, his fate was inevitable. Perhaps it was so; perhaps not. The brother [Tom] who died was very tall and narrow chested; our Keats was short, with well proportioned limbs, and with a chest remarkably well-formed for strength.<sup>159</sup>

Keats appeared initially to have escaped the family curse. Brown's memoir and Keats's letters indicate that, apart from venereal disease and a recurring 'slight inflammation in the throat' (Brown, p. 52), Keats was physically robust and athletic before the autumn of 1819.<sup>160</sup> While he must have felt unwell for some

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<sup>157</sup> Andrew Motion, *Keats* (London: Faber and Faber, 1997), p. 501, remarks that Keats 'was so anxious to deny the nature of his illness: he refuses to give it a name in his letters, and defiantly attaches no meaning to it. He refers to it simply as a given state, over which he has no control and of which he claims no understanding.'

<sup>158</sup> Keats to Brown (30<sup>th</sup> November 1820), in John Keats, *Letters*, ed. by Robert Gittings (Oxford: Oxford University Press, 1987), p. 399. After John's death, his brother George and several nephews and nieces also died of consumption.

<sup>159</sup> Charles Armitage Brown, *Life of John Keats* (written but unpublished 1837; published Oxford: Oxford University Press, 1937), p. 90.

<sup>160</sup> The fact that, like 30% of infected adults, Keats may have unconsciously carried asymptomatic latent TB for many years is not relevant to this study of disabled identity. His sore throat is probably irrelevant. Clark (1835), p. 146, reported that some patients notice symptoms of tubercular laryngitis before preceding lung disease becomes evident, but in conversation (1<sup>st</sup> February 2008), Professor Peter Davies, editor of *Clinical Tuberculosis* (2003), suggested that a diagnosis of tubercular laryngitis in Keats's case would be extremely unlikely: this is usually an

weeks before his first major haemorrhage in early February 1820 (described by Keats as his 'death warrant' during the event itself), the absence of reliable diagnostic techniques gave him no indisputable reason to think of himself as 'a consumptive' prior to this catastrophic event.<sup>161</sup>

This apparent uncertainty about when and if Keats identified as a consumptive is reflected in his difficult relationships with other consumptives before and after his own diagnosis. In 1819, Keats confessed to his sister that he felt 'some pain' in the company of his chronically-consumptive friend James Rice, especially after witnessing Tom's death from the same disease.<sup>162</sup> Shortly after Keats's first haemorrhage, he appears to have received a letter from Rice, to whom Keats replied:

I shall follow your example in looking to the future good rather than brooding upon present ill. I have not been so worn with lengthen'd illness as you have therefore cannot answer you on your own ground with respect to those haunting and deformed thoughts and feelings you speak of. (Keats to Rice, 14-16<sup>th</sup> February 1820, p. 359)

Although Keats clearly appreciates Rice's intimate confession and apparent willingness to act as mentor to a new fellow-invalid, he is unwilling to claim such knowledge of 'lengthen'd illness' for himself and denies being mentally 'deformed' by his impairment.

However, at other times Keats seems to have embraced biomedical pathologisation of his own identity. He told his fiancée Fanny Brawne that 'my Mind has been the most discontented and restless one that ever was put into a body too small for it', suggesting that his newly consumptive body was an oppressive, pathological, alien entity rather than an acceptable vessel of a valid identity.<sup>163</sup> Jennifer Davis Michael argues convincingly that biomedical models

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end-of-life TB complication rather than an early manifestation. More importantly, Keats's letters do not indicate that *he* regarded his sore throat as tubercular.

<sup>161</sup> See Brown, p. 64. In cases of pulmonary TB, massive lung haemorrhage or haemoptysis generally occurs in advanced disease with open lung cavities. See Dormandy, pp. 221-222. Perhaps because it *can* occur in other diseases, Rene Laënnec, *A Treatise on the Diseases of the Chest, in which they are described according to their anatomical characters, and their diagnosis established on a new principle by means of acoustick instruments* (1819), trans. by John Forbes (London: T&G Underwood, 1821), pp. 60-68, does not regard haemoptysis as a definitive sign of pulmonary tuberculosis.

<sup>162</sup> Keats to Fanny Keats (6<sup>th</sup> July 1819), p. 266.

<sup>163</sup> Keats to Fanny Brawne (c. March 1820), p. 367. Keats was only 5' ¾" tall.



of consumption – especially the pervasive pathologisation of body and mind that denies the patient’s agency – dominated Keats’s letters after he became ill:

As the disease progresses, it is more and more the disease that speaks, not the patient or even the self-diagnosing physician. It is thus not only the author, but his authority that is consumed, and even the products of his authorship<sup>164</sup>

Shelley’s Preface to *Adonais* (1821), and subsequent criticism and biographies by Richard Monckton Milnes (1848), Matthew Arnold (1880), William Michael Rossetti (1887), and Sidney Colvin (1887) all claim to differ in their emphasis on illness as a defining factor of Keats’s identity. Nonetheless, all describe his disease in terms heavily influenced by biomedical discourses that reduce disabled identity to pathology and thus deny the consumptive’s agency in self-determination or self-realisation. Colvin no less than Shelley suggests that Keats’s hereditary taint makes him consumptive essentially and latently even before he becomes consumptive consciously and visibly; in 1818 Keats supposedly shares his dying brother’s disease ‘in spirit’ and later in body – in hereditary potential and later in fact.<sup>165</sup> Both Shelley and Colvin also overdetermine Keats’s illness, struggling to reconcile predisposition and instigating circumstances. There is certainly no room left for Keats’s own barely-recorded, reluctant interpretation of his consumptive identity.

Even in life, Keats had little control over his (admittedly obscure) public profile. Without consulting Keats, the 1820 publisher’s advertisement for his collection *Lamia, Isabella, The Eve of St Agnes, and Other Poems* (1820) explained that he had abandoned the epic *Hyperion* due to unfavourable criticism. This advertisement may have already been attempting to market Keats as an archetype of the consumptive poet persecuted and unappreciated by the world. Unable to withdraw the advertisement, Keats could only impotently scrawl ‘this is none of my doing – I was ill at the time: This is a lie’ over his personal copy.<sup>166</sup>

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<sup>164</sup> Jennifer Davis Michael, ‘Pectoriloquy: The Narrative of Consumption in the Letters of Keats’, *European Romantic Review*, 6 (1995), 38-56 (53).

<sup>165</sup> Sidney Colvin, *Keats*, ed. by John Morley (London: Macmillan, 1887), p. 132.

<sup>166</sup> ‘Publisher’s Advertisement’ and Keats response (1820), in *John Keats: the Complete Poems*, ed. by John Barnard, 3<sup>rd</sup> edn (Harmondsworth: Penguin, 1988), p. 514.

Indeed, Keats voiced misgivings about the validity of life as a consumptive poet. After his first haemorrhage, he wrote little more poetry, declaring that:

I could write a song in the style of Tom Moore's Pathetic about Memory if that would be any relief to me – No. it would not. I will be as obstinate as a Robin, I will not sing in a cage – Health is my expected heaven (Keats to Fanny Brawne, 1<sup>st</sup> March (?) 1820, p. 365)

Keats regards consumptive identity as a prison rather than a subject position from which to pour forth the products of consumptive creativity. After his first haemorrhage, Keats offered to terminate his engagement to Fanny and appears to have struggled to imagine any future life for himself as a disabled man. His interpretation of consumption as a state of unproductive living-death remained with him until the end: in his last letter, he informed Brown that 'I have an habitual feeling of my real life having past, and that I am leading a posthumous existence.'<sup>167</sup>

Despite Keats's apparent reluctance to identify with other consumptives or to live as a consumptive himself, most nineteenth-century commentators give the overwhelming impression that Keats was a dead consumptive poet even during his lifetime. In his analysis of Victorian writing about Keats, William Henry Marquess points out that:

only an emphasis on the pathetic final year allows the Victorian reader to make of Keats a *poète maudit*, forgetting the vitally healthy man who wrote almost all the poetry. Any reading that considers the life perfect and the final illness fitting, even self-generated, is ignoring the extraordinary vigour of Keats's often-stated desire to live and to achieve a fame that he saw eluding him.<sup>168</sup>

Critics often attempted to make the tragic coincidences of Keats's life and character appear as a fitting whole by pushing the bodily and emotional disorder of his 'pathetic final year' back to the spring and summer of 1819. Leigh Hunt declared in 1824 that 'Mr Keats had felt that his disease was mortal for two or three years before he died. He had a constitutional tendency to consumption'.<sup>169</sup> In locating Keats's awareness of consumptive fate and identity at least one year

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<sup>167</sup> Keats to Brown (30<sup>th</sup> November 1820), p. 320.

<sup>168</sup> William Henry Marquess, *Lives of the Poet: the First Century of Keats Biography* (Pennsylvania: Pennsylvania State University Press, 1985), p. 66.

<sup>169</sup> Leigh Hunt, 'Mr Keats' (1828), in *Selected Writings*, ed. by David Jesson Dibley (Manchester: Carcanet Press, 1990), pp. 104-110 (p. 109).

before the ‘death warrant’ haemorrhage, Hunt suggests that Keats identified as a consumptive prior to and independently of any biomedical diagnosis. Visual representations of Keats also projected his ‘dead consumptive poet’ status back into representations of his life – as if he had been dead all along. Keats is clearly unconscious in his (disturbingly invasive) sickbed portrait by Joseph Severn [FIG. 5], who nursed him for the last few months and held him as he died, while many other depictions of the poet are posthumous imaginings, or even reconstructions based on his death-mask.<sup>170</sup> Severn’s posthumous reconstructions of Keats as a living angel are necessarily mediated by the dead Keats of the artist’s traumatised memory.<sup>171</sup>

These urgent attempts to define Keats as a consumptive in life and death are also reflected in attempts to criticise his work as ‘consumptive poetry’. Reviewing Keats’s *Lamia, Isabella, The Eve of St Agnes, and Other Poems* in August 1820, Hunt remarks that ‘Ode to a Nightingale’ (written in 1819) ‘will be all the more striking to the reader when he understands, what we take a friend’s liberty in telling him, that the author’s powerful mind has for some time past been inhabiting a sickened and shaken body’.<sup>172</sup> The line in Keats’s ‘Ode to a Nightingale’ in which ‘Youth grows pale and spectre-thin and dies’ probably does refer to (his brother’s?) consumption.<sup>173</sup> But why is Keats’s own subsequent illness relevant to a poem written in fair health? Yet again, Hunt seems to push the influence of illness back to a point before conscious diagnosis, suggesting that Keats has been consumptive all along. This tendency to pathologise Keats’s work would only intensify as the century (and the biomedical model) progressed; according to Bruce Hayley, ‘the Victorian critic believed that he should diagnose

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<sup>170</sup> See Richard Holmes, *National Portrait Gallery Insights: the Romantic Poets and Their Circle* (London: National Portrait Gallery Publications, 2005) on Severn’s use of casts taken of Keats’s face and hands after death.

<sup>171</sup> According to E. S. R., ‘Keats and Severn’, *University Magazine*, 1 (September 1880), 37-39 (38), ‘Severn in the last year of his life was still painting portraits of Keats – the beautiful boyish Keats of his memory.’ However, the author goes on to ask whether Severn’s ‘connection with the famous, unfortunate poet as cast a shadow over his life, and caused his artistic vigour to droop. The world to him was but a world that had lost Keats. Rome itself [...] was to him but the grave of Keats’ (39).

<sup>172</sup> Hunt quoted (without full reference) in William Michael Rossetti, *Life of John Keats* (London: Walter Scott, 1887), p. 103.

<sup>173</sup> John Keats ‘Ode to a Nightingale’ (written 1819, published in *Lamia etc* in 1820), in *Complete Poems*, p. 346, iii, 6.



FIG. 5: Keats on his deathbed (1821), by Joseph Severn.

Keats House Museum, London.

The caption reads '28 Janry 3 o'clock mng. Drawn to keep me awake - a deadly sweat was on him all this night'.

a work, looking for signs of disease or soundness, then looking further for causes of the disclosed condition.’<sup>174</sup>

Perhaps the strangest cultural exploitation of Keats occurred at the hands of his closest friends immediately after his death. Mary Klages observes that:

since the first efforts to integrate disabled people into mainstream culture in the late eighteenth century, disabled people have existed largely as ‘poster children.’ They have served as silent spectacles, images to be viewed by the nondisabled, whose importance has been in their ability to appear pathetic and to produce a sentimental response in nondisabled people. (Klages, pp. 1-2)

Severn’s and Brown’s harrowing accounts of Keats’s death undoubtedly exemplify this phenomenon of displaying the impaired body as an object to provoke an emotional response from nondisabled people. From Keats’s sickbed, Severn wrote:

I am witness that he dies of a broken heart and spirit – would that his enemies could see this martyrdom of the most noble-feeling and brightest genius to be found in existence – I only wish this for their punishment – he is now only a wreck of his former self. (Severn, pp. 116-117)

Brown’s *Life of John Keats* consolidated this ‘martyrdom’: indeed, the last section of the *Life* is little more than a collection of Severn’s bedside letters.<sup>175</sup>

Brown explains that:

The details of suffering and death may be called by the public an infliction of unnecessary pain. Not so; the public, the countrymen of a poet, whose merit, either from ignorance or credulity, carelessness or caprice, they did not choose to acknowledge, cannot be too minutely made acquainted with the consequences of their neglect. (Brown, p. 89)

While Severn and Brown ostensibly aim to provoke sensations of guilt and anguish in the reader – an ‘infliction of unnecessary pain’ that conveys Keats’s

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<sup>174</sup> Bruce Hayley, *The Healthy Body and Victorian Culture* (Cambridge MA: Harvard University Press, 1978), p. 46. Matthew Arnold’s ‘John Keats’ (1880) in *English Literature and Irish Politics*, Complete Prose Works of Matthew Arnold, 9, ed. by R.H. Super (Ann Arbor: University of Michigan Press, 1973), pp. 205-216 (p. 208) declares that criticism of Keats poetry and life must seek ‘some evidence of the instinct for character, for virtue, passing into the man’s life, passing into his work.’ According to William John Courthope, ‘Keats’s Place in English Poetry’, *National Review*, 10: 55 (September 1887), 11-24 (16), ‘a certain morbidness of fancy – due, probably in great part, to physical causes – haunted him’.

<sup>175</sup> Oscar Wilde, ‘The Tomb of Keats’, in *A Critic in Pall Mall: being Extracts from Reviews and Miscellanies*, ed. by E.V. Lucas (London: Methuen, 1919), pp. 1-4 (first publ. in *Irish Monthly* (July 1887)) likens Keats to Saint Sebastian in a particularly homoerotic variation on Brown and Severn’s theme.

own anguish – in reality the reader is unlikely to consider themselves responsible for Keats's suffering and will respond with the more conventional sentimental sensations of pity. We may, in fact, be filled with guilt at colluding in this intrusion into the sickroom of such a vulnerable creature, or even resent his friends' misguided display.

Aside from his status as an object of pity or guilt, one of the most consistent themes of Victorian criticism of Keats is that of his incompleteness as a man and as a poet. Brown concludes his memoir by remarking 'how high, had he not been destroyed by hirelings and disease, his genius might have soared, is a thought that at once exalts and depresses me' (Brown, p. 91), while Milnes states that 'all Keats's poems are early productions, and there is nothing beyond them but the thought of what he might have become'.<sup>176</sup> Both are preoccupied with the life Keats might have lived and imply that he failed to realise his full potential or complete himself as an individual. Yet this assertion of Keats's incapacity for self-realisation becomes a self-fulfilling prophecy: by invalidating the life and work Keats created during his own lifetime, posthumous commentators take it upon themselves to judge Keats's 'real' potential and 'real' cultural significance. The fact that we are left with insufficient autobiographical material to reconstruct Keats's self-image as a disabled consumptive is significant in itself: unlike Beardsley, he did not make it a priority to leave such material to posterity. The disabling denial of self-realisation inherent in Romantic (and biomedical) representations of consumptive genius could be subverted by only the most skilful and sustained self-assertion.

### Beardsley on Keats

Like Keats, Aubrey Beardsley was reviled by critics during his lifetime, suffered professional humiliation in his unfair expulsion from the *Yellow Book*, and died of consumption at the age of twenty-five. Joseph Pennell remarked that 'he died, like Keats, in a foreign land. But the name and fame will remain of Keats and Beardsley, – two boys the gods loved, who died young.'<sup>177</sup> The comparison

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<sup>176</sup> Richard Monckton Milnes, *Life, Letters, and Literary Remains of John Keats*, 2 vols. (London: Edward Moxon, 1848), II, 105. Andrew Motion's novella *The Invention of Dr Cake* (2003) invents an alternative life for Keats after 1821.

<sup>177</sup> Joseph Pennell, *Aubrey Beardsley and Other Men of Letters* (Philadelphia: privately printed for the Pennell Club, 1924), p. 45. See also Holbrook Jackson, *The Eighteen Nineties: a Review*

could be dismissed as a strained attempt to find significance in coincidence, were it not for the fact that Beardsley made the same identification during his lifetime, conspicuously attending the unveiling of Keats's memorial at Hampstead Church in 1894. Furthermore, according to Stanlaws, who visited Beardsley at home later that year:

[Beardsley] spoke of Keats, and, when I expressed regret at the untimely end of such a genius, he sighed deeply. I can picture him now – leaning over, one hand on his brow, the other holding open the curtain enough to let the afternoon light strike his face – a face long and thin of feature, white as marble, expressionless as death. He did not speak a minute, and then: 'I shall not live much longer than did Keats', he said, with the shadow of a smile. 'The doctors,' he continued, 'give me five years, but! – oh, have a cigarette,' he broke off, pettishly, and his old manner returned. (Stanlaws, 212)

Stanlaws's static, 'marble, expressionless' portrayal of Beardsley attempts to embalm him as if already dead, like Severn's death-mask reconstruction of Keats. However, that 'shadow of a smile' is peculiarly suggestive of Beardsley's relationship with the cultural figure of Keats, as is his brisk withdrawal from any pathetic narrative of his own situation that might have provoked a sentimental response.

Beardsley's reaction to consumptive cultural archetypes was not one of indiscriminate self-identification or unconditional sympathy. His friend Vincent O'Sullivan observed that 'Keats [...] he professed to hate – though Wilde said that this was sheer perversity and an illustration of the truth that we often hate what is akin to us' (O'Sullivan, p. 130). Although Beardsley's professed hatred for Keats in later life (relatively speaking) may be explained by his changing literary tastes, this rejection is characteristic of his attitude towards those he perceived as authority figures.<sup>178</sup> Wilde may have been correct in observing that this 'perversity' originated in a youthful self-identification with which Beardsley had become disillusioned – a conscious selection and rejection of the specific consumptive stereotypes once his own disabled identity was established.

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*of Art and Ideas at the Close of the Nineteenth Century*, (1913; London: the Cresset Library, 1988), p. 114, claiming comparison.

<sup>178</sup> Beardsley had difficult relationships with Edward Burne-Jones, James McNeil Whistler, William Morris, and Oscar Wilde – and, indeed, with his own semi-estranged father Vincent Paul Beardsley. Snodgrass, p. 107, declares that 'much of the logic of authority in Beardsley's art can be traced to the nature of his relations with his various substitute fathers.'

There is no explicit record of what Keats meant to Beardsley. Yet Beardsley's undisguised contempt for consumptive poet Earnest Dowson (1867-1900) may shed more light on the specific aspects of Keats's cultural identity to which Beardsley objected. To their contemporaries, Dowson was:

a frail appealing figure, with an almost painfully sensitive face, delicate as a silverpoint, recalling at once Shelley and Keats, too worn for one so young, haggard, one could not but surmise, with excessive arduousness of too eager living.<sup>179</sup>

In Dowson – a poet not only identified with Keats, but actually over-inscribed as ‘at once Shelley and Keats’ – Beardsley perhaps found an overwhelmingly tedious concord between the consumptive poet's public persona and self-image, and a grovelling immersion in the worst excesses of helpless victimhood inherent in the Romantic stereotype. According to O'Sullivan:

In sight of Dowson's appearance and way of life, Beardsley lost all patience and tolerance, of which he had not a large stock. He knew he had only a few years to live, but he loved life, was interested in lots of things, was not in the least morbid, and if he had been able, would have taken part in all the manifestations of life where were to be found brightness, music, comely women, beautiful dresses. The spectacle of a man slowly killing himself, not with radiance, still less with decorum, but in a mumped and sordid way, with no decoration in the process, but mean drink shops, poisonous liquor, filth and malady, for all the accompaniment to the march down under – that, when he saw it in Dowson, irritated Beardsley beyond control. (O'Sullivan, pp. 127-128)

One may infer from O'Sullivan's account that Beardsley imagined himself to possess some notion of a proper (or improper) way for a consumptive to live and to die. Beardsley was offended by Dowson's antisocial, squalid habits, complaining that ‘no man is great enough to excuse behaviour like his’ (O'Sullivan, pp. 129-130). Perhaps most significant is the indication that Beardsley wanted to make his contempt for Dowson's ‘behaviour’ known. Like representations of Keats's tragic life and death, Dowson's public ‘spectacle’ seemed to validate sentimental and biomedical assumptions that impairment inevitably caused misery – a causal link that Beardsley struggled to refute in his public life.

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<sup>179</sup> Richard Le Gallienne, *The Romantic '90s* (London: G.P. Putnam's Sons, 1926), p. 139. See also Jad Adams, *Madder Music, Stronger Wine: the Life of Ernest Dowson, Poet and Decadent* (London, New York: I. B. Tauris, 2000), pp. 38-39. R.K.R. Thornton, *The Decadent Dilemma* (London: Edward Arnold, 1983) quotes Arthur Symonds comparing Dowson to Keats in 1896.



### Impairment, experience and identity

While Keats's experience of visible bodily impairment was confined to the last eighteen months of his life, Beardsley was sickly from infancy, diagnosed with early tuberculosis at the age of seven, suffered his first major pulmonary haemorrhage when he was only seventeen years old, and lived with consumption for around eighteen years. Aside from their obvious historical and temperamental differences, their dissimilar timetables of impairment and diagnosis offered them radically different opportunities for social interaction as disabled consumptives. According to Tom Shakespeare, Kath Gillespie-Sells and Dominic Davies, many disabled people surveyed in the 1990s:

felt that people who were congenitally disabled were disadvantaged in comparison to those who developed impairment later on in life, because they were excluded from mainstream social and educational environments and denied opportunities: often this also had the effect of undermining confidence and assertiveness. However, although people disabled later in life would appear to have had all the advantages of so-called 'mainstream' socialization, many are so devastated by their change in circumstances that they withdraw, remain isolated and 'traumatized' by the experience of becoming disabled.<sup>180</sup>

Beardsley's letters and the memoirs of his contemporaries illustrate the consequences of enduring disabling marginalisation from early childhood. While Keats participated fully in school activities and even brawls, and qualified as a surgeon-apothecary, Beardsley missed four years of school and left with no qualifications. Beardsley's housemaster Arthur King hinted at the lack of provision for children with physical impairments at a boisterous mainstream boarding school, and at the potential for such children to become socially isolated.<sup>181</sup>

There is some evidence that Beardsley's lifelong impairment and disabling social marginalisation may have restricted his interpersonal relationships. He was teased about his sickly appearance from childhood and, according to one schoolfellow, 'if you were a sportsman you could not chum up to him a bit',

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<sup>180</sup> Tom Shakespeare, Kath Gillespie-Sells and Dominic Davies, *The Sexual Politics of Disability: Untold Desires* (London and New York: Cassell, 1996), p. 51.

<sup>181</sup> A. W. King, *An Aubrey Beardsley Lecture*, ed. by R.A. Walker (London: R.A. Walker, 1924), p. 26. Beardsley's headmaster at Brighton Grammar School even 'hesitated to receive a boy whose physique and nervous temperament and special intellectual bent might not profit by the routine of class work and discipline of a large public school'. 'Aubrey Beardsley in Memoriam', *Westminster Budget*, 25<sup>th</sup> March 1898, p. 10, quoted in Sturgis (1998), p. 29.

perhaps indicating that Beardsley responded initially to marginalisation by rejecting the physically robust.<sup>182</sup> His colleague Arthur Symons suggested that, to survive his traumatic disease for so long, Beardsley required an emotional detachment that ‘left him, with all his interests in life, with all his sociability, of a sort, essentially very lonely.’<sup>183</sup> Like Keats, Beardsley never married; unlike Keats, he left no evidence that he entered into serious romantic relationships with persons of either sex, other than brief (though seemingly friendly) associations with prostitutes.<sup>184</sup>

However, if Beardsley was disabled by the early limitations placed on his education and socialisation, Keats was perhaps disabled by the shock of impairment destroying an already established nondisabled identity in early adulthood (as described by Tom Shakespeare, Kath Gillespie-Sells and Dominic Davies above), causing him to regard disabled life as ‘posthumous’. Keats’s rapid physical deterioration, dying only one year after his first haemorrhage, left him far less time than Beardsley had to renegotiate a new valid social identity as a disabled man, even if such a thing had been possible with the limited opportunities for self-publicisation available to him in the 1820s.

Beardsley’s letters and social interactions suggest that he did not share Keats’s reluctance to identify as consumptive publicly or to engage with cultural preconceptions surrounding his disease. Instead, in his letters he habitually refers to himself as ‘an invalid’; he openly discussed his illness in newspaper interviews, apparently joking about his camp public image by quipping ‘I’m so affected, even my lungs are affected’ and, according to Snodgrass, Beardsley ‘even contrived to have a human skeleton seated next to him when he played the piano.’<sup>185</sup> Furthermore, just as there is no evidence that Beardsley had serious romantic relationships, so too is there no evidence that Beardsley ever longed to engage in serious romantic relationships, or that his apparent indifference to

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<sup>182</sup> Sturgis (1998), p. 43. See also Snodgrass, p. 28 and p. 161.

<sup>183</sup> Arthur Symons, *Aubrey Beardsley* (London: At the Sign of the Unicorn, 1898), pp. 14-15.

<sup>184</sup> See Beardsley to Smithers (c.10<sup>th</sup> April 1896), p. 124, on ‘Rayon’ and ‘Yvonne’.

<sup>185</sup> Beardsley to H. C. J. Pollitt (7<sup>th</sup> June 1896), p. 136. Beardsley rarely uses the word ‘consumptive’, although the fact that he describes his disease in otherwise unmistakable biomedical terms suggests an obscure personal distaste for that specific word, rather than a desire to deceive himself or others regarding his status. The word ‘tuberculosis’ was probably too specialised a piece of microbiological jargon for Beardsley to use. ‘Affected’ quote in Sturgis (1998), p. 201. I have been unable to find a primary source for this joke, or for the skeleton story mentioned in Snodgrass, p. 22.

marriage resulted from internalising contemporary eugenic propaganda, rather than simple immaturity or dismay at his parents' dismal marriage. Although he was (vaguely) aware of the contagious nature of his disease, there is only one recorded incident of social rejection on these grounds, and his letters do not reveal concern with the matter: fellow hotel guests even brought their young children to visit him in his room when he became seriously ill on Christmas Day 1896.<sup>186</sup>

Beardsley implied that he had no real memory of possessing a 'normal' body, and could not objectively evaluate 'normal' physical health, declaring that he was grateful when his symptoms were alleviated sufficiently to 'become (what I have grown to look upon) as normal.'<sup>187</sup> Beardsley's familiarity with his impaired body may partially account for his remarkable self-assurance (at least as an adult) in managing the reactions of others to his publicly-visible condition. The formerly athletic, handsome Keats was clearly traumatised by his altered body, lamenting 'these ghastly hands – these knobbed knees'.<sup>188</sup> As a teenager, Beardsley, too, complained about his body, describing himself as 'eighteen years old, with a vile constitution, a sallow face and sunken eyes, long red hair, a shuffling gait and a stoop'.<sup>189</sup> However, while his later letters complain increasingly of specific symptoms and functional impairments, he soon ceased to express that earlier loathing of the tubercular body itself. Rather, he delighted in portraits of himself, writing to Smithers that 'I liked Billy [Rothenstein]'s portrait of me immensely, a very distinguished affair', and boasting of 'my subtle beauty'.<sup>190</sup> In the photograph [FIG. 6] he sent to Smithers for the frontispiece of his *Book of Fifty Drawings* (1897), and allowed to be published with his *Idler* interview, he has slicked back his usual fringe, exposing his gaunt features and so emphasising the extreme emaciation characteristic of advanced tuberculosis – yet he informs Smithers (however facetiously) that 'youth and beauty are my

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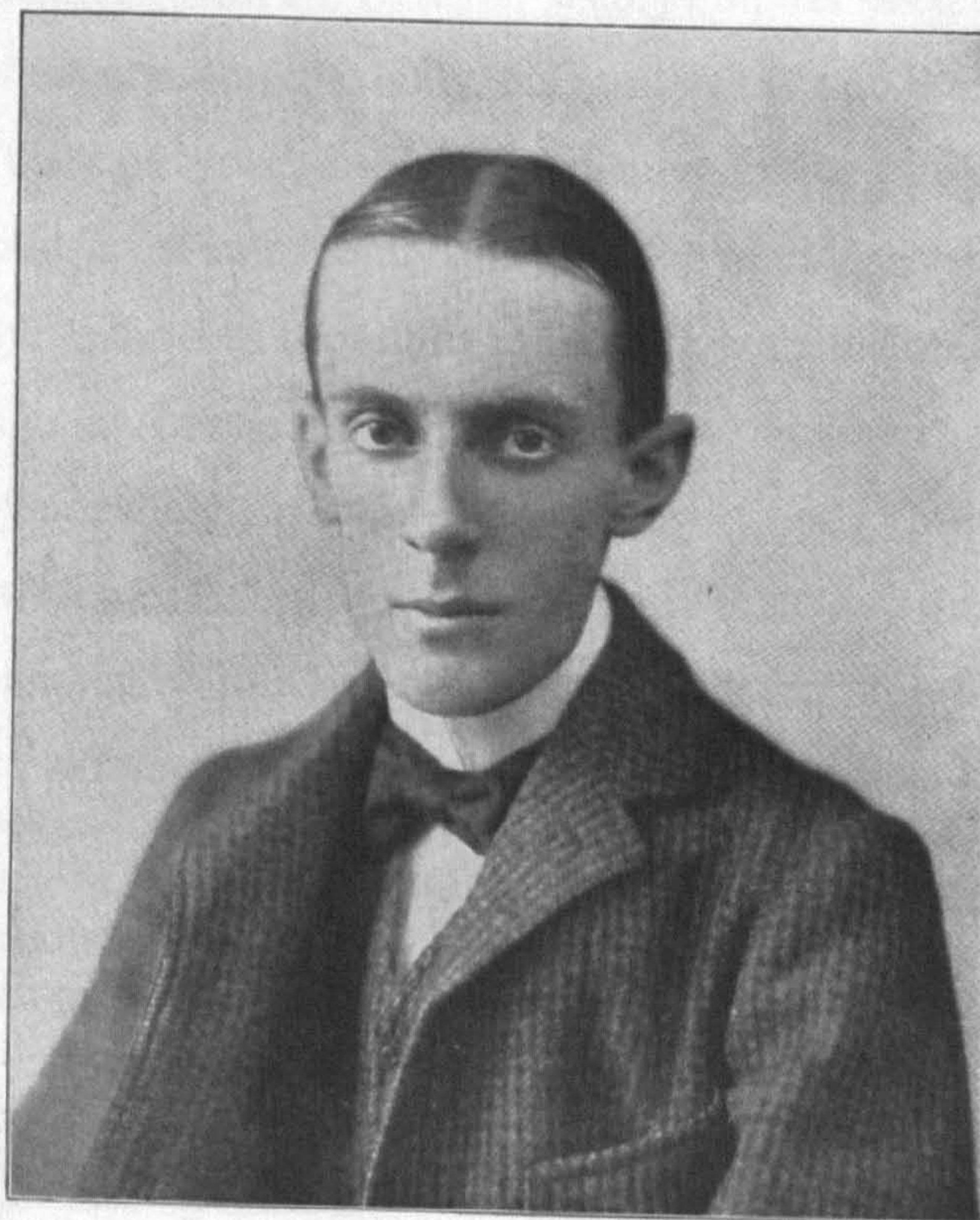
<sup>186</sup> See Chapter 1 on the 'shocked' reaction of Beardsley's friends when Charles Conder conspicuously wiped the rim of his glass after Beardsley drank from it. See Beardsley to John Gray and Raffalovich (25<sup>th</sup> December 1896), pp. 232-233, and Ellen Agnus Beardsley, 'Aubrey Beardsley' [1920], in *A Beardsley Miscellany*, ed. by R.A. Walker (London: Bodley Head, 1949), p. 80.

<sup>187</sup> Beardsley to Raffalovich (12<sup>th</sup> December 1896), p. 225.

<sup>188</sup> Keats quoted by Severn in letter to Taylor (5<sup>th</sup> January 1822), in Severn, p. 190.

<sup>189</sup> Beardsley to King (13<sup>th</sup> July 1891), p. 23.

<sup>190</sup> Beardsley to Smithers (3<sup>rd</sup> June 1897), p. 331.



Your very devoted  
Aubrey Beardsley.

FIG. 6: Aubrey Beardsley, photographed for his *Book of Fifty Drawings* (London: Leonard Smithers, 1897), frontispiece.

only boasts!’<sup>191</sup> As in Butler’s definition of drag, Beardsley can only make use of the limited range of images and meanings available to him, but deploys them in a way that destabilises them all. Here, he visibly emphasises the pathological appearance of his consumptive body, only to label it with the Romantic consumptive traits of ‘youth and beauty’ that render the whole slightly absurd.

Just as Beardsley seemed remarkably willing to publicise and celebrate his impaired body, so too was he willing to identify with and seek the company of other consumptives. In one of his last letters from the French Riviera, Beardsley initially complains that he is lonely because ‘every one in Menton is on a bicycle and bursting with health. I believe I am the only invalid in the place’.<sup>192</sup> He seems happier when befriended by consumptive Joseph John Tyler:

There is a famous Egyptologist here, one Tyler, who looks like a corpse, has looked like one for fourteen years, who is much worse than I am, and yet lives on and does things. My spirits have gone up immensely since I have known him.

Both priests who visit me here have been invalids like myself and are so kind and sympathetic. (Beardsley to Raffalovich, 11<sup>th</sup> January 1898, p. 423)

Beardsley identifies Tyler initially by his fame and talent, but then examines him as a biomedical object and even seems pleased to observe that Tyler is sicker than he – ‘and yet’ moves on to celebrate Tyler’s ability to break the causal link between bodily impairment and social disability.

Breaking this link was evidently an important aspect of Beardsley’s public persona. If his numerous press interviews and hundreds of letters to friends and colleagues cannot reveal his innermost feelings about illness and disability, they can – more importantly for my thesis – illustrate the attitudes he chose to exhibit to others. In his 1897 *Idler* interview, Beardsley gave a clear statement about life with impairment. According to the interviewer:

Mr Beardsley goes on to tell me, amongst other things, how much he loves the big cities, and smilingly points out, that when a year ago his doctor ordered him to the Ardennes, he had obeyed his directions by going over to Brussels, following his stay there by a sojourn in Paris. ‘How can a man die better than by doing just what he wants to do most!’ he adds with a laugh. ‘It is bad enough to be an invalid, but to be a slave to one’s lungs and to be found wintering in some unearthly place and

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<sup>191</sup> Beardsley to Smithers (11<sup>th</sup> September 1896), p. 162.

<sup>192</sup> Beardsley to Raffalovich (13<sup>th</sup> December 1897), pp. 406-407.

sniffing sea-breezes and pine-breezes with the mistaken idea that it will prolong one's threatened existence, seems to me utter foolishness.' (Lawrence, 198-200)

Here, Beardsley identifies himself publicly as a dying 'invalid'. He also boasts of his defiance of the medical profession, and resists being enslaved by physical impairment, thus defying the authority and veracity of biomedical characterisations of impairment as an inevitable source of suffering. Strangely, the interview took place in an 'unearthly' Dorset seaside town where Beardsley was wintering as a slave to his lungs: he refused to relinquish this defiant public pose even in the face of grim reality.

Beardsley never denies that he is sick and dying: if his attempt to harmonise this with an enjoyment of freedom and worldly amusement is not always convincing, it certainly challenges religious, sentimental and biomedical models of disability in which the invalid can never be a subject or object of sensual pleasure. His self-publicisation in itself asserts the validity of life with impairment and demands recognition. David B. Morris discusses:

the decision that AIDS activists and individual AIDS patients made [in the 1980s] to reject the plot of the suffering victim. As Max Navarre wrote from firsthand experience: [...] 'given the choice between what the *New York Times* recently called "a shattered life" and seeing AIDS as a chance to live fully on a daily basis, it doesn't take much to realize which view is the more helpful'. (Morris, p. 213)<sup>193</sup>

Memoirs and contemporary criticism demonstrate that representations of Beardsley were shaped by cultural clichés that attempted to invalidate his life as not only pitiable but also 'shattered'. Were any of Beardsley's contemporaries prepared to acknowledge his assertion that life with impairment was not necessarily tragic or inconsistent with worldly pleasures? Beardsley's friend William Rothenstein later admitted that 'I often think now how Beardsley must have envied us, who were so robust and full of life [...] yet he showed no sign.'<sup>194</sup> Rothenstein is obviously confused by Beardsley's lack of envy but is nonetheless prepared to acknowledge Beardsley's subversion of his expectations. Evidently, Beardsley's assertion that life with impairment need not be tragic

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<sup>193</sup> Quoting Max Navarre, 'Fighting the Victim Label', in *AIDS: Cultural Analysis/ Cultural Activism*, ed. by Douglas Crimp (Cambridge MIT Press, 1988).

<sup>194</sup> William Rothenstein, *Men and Memories: Recollections of William Rothenstein, 1872 – 1900* (London: Faber & Faber, 1931), p. 180.

made some small impact, even if that impact was always precarious. Just as Beardsley's public insistence on his enjoyment of sensual pleasure broke the causal link between impairment and misery in the biomedical model of disability, so too did it introduce a new and disruptive trait to his performance of established consumptive identities, especially that of the unworldly, tortured consumptive genius exemplified by Keats.

**'The time when an artist could be "snuffed out by an article" is altogether bygone'...**

Beardsley endured savage attacks from the Press, especially concerning the perceived decadence and degeneracy of his drawings.<sup>195</sup> In the *Book Buyer* article in which he quotes Beardsley comparing himself to Keats (if only in terms of life-expectancy), Stanlaws claims that Beardsley had a:

dread – I was going to say terror – of adverse criticism. He took all criticism very seriously, and some of the onslaughts made upon him almost broke his heart. I think, had some of the critics known the pain they inflicted, they would have been more kind. (Stanlaws, 213)

This Keatsian characterisation of Beardsley is not common among his contemporaries. In his obituary of Beardsley, Max Beerbohm declared that 'bad criticism has become so general that criticism itself has lost its sting, and the time when an artist could be "snuffed out by an article" is altogether bygone.'<sup>196</sup> Beerbohm's remark about an artist 'snuffed out by an article' is, of course, a reference to Byron's stanza on Keats in *Don Juan*. Beardsley's mother Ellen later remarked that:

People said his drawings were degenerate and vicious, but it wasn't true. He was clean-minded, and such a child. I used to get very angry at the things they said about him in the papers, but he only laughed at me. (Ellen Beardsley, [1920], p. 80)

To be seen as aggressive and confrontational, capable of anticipating criticism and challenging contemporary preconceptions of consumptive life and art, was undoubtedly an important aspect of Beardsley's disabled identity. Beardsley

<sup>195</sup> See Sturgis (1998), p. 184, discussing *The Globe* and *The Pelican*, 21<sup>st</sup> April 1894.

<sup>196</sup> Max Beerbohm, 'Aubrey Beardsley' (1898), in *The Incomparable Max: a Selection* (London: Heineman, 1962), pp. 85-93 (p. 90). See Byron, *Don Juan* (c.1823-24), Canto XI, in *The Major Works*, ed. by Jerome J. McGann (Oxford: Oxford University Press, 2000), p. 725.

enjoyed antagonising critics, informing the editor of *St Paul's* magazine, Haldane MacFall, who accused him (via his work) of being 'sexless and unclean', that:

No one more than myself welcomes frank, nay hostile, criticism, or enjoys more thoroughly a personal remark [...]. As to my uncleanliness, I do my best for it in my morning bath, and if he really has any doubts as to my sex, he may come and see me take it. (Beardsley to *St Paul's*, 28<sup>th</sup> June 1895, p. 92)

This flirtatious letter re-interprets MacFall's misgivings about the sexuality of the 'unclean' consumptive artist as puerile curiosity, thus pathologising the critic along with the artist.<sup>197</sup> Mitchell and Snyder observe that:

The power of transgression always originates at the moment when the derided object uncharacteristically embraces its deviance as a value. In perversely championing the terms of their own stigmatization, marginal peoples alarm the dominant culture with a seeming canniness over the terms of their own subjugation. (2001, pp. 208-209)

Beardsley's gleeful celebration of the perverted and diseased in his work may have disturbed critics for this very reason: it not only displayed his awareness of his own place in contemporary biomedical and moral discourse, but also flaunted his refusal to be sentimentalised or exploited as a passive consumptive martyr as Keats was exploited after death.

Bizarrely, soon after Beardsley's death, MacFall wrote to Beardsley's schoolmaster H.A. Payne:

Poor Beardsley! I once had a most indecent letter from him, most brilliantly written. It went to my heart to attack him for some of the work he did, and for debasing his superb gifts; but I only did it in the hope of touching his manhood. I hoped and hoped always that he would leave the base side of him like a sloughed skin one day and rose to the good that was in him. And I think in *The Rape of the Lock* he showed such promise. But destiny ordered otherwise, and his work was left incomplete. [...]

P. S. The way that some of the papers have spoken of poor Beardsley is simply indecent. I cannot make out what journalism is coming to.<sup>198</sup>

The 'indecent', assertive Beardsley has quickly become 'poor Beardsley'. MacFall's letter offers an intriguing insight into his self-professed motives in attacking Beardsley in the hope of reaching the manliness and talent under the

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<sup>197</sup> Beardsley and MacFall later became friends, and MacFall wrote Beardsley's first full-length biography in 1928.

<sup>198</sup> MacFall to H.A. Payne (31<sup>st</sup> March 1898), East Sussex Archives, Payne Correspondence, E/SC/214/59/2.



supposedly false ‘skin’ of his ‘sexless and unclean’ public performance.<sup>199</sup> Furthermore, MacFall’s misgiving about Beardsley’s ‘sexless’ art, and his compulsion to shame him in to proper masculine behaviour – whatever this might entail – resembles James Najarian’s observation that ‘to an astonishing extent, criticism of Keats throughout the nineteenth century circles around the perceived extent of the poet’s “manliness.”’<sup>200</sup> As early as 1893, Beardsley acknowledged that one magazine ‘sets me down as belonging to the Libidinous and Asexual School’, ‘asexual’ in this context meaning of indeterminate gender.<sup>201</sup> Beardsley’s engagement (real or perceived) with contemporary anxieties about the convergence of the sexes is discussed at some length by Sturgis and Snodgrass, while Richardson places such anxieties in the context of Darwinian notions of hermaphroditism as a primitive state and, by extension, the blurring of gender identities as a process of degenerate regression.<sup>202</sup> Beardsley’s friends and biographers differ in the degree of effeminacy they attribute to the artist, with Malcolm Easton going to far as to suggest (without any credible evidence whatsoever) that Beardsley was transsexual.<sup>203</sup> Certainly, he was denied many of the privileges of hegemonic masculinity: his family even removed him from school and sent him to work to support his older sister through teacher-training college at a time when, as Judith Flanders points out, even wealthy families preferred to withdraw their daughters from education.<sup>204</sup>

The relationship between Beardsley’s ‘sexlessness’ and degeneracy has been amply explored by other critics. Yet, in the case of both Keats and Beardsley, the lack of ‘manliness’ must be characterised as not only a deficiency in masculine heterosexual prowess, but also a deficiency in adult development. Several of

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<sup>199</sup> In the next section I will return to critical attempts to erase aberrant elements of the consumptive artist’s identity and claim access to an essential underlying self.

<sup>200</sup> James Najarian, *Victorian Keats: Manliness, Sexuality, and Desire* (Houndmills, Hamshire: Palgrave Macmillan, 2002), p. 19. Lawlor, pp. 85-107, discusses the ways in which eighteenth-century biomedicine rendered consumption a gendered disease, and the consequent impact of these theories on representations of Keats. See Courthope, especially 23-24, asserting that Keats’s poetry lacks ‘masculine’ power.

<sup>201</sup> Beardsley to Ross (November 1893), p. 58.

<sup>202</sup> See Sturgis (1998), pp. 216-218, Snodgrass, p. 161, and Richardson (2003), p. 42 and p. 167. In Chapter 3 and Chapter 5 I will discuss fictional representations of consumptive men with feminine traits.

<sup>203</sup> See Malcolm Easton, *Aubrey and the Dying Lady: A Beardsley Riddle* (London: Secker and Warburg, 1972). Sturgis (1998), pp. 153-154, is far more restrained in discussing the possibility that Beardsley combined his delight in dressing-up with his interest in women’s fashion.

<sup>204</sup> Judith Flanders, *The Victorian House: Domestic Life from Childbirth to Deathbed* (London: Harper Collins, 2003), p. 54.

Beardsley's contemporaries suggest – somewhat paradoxically – that he lived intensely during a short period, and yet remained eternally childish. According to his friend Robert Ross:

With all his power of grasping the essential and absorbing knowledge, he remained charmingly unsophisticated. He took people as they came, never discriminating, perhaps, sufficiently the issues of life. He was unspoiled by success, unburdened with worldly wisdom.<sup>205</sup>

Beardsley's mother remarked that he was 'such a child' and 'never quite grew up. He always loved toys' (Ellen Beardsley, [1920], p. 80).<sup>206</sup> Beardsley's apparent immaturity is described as a mark of both unspoiled charm and inadequacy.

Perhaps Beardsley's early death does leave us with an unfinished picture of his character in general and of his sexuality in particular. In 1968, Brigid Brophy declared that 'the genius of Beardsley's eroticism is precisely the quality Freud ascribed to the sexuality of children: polymorphous perversity', 'the actual infantile origin of fetishism. [Beardsley's] vision is permanently that of a child lying in bed watching his mother dress for a dinner party.'<sup>207</sup> This characterisation, however eccentric, is borne out by Beardsley's constant re-imagining of the lady at her dressing table, and by the absolutely indiscriminate, 'polymorphous' eroticisation of men, women, children, animal, vegetable, and mineral in his (appropriately enough, unfinished) 'erotic' novel *The Story of Venus and Tannhäuser*.<sup>208</sup> Curiously, Brophy describes simultaneously an illegitimately arrested adult sexuality and a legitimate, unrestrained proto-sexuality.<sup>209</sup> Beardsley's life and letters represent a similar ambiguity: he seems both emotionally incomplete and innocently liberated. He apparently enjoyed the flirtatious company and gifts he received from openly homosexual male friends like Ross and Raffalovich: the *New York Times* complained mildly that his letters to Raffalovich 'read exactly like the missives dispatched in similar cases by

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<sup>205</sup> Robert Ross, *Aubrey Beardsley* (London: John Lane, 1909), p. 19.

<sup>206</sup> Henry Harland, 'Aubrey Beardsley', *Academy*, 1388 (10<sup>th</sup> December 1898), 437-438, repeatedly emphasises Beardsley's charming boyishness – in this case to deny critical accusations of his wicked, corrupt nature as evinced in his work.

<sup>207</sup> Brigid Brophy, *Black and White: A Portrait of Aubrey Beardsley* (London: Jonathan Cape, 1968), p. 28 and p. 36.

<sup>208</sup> Written c.1895-97; published unexpurgated (for private circulation only) in 1907.

<sup>209</sup> In Chapter 5 I will return to the importance of interpreting the disabled consumptive's seemingly arrested development as a valid identity awaiting further growth.

young women to their admirers'.<sup>210</sup> Yet the fact that there is no evidence that Beardsley's own homosexual inclinations or practice extended further than a vague imaginative curiosity may raise questions about his motives in accepting Raffalovich's attentions. O'Connell remarks that "'coming out' actually means coming *in* to an already-constituted gay milieu' (O'Connell, p. 152) – one that afforded Beardsley a congenial community of marginalised masculinity which, as Weintraub points out, 'influenced contemporary taste' in art.<sup>211</sup> Did his exclusion from patriarchal heterosexuality set him free to enjoy a little homophilic flirtation, or leave him, as Symons thought, 'essentially very lonely' (Symons, p. 15), desperate for affection from any source? Or did he welcome relationships with wealthy and indulgent older men simply because, as his mother remarked, he was an immature boy who 'loved getting presents' (Ellen Beardsley, [1920], p. 80)? Had he lived into his thirties, would he have tried to marry and father children? Would he have been accepted or rebuffed by a woman unwilling to breed degenerate children and marry a bedridden, impoverished man?

Even if his childlike manner and unformed sexuality did indicate incomplete personal development, Beardsley took great pains to avoid such criticism of his work. Ross later complained that 'he would rarely exhibit an unfinished sketch, and carefully destroyed any he was not thoroughly satisfied with himself' (Ross, pp. 22-23). This obsession with completion and perfection is embodied in his exquisite *Book of Fifty Drawings* (1897), containing a comprehensive catalogue of his works, numbering over one thousand. Although desperately ill at the time, he sourced and designed the volume himself in meticulous detail and relentlessly harassed his publisher to hurry printing – 'how furious I would be if I went away [died?] without ever having seen it' – and, of course, approved it.<sup>212</sup> Although he died only one year later, leaving several projects unfinished, this volume successfully projects the illusion not of a life of immature development cut tragically short as Keats's was supposed to be, but of a lifetime's achievement completed before his twenty-fifth birthday.

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<sup>210</sup> *New York Times*, 4<sup>th</sup> February 1905, p. 68.

<sup>211</sup> Stanley Weintraub, *Aubrey Beardsley: Imp of the Perverse* (University Park: Pennsylvania State University Press, 1976), p. 136.

<sup>212</sup> Beardsley to Smithers (26<sup>th</sup> September 1896), p. 171.

Of all his contemporaries, perhaps another youthful prodigy, Max Beerbohm – three days younger than Beardsley – acknowledged his completeness most fully:

Though he died, a great artist, in his first youth, and at the very opening of life, as life is usually reckoned, Fate did not deal with him unfairly, did not take him, as she has taken others, with a kind of brutal treachery, before the fulfilment of all the work that was in him. From his quite early boyhood, Aubrey Beardsley had known quite well that his life would inevitably be a short one, and it was to this knowledge, partly, that we owe the great range of his achievement in art. [...] Aubrey Beardsley never rested. He worked on always, with a kind of desperate courage, and with a degree of force and enthusiasm that is given only to the doomed man. He knew that he had no time to lose. [...] Normal genius is in no hurry. If it be struck down suddenly before its prime, it leaves no great legacy to us: we can only rail against Fate.

But Aubrey Beardsley was bound to die young. All his friends knew that as well as he did. (Beerbohm, p. 85)

Beerbohm attributes to Beardsley a self-conscious agency in accelerating his artistic development to avert a Keatsian tragedy. Beardsley's friend D. S. MacColl, too, observed that 'genius has a prudence of its own, and genius at grips with death in this youth would seem to have warned him that what he would do he must do quickly', while King recalled that Beardsley 'always said "I have not long to live, and therefore it must be work, work, work"' (King, p. 38).<sup>213</sup> Beerbohm's reference to less well-prepared figures of youthful genius implies that Beardsley's awareness of and impulse to act upon his abbreviated lifespan was made possible by not only the biomedical early-warning provided by his chronic disease, but also by his 'disability consciousness' of other prominent consumptive cultural figures.

### **Proliferation and liberation**

Growing up as a consumptive in the 1880s, Beardsley could choose from a number of consumptive role-models. His early work includes cartoons of consumptive artists Molière and Paganini and numerous drawings of the consumptive heroine of Alexandre Dumas *fils*' novel *La Dame aux Camélias*

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<sup>213</sup> D.S. MacColl, 'Aubrey Beardsley' [1898], in *A Beardsley Miscellany*, ed. by R. A. Walker (London: Bodley Head, 1949), pp. 17-36 (p. 26).

(1852).<sup>214</sup> He admired and acknowledged the influence of Watteau: nineteenth-century criticism of Watteau, like that of Keats and Beardsley, was characterised by a preoccupation with his consumptive status and its supposed effect on his work. Discussions of the figure of Pierrot as a metaphor for consumption (or for the pale, detached, persecuted consumptive himself) in Watteau's paintings were probably not lost on Beardsley: Pierrot appears in many of his drawings.<sup>215</sup>

Beardsley's inclination to sketch various consumptive figures demonstrates his desire to place himself in some relation with them, if only by making them his own on the page.

In this section, I will demonstrate that Beardsley's deft manipulation of various disabled identities in different social interactions shatters any illusion of discovering a 'real' Beardsley even in his most intimate letters. Again, this manipulation resembles Butler's definition of drag, quoted on page 78.

Regarding Beardsley's public display of an impaired body dressed in a stylish suit, childlike and dependent at home, boyish and playful in company, depraved and confrontational in work, we may ask whether the delight in 'parody' and 'giddiness' (Butler, p. 175) of Beardsley's performance is a truer expression of self than are any of its contents.

Ross remembered Beardsley's transformation from 'shy, nervous, and self-conscious' 'youthful apparition' in February 1892 to confident, successful artist in just eighteen months (Ross, p. 15). This change is visible in his portraits. Admittedly, Beardsley's peculiar build and facial features made direct comparison with Severn's angelic portraits of Keats quite unfair, yet one may contrast a timid-looking early photograph [FIG. 7], with the famous 1893 Gargoyle photograph for which Beardsley selected his own pose [FIG. 8], and with the *Portrait of Himself* [FIG. 9] he published in the *Yellow Book* in 1894.

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<sup>214</sup> See Sturgis (1998), pp. 58-59 on Beardsley's attempts as an impressionable teenager to 'assimilate them to his vision of himself and his alarming condition'

<sup>215</sup> See Linda Walsh, 'Subjects, Society, Style: Changing Evaluations of Watteau and His Art' in *Art and its Histories: the Changing Status of the Artist*, ed. by Emma Barker, Nick Webb, and Kim Woods (New Haven; London: Yale University Press in association with The Open University, 1999), pp. 220-248; Louisa E. Jones, *Pierrot-Watteau: a Nineteenth Century Myth, études littéraires françaises*, 32 (Tübingen: Gunter Narr Verlag, Paris: Editions Jean-Michel Place, 1984).

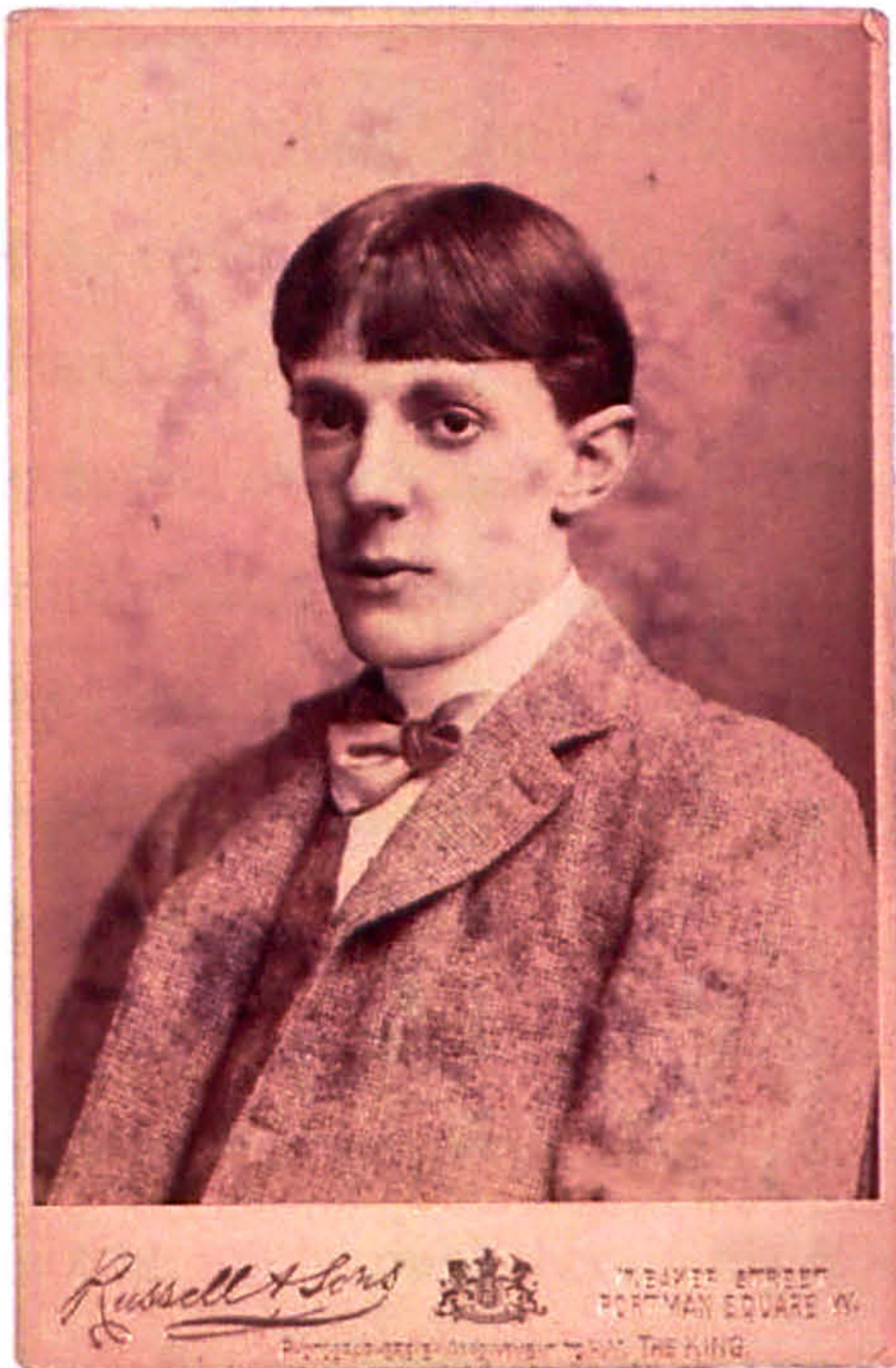


FIG. 7: Aubrey Beardsley [1890].  
National Portrait Gallery, London.



FIG. 8: Aubrey Beardsley posing as  
gargoyle (1893), photographed by  
Frederick Evans. National Portrait  
Gallery, London.

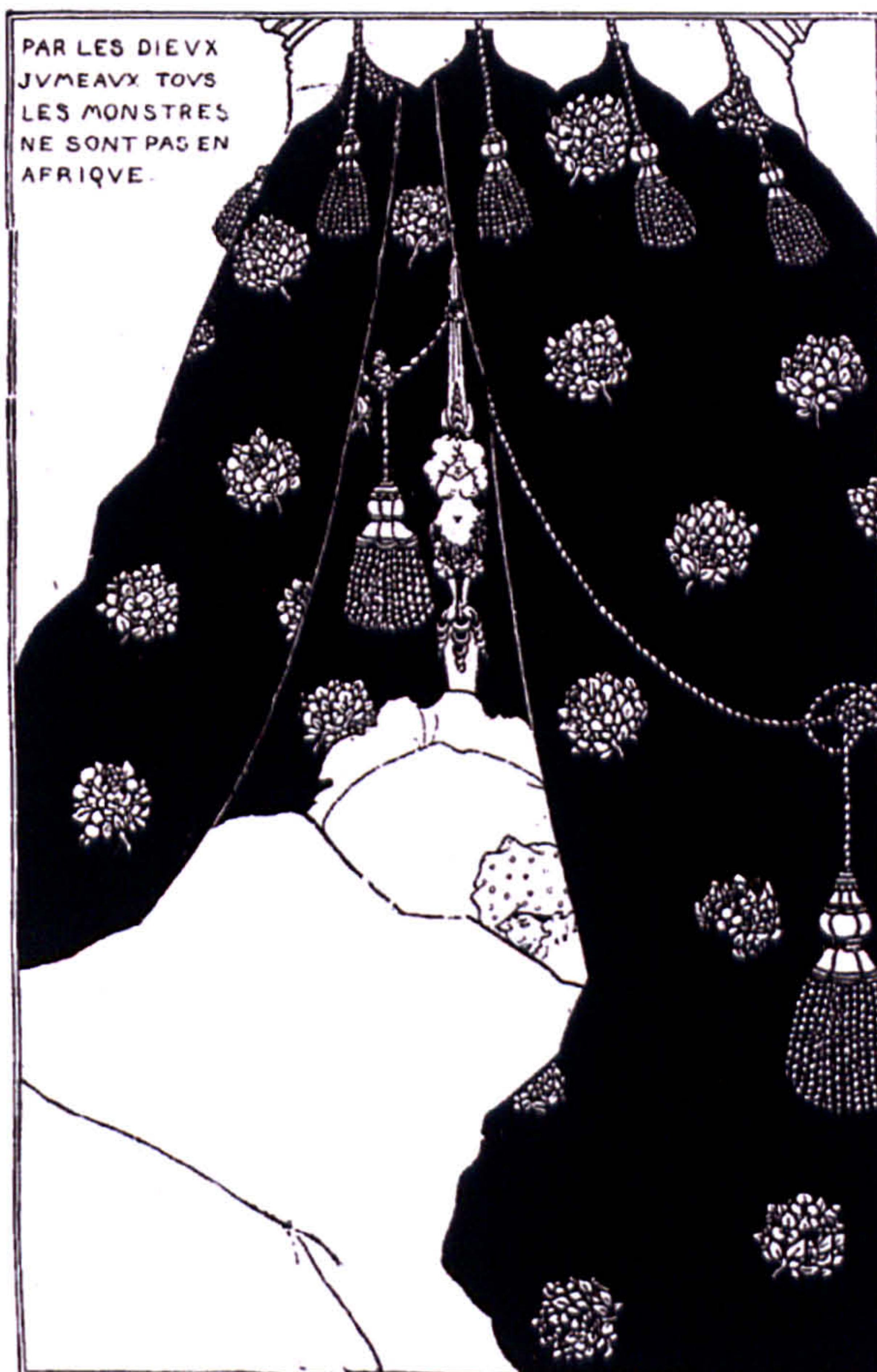


FIG. 9: 'Portrait of Himself',  
by Aubrey Beardsley, in *The  
Yellow Book*, 3 (October 1894),  
50.

His foolish miniaturisation of his professed subject – a miniscule figure swamped by bedclothes – is a risky strategy not only aesthetically, but also in its exhibition of his invalidism, potentially reinforcing commonplace Victorian representations of the consumptive as a helpless creature whose proper habitat is the sickbed. Yet Beardsley's bed is eclectically exotic and opulent rather than clinical or domestic, exhibiting a greedy, sensual enjoyment of the world, rather than a timid retreat. While it is unclear whether the tiny artist is awake, the tilt of his head and the prominence of one (possibly peeping) eye suggests an air of wakeful cunning that may be contrasted with the supine helplessness in Severn's sketch of Keats [FIG. 5].

Beardsley also chose to represent himself in ways that disrupted the supposed relationship between the pathological body and its social performance. While the photograph he published in his *Book of Fifty Drawings and the Idler* [FIG. 6] forces the viewer to speculate on his proximity to death, he is impeccably dressed as ever, refusing to present terminal illness and stylish tailoring as mutually exclusive. In his *Idler* interview with Beardsley, Arthur H. Lawrence remarked that:

although he looked haggard and pale, as victims of consumption generally do, I found in Mr Beardsley an excellent talker, concise and to the point, interested in everything, listening eagerly, and, although his slight stoop and frail physique betrayed the invalid, entering into every point with considerable keenness. (190)

The reporter attempts to make a straightforward biomedical reading of disabled identity 'betrayed' by a visibly disfigured body. However, Lawrence also reveals the limits of this biomedical reading: in his repeated use of 'although', he expresses surprise that the weak body does not also indicate a weak mind, and that the 'victim's' conversation is astute (rather than deliriously rambling?), keenly engaged rather than alienated from worldly concerns. Beardsley surprises Lawrence by refusing to perform the religious, Romantic, sentimental or biomedical consumptive meanings his body implies.

Again, Beerbohm offers the most sophisticated acknowledgement of Beardsley's self-conscious performance of disability, especially the drag-like layering of displayed body and performed manner, stating:

I remember that when I first saw him, I thought I had never seen so utterly frail a creature – he looked more like a ghost than a living man. He

was then, I believe, already in an advanced stage of pulmonary consumption. When I came to know him better, I realised that it was only by sheer force of nerves that he contrived to sustain himself. He was always, whenever one saw him, in the highest spirits, full of fun and fresh theories about life and art. But one could not help feeling that as soon as he were alone he would sink down fatigued and listless, with all the spirit gone out of him. One felt that his gaiety resulted from a kind of pride, and was only assumed, as one should say, in company. (Beerbohm, p. 86)

Beerbohm's complex account contains the real body, its revelation of underlying disease (encompassing eighteenth-century 'nerves' but identified with modern biomedical precision as 'advanced pulmonary consumption'), the contrived performance of gaiety, and the pathetic transparency of the performance. Yet the body itself is unreal, 'more like a ghost' and, without its performance, it 'would sink down [...] with all the spirit gone', as if the performance itself is the 'living man', and the disabled body of no consequence. This layering undermines any attempts to locate an essential identity in either body or behaviour: the 'real' Beardsley is not the constituent parts, but the very act of layering them.

### **Dismantling drag**

Memoirs by some of Beardsley's friends and family attempted to dismantle the complex persona he had painstakingly constructed for himself. Biographical accounts by his family and friends suggest that Beardsley inspired a great deal of affection in people who knew him socially and domestically. The fact that their affection for the disabled artist was sometimes represented in sentimental terms is perhaps understandable given the disabling social structures that made him financially and physically dependent on their compassion and therefore enforced sentimental relationships. Yet the demands of this monolithic sentimental model of disabled identity left Beardsley's friends struggling to account for aspects of his identity, such as his assertiveness, professionalism, and rakishness, which could not inspire sentimental feelings. Often, his friends resolved this conflict by distinguishing between the public artist and the private man, refuting his confrontational professional persona and insisting that he was, in fact, 'clean-minded, and such a child' (Ellen Beardsley, [1920], p. 80). For example, although Beardsley's letters suggest otherwise, some minor biographies prefer to



assume that he died a virgin.<sup>216</sup> Jack Smithers, whose father Leonard published Beardsley's pornographic works, explained that:

Beardsley was a chronic invalid, yet possessing intellectually just those desires which all men possess, he could not gratify them, and this inhibition was the cause of those Levitical drawings. I don't blame him for them.<sup>217</sup>

Clearly, Beardsley's pornography could only escape 'blame' if interpreted as the fantasy of an impaired body rendered harmless by impotence, rather than the expression of an impaired body flaunting its sexual experience. Although well-meaning and no doubt perfectly accurate regarding some aspects of the artist's domestic life, such posthumous accounts inadvertently undermine Beardsley's transgressive performance in the hope of making him an acceptable sentimental object.

Beardsley converted from High Anglican to Roman Catholic while seriously ill in March 1897. The Decadent publisher Smithers apparently suspected that Beardsley had been seduced by 'designing Jesuits'; certainly, his conversion was strongly encouraged by Raffalovich, who supported Beardsley financially when he became too ill to work.<sup>218</sup> While John Rothenstein gives an interesting account of the Decadents' stampede towards fashionable Roman Catholicism, Beardsley's conversion may also be understood in the context of his tendency, from around the age of twelve, to attend the most ritualistic High Anglican and Anglo Catholic churches he could find, often walking inconvenient distances despite his impairment.<sup>219</sup> The fact that, even after his conversion, Beardsley's pious letters to Raffalovich are interspersed with smutty letters to Pollitt and Smithers does not necessarily negate the sincerity of his conversion.<sup>220</sup> Rather, the letters reveal that, quite unremarkably, Beardsley retained an urgent need for fantasy and mischief at the same time as he needed an outlet to express his physical and emotional suffering, and the comfort he evidently gained from

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<sup>216</sup> Beardsley to Leonard Smithers (13<sup>th</sup> February 1897), p. 251, indicates that he was not a virgin.

<sup>217</sup> Jack Smithers, *The Early Life and Vicissitudes of Jack Smithers* (London, 1939), pp. 38-40, quoted in Weintraub, p. 176.

<sup>218</sup> See Beardsley to Smithers (3<sup>rd</sup> March 1897), p. 264.

<sup>219</sup> See John Rothenstein, *The Artists of the 1890's* (London: Routledge, 1928), and Sturgis (1998), pp. 26-28.

<sup>220</sup> Matthew Sturgis, *Passionate Attitudes: The English Decadence of the 1890s* (London: Macmillan, 1995), p. 283, observes that 'it is, of course, tempting to regard one of these poses as somehow truer and more sincere than the other, but both were deliberate and dramatic, and both, one suspects, were sincerely believed in during the moment of their expression.'

religious observance. Beardsley's religious disabled identity was one of the many ways in which he managed social interactions with different people in different contexts.

Yet in March 1898, when he suffered a massive pulmonary haemorrhage which he knew he could not survive, Beardsley wrote to beg his publisher to destroy 'all copies of *Lysistrata* and bad drawings. In my death agony.'<sup>221</sup>

Although his request was not granted, the surviving letter invites interpretation as evidence of a final immersion in a religious model of consumptive identity and a renunciation of disruptive 'drag'. Beardsley's mother appeared to accept this absolute immersion, writing from her son's bedside that he:

has now to be kept a good deal under morphia. He is beautifully patient & is quite resigned to live or die as God wills & to suffer too if it be His Will. He has [?] of love & confidence & withal so touching & humble. In intervals of consciousness he tries to remember his friends & you are one whom he has mentioned, he whispered to me in his dear feeble voice 'Give my love to Mr Dent'. He may yet be spared us & I do feel sure there is some wonderful work for him to do – he has grown so Christ like & though my heart is breaking I can but praise God. [...]

All who come near him nurses and servants are touched at his sweet patience, & the Hotel Proprietors say he is a benediction in the house. Everyone in the hotel is praying for him. He is loved by all.<sup>222</sup>

She later remarked that 'so great was the reputation of the sanctity of his end, that a man who lived near, also dying, asked to be received into the same church. They are buried side by side' (Ellen Beardsley, [1920], p. 78). Beardsley's seemingly complete identification with the religious model of consumption made him available to observers as an exemplary sufferer and object of pious contemplation. His mother's response reflects this new refutation of ambivalence and fragmentation as she pushes aside her 'breaking' heart and embraces a suitably cohesive, whole-hearted response – 'I can but praise God'.

One of Payne's correspondents expressed a desire that Beardsley's last letter 'be made public' to 'blot out [the] objectionable part of his work'.<sup>223</sup> The Reverend John Gray's Introduction to *The Last Letters of Aubrey Beardsley*

<sup>221</sup> Beardsley to Smithers (7<sup>th</sup> March 1898), p. 439.

<sup>222</sup> Ellen Beardsley to J.M. Dent (c.13<sup>th</sup> March 1898), Leeds University Brotherton Library, Elliot Collection: MS Beardsley.

<sup>223</sup> Unidentified correspondent to Payne (26<sup>th</sup> September 1909), East Sussex Archives, Payne Correspondence: E/SC/214/59/2.

(1904) represents the most complete attempt to erase Beardsley's drag identity and construct him as a religious consumptive exclusively:

Aubrey Beardsley might, had he lived, have risen, whether through his art or otherwise, spiritually, to a height from which he could command the horizon he was created to scan. As it was, the long anguish, the increasing bodily helplessness, the extreme necessity in which some one else raises one's hand, turns one's head, showed the slowly dying man things he had not seen before. He came face to face with the old riddle of life and death; the accustomed supports and resources of his being were removed; his soul, thus denuded, discovered needs unstable desires had hitherto obscured; he submitted, like Watteau his master, to the Catholic Church.<sup>224</sup>

Gray's account categorises Beardsley explicitly as a recognisable type of religious consumptive 'like Watteau his master', eliminating his unique disruption of established disabled identities. Furthermore, Gray carefully invalidates Beardsley's living identity, firstly via the usual method of speculating on what he might have become had he lived, implying that he was incomplete, and then by asserting that the religious identity is an essential self. The 'accustomed supports and resources' that were the substance of Beardsley's playfully mixed identity are dismissed as 'unstable desires' that must be stripped away to reveal the true self. In leaving letters that could be presented as proof of wholehearted immersion in this religious disabled identity, the dying Beardsley accidentally made himself more vulnerable to posthumous Keatsian reinterpretation than any of his previous flirtations with pathologisation and Romanticism ever could.

## Conclusion

Romantic characterisations of the consumptive artist as a passive victim of critical cruelty, and as dying incomplete, requiring critics to define the real meaning of his life and work, are disabling because they deny the consumptive artist's capacity to perform disruptive social interactions, manage critical responses, and predict interpretations of their performance by posterity. The new biomedical model of consumptive identity, and its increasing pathologisation of sickly creativity, also attempted to deny the consumptive artist self-

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<sup>224</sup> John Gray, 'Introduction' to *The Last Letters of Aubrey Beardsley* (London: Longmans, Green & Co., 1904), pp. v-ix (pp. vii-viii). Gray was the companion of Beardsley's patron Raffalovich and encouraged Beardsley's conversion; Gray later became a priest.

determination. However, I would suggest that, by the 1890s, the gradual sully of traditional Romantic consumptive identities allowed Beardsley to suspect, subvert and reject Keatsian clichés.

An examination of biography and criticism of Beardsley by his contemporaries seems to indicate that it is not so much the content of any one model of consumptive identity that is disabling as the consumptive's apparent commitment to it. Immersion in one cultural cliché – whether conveyed accidentally by failure to leave sufficient contradictory autobiographical material to posterity, or by critical attempts to interpret a last letter as the definitive text erasing all before – gives the illusion of an essential self, wholly knowable and conveniently packaged to embody particular cultural meanings.

The consumptive drag exemplified by Beardsley's professional persona represents a radical form of performative disabled identity capable of exploiting and manipulating cultural clichés rather than being swallowed by them. Beardsley's assertive interaction with a hostile or curious press, and his confident display of his consumptive body in portraits and self-portraits, demonstrates the efficacy of aggressive self-determination – and, above all, self-multiplication – in transgressing the restrictive models of social interaction and representation by which disabled identities were disciplined in the nineteenth century.

Beardsley's aggressive, playful, expansive, multi-media consumptive drag serves to illuminate the fictional representations of consumptive identities discussed throughout my thesis. In the next chapter, I will show that Emily Brontë's characterisation of Linton Heathcliff in *Wuthering Heights* (1847) – of minimal interest to many literary critics – can be understood as an early representation of this radical consumptive drag, taking the chaotic over-layering of consumptive cultural identities to an absurd extreme that undermines any possible assertions of essentialism.

## Chapter 3

### The Unnatural Consumptive in *Wuthering Heights* (1847)

This worm lives only to injure the plant that protects it. Why was it created, and why was man created? He torments, he kills, he devours; he suffers, dies, is devoured – there you have his whole story.

Emily Brontë, 'The Butterfly' (1842)<sup>225</sup>

#### Introduction

This chapter will examine the ways in which Emily Brontë's novel *Wuthering Heights* refuses to naturalise any one model of disability or consumptive identity. Instead, the introduction of each incompatible model serves to objectify the others. The novel depicts characters' widely varying emotional responses to the consumptive – from sentimental pity to abuse – without a clear moral hierarchy. Linton becomes Heathcliff's disturbed, embittered vision of 'the consumptive', trained to display all the refinement and repulsiveness Heathcliff imagines that cultural figure to possess.

William R. Goetz remarks that the partial failure of Heathcliff's scheme 'to arrange [marital] alliances according to a preconceived pattern [...] suggests that the system is more powerful than its would-be arranger'.<sup>226</sup> I would argue that this failure depends partly on the fact that his son is an unknown and fundamentally unknowable material, and that this unknowability is significant in terms of this novel's deconstruction and destabilising of 'the consumptive'.

This chapter will demonstrate that a highly critical model of disability as a social or cultural rather than biologically-determined category could (and did) emerge almost simultaneously with the biomedical model it seeks to subvert. Indeed, in *Wuthering Heights*, the biomedical model itself is exploited as a disruptive force, destroying the hegemony of sentimental, Romantic and religious models of consumptive identity that demand exclusive rights to inscribe meanings on the consumptive body. As in Aubrey Beardsley's 'drag' performances of consumptive identities, *Wuthering Heights* proliferates

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<sup>225</sup> Emily J. Brontë, 'The Butterfly' (1842) in *Wuthering Heights*, ed. by Richard J. Dunn, 4<sup>th</sup> edn (New York: Norton Critical Edition, 2003), pp. 265-266 (p. 265).

<sup>226</sup> William R. Goetz, 'Genealogy and Incest in *Wuthering Heights*', *Studies in the Novel*, 14 (1982), 359-379 (361).

conflicting stereotypes rather than using any pretence of realism to undermine the hegemonic power of essentialist cultural identities.

In this chapter I will not discuss Brontë's own consumptive identity. Her sister Charlotte's letters give no hint that Emily identified as consumptive at the time of writing the novel. Furthermore, I do not regard her family's experience of the disease as exceptional in 1840s Britain: the fact that her brother's disease went unrecognised until a few hours before his death indicates that the Brontë family had no special understanding of tuberculosis.<sup>227</sup>

In this chapter, the first-generation Catherine in *Wuthering Heights* will be referred to as 'Cathy', and her daughter as 'Catherine'. Heathcliff's son will be referred to as 'Linton', and Edgar Linton as 'Edgar'.

### Sentimentality

In an early or mid nineteenth-century novel one might reasonably expect established conventions of sentimental morality to dominate representation of disabled characters. The claustrophobic domestic settings of *Wuthering Heights* ensure that characters with impairment are locked into the narrow range of social interactions by which sentimental disabled identities are disciplined. Yet the extraordinarily erratic application of these conventions in *Wuthering Heights* highlights the fallibility of the supposedly universal human relationships on which they rest.<sup>228</sup> Nelly expresses disapproval at Heathcliff's cruel treatment of Linton:

I could not picture a father treating a dying child as tyrannically and wickedly as I afterwards learned Heathcliff had treated him, to compel this apparent eagerness: his efforts redoubling the more imminently his avaricious and unfeeling plans were threatened with defeat by death.<sup>229</sup>

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<sup>227</sup> See *The Brontës: a Life in Letters*, ed. by Juliet Barker (Harmondsworth, Middlesex: Viking/Penguin, 1997), especially Charlotte to William Smith Williams (18<sup>th</sup> January 1849), pp. 223-224, realising in retrospect that her siblings' illness had gone unrecognised for some time prior to their deaths, and that they did not understand the symptoms until too late. Emily died 19<sup>th</sup> December 1848. See John Dix (1847) for a fairly complete contemporary explanation of the biomedical model; Dix does, however, acknowledge that many families ignore even obvious consumptive symptoms. This ignorance is commonly depicted in Victorian novels using the religious or sentimental models of disability, and seems to emphasise the consumptive's status as a being whose special fragility is unappreciated by ordinary people around them. See Ellen Wood's *East Lynne* (1861), Dickens's *Nicholas Nickleby* (1839) and, remarkably, the deaths of Frances Earnshaw and Edgar Linton in *Wuthering Heights*.

<sup>228</sup> See Fred Kaplan, pp. 12-13, on universal human nature as dictated by a benign Creator.

<sup>229</sup> Emily Brontë, *Wuthering Heights* (1847) ed. by Ian Jack (Oxford: Oxford University Press, 2008), II. IX, p. 229.

Her reference to proper expectations of parental feeling and the sanctity of the suffering child, and her deprecation of ‘avaricious and unfeeling plans’, identifies her evaluations as sentimental in nature. Yet, even if she is unable to picture the anti-sentimental aberration of a father abusing a dying child, other narrators in the novel do so with relish: as Terry Eagleton observes, ‘one of *Wuthering Heights*’ more notable achievements is ruthlessly to de-mystify the Victorian notion of the family as a pious, pacific space within social conflict.’<sup>230</sup> The fact that Linton’s consumption provokes abuse rather than tenderness serves as unmistakable evidence of the breakdown of sentimental family sympathies at the Heights.

Nelly’s strong statements of who does and does not deserve sympathy dominate the text but, significantly, her sentimental capabilities are inconsistent: her pity for Linton is applied in retrospect and refers to an indirect representation of suffering from another’s account. After a face-to-face encounter, Nelly declares Linton:

The worst-tempered bit of a sickly slip that ever struggled into its teens! Happily, as Mr Heathcliff conjectured, he’ll not win twenty! I doubt whether he’ll see spring, indeed – and small loss to his family, whenever he drops off; and lucky it is for us that his father took him – the kinder he was treated, the more tedious and selfish he’d be! (II. IX, p. 214)

Here, Nelly’s failure to exhibit an immediate sympathetic response to the spectacle of Linton’s suffering undermines the essentialism of sentimental emotional responses. She argues that, rather than enhancing his capacity for gratitude and sympathy, ‘the kinder he was treated, the more tedious and selfish he’d be’; her balanced phrasing represents authoritatively a process of indisputable cause and effect – one that replaces sentimental processes in which kindness must inevitably provoke gratitude. Throughout the novel, Nelly expresses revulsion, rather than compassion, for the actual presence of Linton’s physical feebleness; she describes him as a ‘writhing’, ‘shuddering’, ‘nerveless’, ‘puling’, ‘sucking’ creature.<sup>231</sup> Remarkably, in *Wuthering Heights*, the dominant

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<sup>230</sup> Terry Eagleton, *Myths of Power: a Marxist Study of the Brontës* (London: Macmillan, 1975), pp. 105-106.

<sup>231</sup> II. IX, p. 212; II. XII, p. 232; II. XIII, p. 235; II. XIII, p. 240; II. XIV, p. 247.

narrator openly invites her audience to loathe and mock the suffering consumptive.

Mary Klages explains that the disabled person:

while producing the emotions of sympathy in others, also had the potential to feel those emotions in his or her own right and could thus be both sign and subject, both the signifier and the perceiver of signification. (p. 17)

This, in turn, makes the disabled person still more deserving of sympathy. For Nelly at least, Linton's failure to be a deserving object of sentimental pity depends on his failure to be a subject of sentimental pity:

'And you say [Catherine]'s sick; and yet, you leave her alone, up there in a strange house! *You*, who have felt what it is to be so neglected! You could pity your own sufferings, and she pitied them, too; but you won't pity hers! I shed tears, Master Heathcliff, you see – an elderly woman, and a servant merely – and you, after pretending such affection, and having reason to worship her, almost, store every tear you have for yourself, and lie there quite at ease. Ah! you're a heartless, selfish boy!'

'I can't stay with her,' he answered crossly. 'I'll not stay, by myself. She cries so I can't bear it [...] moaning and grieving all night long, though I screamed for vexation that I couldn't sleep.'

'Is Mr Heathcliff out?' I inquired, perceiving that the wretched creature had no power to sympathise with his cousin's mental tortures. (II. XIV, p. 248)

Nelly explains the mechanics of sentimental sympathy, regarding tears as a physical sign both of suffering and of sympathy with suffering. In emphasising '*You*', Nelly asserts the special status of the suffering invalid as one with special insights into (and, therefore, sympathy with) suffering and its signs, suggesting that Linton's inability or refusal to sympathise is an obscene dereliction of his consumptive duty. Her complaint illustrates sentimental morality's demand for equal exchanges of pity: unfortunately, Linton is capable of receiving pity and of experiencing self-pity, but not of offering pity to others in a similar situation. As Heathcliff points out, 'Linton requires his whole stock of care and kindness for himself!' (II. XIII, pp. 242-243): he is a parasite of sentiment – an insatiable black hole into which pity pours never to be seen again. Clearly, Linton does not fulfil the moral expectations surrounding sentimental disabled identity.

Philip Davis argues that, in Victorian fiction, the characters' inability to conceive of and articulate the full extent of their own suffering renders it



necessary for the reader to supply the pity that the characters cannot supply for themselves.<sup>232</sup> While Davis regards a deficit of self-pity in one individual as a stimulus for pity from another, Brontë suggests that a *surplus* of self-pity in one individual may act as a *deterrent* for pity from another: Nelly sympathises with Linton least when he revels in consciousness of his own misfortune and ‘vexation that I couldn’t sleep’. Unable to give him any pity that he has not already given himself, Nelly’s ability to sympathise is stifled.

Writing almost twenty years after *Wuthering Heights*, during what Philip Collins (p. 15-16) identifies as a period of increasing suspicion about sentimentality, James Fitzjames Stephen (1829-1894) remarked that writing was condemned as ‘sentimental’ in a pejorative sense when the author had obviously:

ceased to think naturally about the fact, real or supposed, which originally drew out the feeling, and had begun to think about himself, and how cleverly he could describe the sources of tender emotion, and how pleasant it was to stimulate their action.<sup>233</sup>

Stephen regards self-consciousness as a negative component of sentimentality. Arguably, Nelly evinces similar suspicion about self-conscious performances of emotional stimulus and response in *Wuthering Heights*, but her suspicion is directed against the disabled performer Linton, and the novel exposes Nelly’s suspicious assertions as an aggressive (and perhaps questionable) policing of sentimental morality from within. Nelly does seem to embrace sentimentality, but Brontë shows her abandoning compassion and sympathy in her disgust at Linton’s failure to ‘do’ sentimentality unselfconsciously.

Do some sentimental novels prefer to encourage sympathy for disabled people devoid of adult self-awareness, incapable of understanding or controlling the terms of emotional exchange? In *Nicholas Nickleby* (1839), Dickens does not present a disciplinary process in which a fully-conscious disabled character errs in his sentimental duty, is punished, learns to be submissive and grateful, and is rewarded with rescue and sympathy. Rather, Dickens equips his sentimental consumptive with an intellectual impairment – incongruous with most early-

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<sup>232</sup> See Philip Davis, ‘Victorian Realist Prose and Sentimentality’, in *Rereading Victorian Fiction*, ed. by Alice Jenkins and Juliet John (London: Palgrave, 2002), pp. 13-28 (pp. 18-19).

<sup>233</sup> [James Fitzjames Stephen], ‘Sentimentalism’, *Cornhill Magazine*, 10: 55 (July 1864), 65-75 (71).

Victorian consumptive stereotypes – that is obviously inserted to enhance Smike's pitiful helplessness and inability to learn to evade torture:

Poor Smike! He warded off the blows, as well as he could, and now shrunk into the corner of the coach, with his head resting on his hands, and his elbows on his knees; he was stunned and stupefied, and had no more idea that any act of his, would enable him to escape from the all-powerful Squeers, now that he had no friend to speak to or to advise with, than he had had in all the weary years of his Yorkshire life which preceded the arrival of Nicholas. (p. 498)

This regression to his Yorkshire childhood emphasises Smike's incapacity to develop and modify his behaviour in response to persecution as Linton does. The only event to alleviate Smike's misery is not an act of his own, but 'the arrival of Nicholas'. Dickens's lurid portrayal of the consumptive's helpless vulnerability to the whims of stronger people, and the conspicuous absence of state protection or of any prospect of independent escape, constitutes a disciplining threat in its own right. Compliance to sentimental demands is shown to be not enough to secure the consumptive's safety, but it is all he has.

Most worryingly, Dickens presents Smike's helpless inability to learn to avoid pain as his greatest claim to pity and rescue. Does this imply that the consumptive capable of understanding and resisting the disciplinary process should be denied compassion or rescue from abuse? In Nelly's hostility to Linton, Brontë certainly exposes this aspect of sentimental morality in *Wuthering Heights*, and may therefore raise our suspicions about *Nicholas Nickleby*. For Smike at least, this is not the disciplining of voluntary behaviour through a coherent, comprehensible system of punishment and reward; rather, it is the enforcement of a powerless 'victim' subject-position by allowing the consumptive to exist only within a structure which, by its nature, is impossible for him to control – a prison whose doors can only be unlocked from the outside. The oppressive function of this situation may be illuminated by Morris's discussion of an experiment recorded by J. M. Weiss in 1972:

two rats were given electrical shocks equal in duration and intensity. One rat was permitted to learn how to predict and to control the shocks. The second rat had no means of prediction or control – learning only that it was helpless in the face of unpredictable, uncontrollable pain. Weiss called the state experienced by the second rat 'learned helplessness,' and he demonstrated that (compared with the rats receiving shocks absolutely identical in duration and intensity) rats in a state of learned helplessness

showed significantly greater weight loss, gastric ulceration, and neuroendocrine changes. (Morris, p. 193)<sup>234</sup>

In sentimental morality, the consumptive most worthy of rescue is the consumptive who exhibits this 'learned helplessness', suggesting that the only hope of escaping violence is to be seen (by nondisabled people) to be helplessly incapable of escaping violence.

For Nelly in particular, the self-aware consumptive who displays 'disability consciousness' (Mitchell and Snyder, 2001, p. 208) and actively manipulates the cultural conventions that are supposed to dictate his identity is utterly undeserving of sympathy:

[Linton] sighed and moaned like one under great suffering; and kept it up for a quarter of an hour, on purpose to distress his cousin, apparently, for whenever he caught a stifled sob from her, he put renewed pain and pathos into the inflexions of his voice. (II. IX, p. 211)

When displayed without self-consciousness, these same behaviours are praiseworthy currency in the sentimental emotional exchange; when the consumptive displays them self-consciously, they are seen as poisonous to others' wellbeing. Pious consumptive factory-girl Bessy Higgins in Elizabeth Gaskell's *North and South* (1854-55) is amazed to be told that the spectacle of her suffering has lifted the middle-class heroine's spirits. Bessy exclaims 'I thought a' the good-doing was on the side of gentle-folk. I shall get proud if I think I can do good for you.' Margaret replies 'You won't do it if you think about it. But you'll only puzzle yourself if you do, that's one comfort'.<sup>235</sup> Apparently, the beneficial spiritual influence supposed to justify Bessy's suffering would be lost if she understood the process fully. Nelly's misgivings about Linton's performance suggest that sentimental morality can refuse to validate disabled identities that display consciousness of the cultural conventions that shape them.

Nelly's sentimental rejection of self-consciousness is further called into question as *Wuthering Heights* implies that lack of self-consciousness in an

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<sup>234</sup> Morris discussing Jay M. Weiss, "Psychological Factors in Stress and Disease," *Scientific American*, 226 (1972), 104-113.

<sup>235</sup> Elizabeth Gaskell, *North and South* (1854-55), ed. by Angus Easson (Oxford: Oxford University Press, 1998), p. 138. This may not necessarily be classed as a Sentimental novel, but engages with contemporary sentimental discourses of illness and suffering.

invalid need not denote a sympathetic nature. Linton's occasional lapses into unselfconscious pathos are highly un-sentimental in content and in their effect on other characters, as he lashes out especially at those who try to help him.

Heathcliff warns Catherine: 'he's as bitter as gall at your desertion, and its consequences – don't expect thanks for this noble devotion' (II. XV, p. 254). It seems unlikely that sentimental morality would advocate sympathy for such an ungrateful invalid, despite the fact that Linton's confusion may signify his truly pathetic, panicked vulnerability to random punishment and abuse from everyone around him. Furthermore, *Wuthering Heights* also depicts unselfconscious, crudely empathic responses between disabled and nondisabled characters (and even animals) that resemble sentimental responses, and yet differ in that they are accompanied by protestations of contempt rather than by tenderness and tears. When Linton describes Heathcliff striking Catherine, Nelly asks him whether he was 'pleased to see her struck', and he describes an immediate reflex response to another creature's pain:

'I winked,' he answered. 'I wink to see my father strike a dog, or a horse, he does it so hard – yet I was glad at first – she deserved punishing for pushing me. [...] I sometimes think she can't speak for pain. I don't like to think so! but she's a naughty thing for crying continually; and she looks so pale and wild, I'm afraid of her!' (II. XIV, p. 249)

Catherine's tears provoke fear, not sympathy. When Catherine is struck, Nelly observes that 'her cousin had shrunk into a corner of the settle, as quiet as a mouse, congratulating himself, I dare say, that the correction had alighted on another than him' (II. XIII, pp. 239-240). The unconscious physical reflexes supposed to denote human sympathy in sentimental morality here denote animalistic survival instincts. This challenges the cultural hegemony of sentimental models of responsivity in general and disabled characterisation in particular: in *Wuthering Heights*, an unselfconscious, suffering, flinching invalid is not necessarily a compassionate invalid, and has no reason to be so.

Perhaps *Wuthering Heights*' most remarkable subversion of conventional sentimental morality is its depiction of fictional characters – disabled and nondisabled alike – self-consciously exploiting sentimental conventions for their own ends. Persuading Nelly and Catherine to take Linton home, Heathcliff announces that 'you'll force me to pinch the baby, and make it scream, before it

moves your charity' (II. XIII, p. 238). Heathcliff exploits the sentimental justification of suffering (i.e. that it exists to inspire noble sympathetic feelings in the non-afflicted), and then exposes this process, blaming Linton's suffering on those who demand graphic exhibitions of torture to excite their sympathies. Linton, too, seems to acknowledge the cruel threats of abandonment inherent in sentimental models of disability in which care is based on exhibitions of uncomplaining gratitude rather than on need, telling the sentimental Catherine that 'if you choose, you *may* say good-bye – you'll get rid of an annoyance' (II. X, pp. 223-224).<sup>236</sup>

Linton also exhibits a dim 'disability consciousness' of himself as an individual isolated and persecuted because of his impairment:

'I can't speak to you,' he murmured, 'you've hurt me so, that I shall lie awake all night, choking with this cough! If you had it you'd know what it was – but *you'll* be comfortably asleep, while I'm in agony – and nobody near me! I wonder how you would like to pass those fearful nights!' And he began to wail aloud for very pity of himself. (II. IX, p. 211)

Linton explicitly rejects sentimental disabled identity: the fact that he directs his spite towards the person who pities him suggests that pity enrages rather than comforts him. He employs a socio-medical rather than sentimental model of disability, arguing that people without his impairment cannot appreciate his suffering: Linton wants them to suffer exactly as he suffers, rather than to feel a glow of self-congratulation for pitying him.

Furthermore, Linton's 'disability consciousness' has the remarkable distinction of being aggressive and accusatory: unlike Simeon and Helen Burns, Linton dares to express ingratitude towards his carers. While the dead Keats was displayed posthumously by his biographers as a mute, passive accusation of the world's injustice and neglect, *Wuthering Heights* allows Linton to speak directly to those who displease him. The novel represents a consumptive identity that is not a passive receptacle for whatever sympathy carers choose to give, but one that is conscious, judgemental and capable of expressing dissatisfaction. Perhaps the social and moral chaos of 'equality-mad devils jostling for position' that Gilbert and Gubar observe in *Wuthering Heights* not only permits subversion of

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<sup>236</sup> Leonard Kriegel, pp. 36-37, observes that the sentimental 'Charity Cripple's' 'purpose is never to make "normals" either uncomfortable or guilty. He inspires pity, but not fear.'

class and gender boundaries, but also allows the marginalised, disabled consumptive to make his voice heard in ways other texts forbid.<sup>237</sup>

### Cultural archetypes

In *The Madwoman in the Attic* (1979) Gilbert and Gubar disputed David Cecil's once-orthodox remark that Brontë wrote 'as if she had never read a book at all', arguing instead that *Wuthering Heights* is 'consciously literary' and 'almost obsessively preoccupied with books and with reading as not only a symbolic but a dramatic – plot-forwarding – activity' (Gilbert and Gubar, p. 250).<sup>238</sup>

*Wuthering Heights* exploits several literary clichés of consumption that correspond to a variety of recognisable nineteenth-century consumptive identities. The presence of these clichéd disabled stereotypes is inconsistent with the demands of early social realist disability critics: according to Mitchell and Snyder, the 'social realists' primary criteria centred on whether literary depictions served as correctives to social misapprehensions about the specifics of disability experiences' (2001, p. 199). Yet the way in which *Wuthering Heights* (mis)uses clichéd stereotypes draws attention to their inadequacy and absurdity as essentialist models of disabled identity, rendering these clichés potentially more subversive of disabled stereotyping than social realism could be.

As Lawlor shows, the consumptive who speaks about his or her illness has been a commonplace convention in English culture since the early modern period. However, these apparently candid first-person accounts are usually supposed to conform to an inflexible script. We may return to Helen Burns's exemplary deathbed speech:

'I am very happy, Jane; and when you hear that I am dead you must be sure and not grieve: there is nothing to grieve about. We all must die one day, and the illness which is removing me is not painful; it is gentle and gradual: my mind is at rest. [...] By dying young, I shall escape great sufferings.' (*Jane Eyre*, p. 81)

That Helen is supposed willingly to have chosen to identify with this archetype is undeniable; however, Helen's life and death are determined entirely by an

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<sup>237</sup> Sandra M. Gilbert and Susan Gubar, *The Madwoman in the Attic: The Woman Writer and the Nineteenth-Century Literary Imagination*, 2<sup>nd</sup> edn (New Haven, CT: Yale University Press, 2000), p. 262.

<sup>238</sup> David Cecil, 'Emily Brontë and *Wuthering Heights*', in *Early Victorian Novelists: Essays in Re-valuation* (London: Constable, 1934), pp. 147-193 (p. 170).

inflexible selection of cultural meanings, and *Jane Eyre* does not problematise this. Similarly, in her study of sickroom conduct literature, Maria Frawley quotes Rev. Richard Mant's *Order for the Visitation of the Sick* (1819 edn) admonishing the invalid to 'study to be as easy as you can to those who attend or minister about you; and to receive their well-meant care and services, kindly and thankfully' (Frawley, p. 27). Frawley does not comment on the political implications of an authority figure recommending (or demanding) this submission, gratitude, and self-appraisal from a captive dependant – or on the effect this demand may have had upon deathbed behaviour.

Helen's speech – and Mant's instructions – may be contrasted with a broadly comparable speech from Linton:

'Sit down and take your hat off, Catherine,' he answered. 'You are so much happier than I am, you ought to be better. Papa talks enough of my defects, and shows enough scorn of me, to make it natural I should doubt myself – I doubt whether I am not altogether as worthless as he calls me, frequently; and then I feel so cross and bitter, I hate everybody! I *am* worthless, and bad in temper, and bad in spirit, almost always – and, if you choose, you *may* say good-bye – you'll get rid of an annoyance – Only, Catherine, do me this justice; believe that if I might be as sweet, and as kind, and as good as you are, I would be, as willingly, and more so, than as happy and as healthy.' (II. X, pp. 223-224)

This is the closest Linton comes to making a deathbed declaration – and yet, what Linton describes in his confessional speech is not consumptive death, but consumptive life. In this speech, Linton displays a better character labouring beneath the habitual dishonesty and cowardice fostered by his upbringing. Linton's lack of self-determination, his 'distorted nature' (p. 224) warped by suffering and constant persecution and, most importantly, his bitter knowledge of his thwarted self-realisation, are frustrations observed by disability critics Deborah Kent and Tom Shakespeare in their accounts of the construction of 'negative' disabled identities.<sup>239</sup> Linton's persecution, and the way in which it perverts his character, may be politicised if one observes that he is thwarted by social structures that enforce his dependency on an abusive family that regards his impairment as disgusting. *Wuthering Heights* offers a remarkable re-imagining of the traditional consumptive deathbed speech.

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<sup>239</sup> See especially Shakespeare, 1996, pp. 100-101.

Fictional characterisations of declining children like Little Nell in Dickens's *The Old Curiosity Shop* (1841) represent another cultural cliché that may have influenced Brontë's depiction of Linton. Linton straddles the archetypes of the sensitive dying Romantic youth and of the precocious dying Victorian child so uncomfortably that each is rendered ridiculous. As discussed in previous chapters, intellectual precocity is a common trait in cultural archetypes of the consumptive, from Henry Kirk White at the beginning of the century to Beardsley at the end; in 1892, S.A.K Strahan declared that consumptives:

are vivacious and excitable, and the intellectual faculties are often highly developed. Even at an early age children of this temperament in many cases show a marvellous intellectual activity, and it is observation of the regularity with which such precocious tubercular children die that has given rise to the common saying, when speaking of exceptionally clever children, that they may be 'too wise to live long.' (Strahan, p. 199)<sup>240</sup>

This precocity, accompanied by the threat of premature death, was commonly depicted as an endearing trait. Unsurprisingly, Beardsley cynically exploited these characterisations in the 1890s, lying about his age in press interviews and occasionally dressing in a boy's short jacket and Eton collar (Harland, 437) – presumably to publicise himself as a consumptive infant prodigy. This inversion of endearing precocity, in which the consumptive adult pretends to be a consumptive child, highlights the capricious, arbitrary rules by which sympathy and admiration of consumptives may be granted, withheld, or manipulated.

Curiously, Brontë presents Linton (like Beardsley in school-uniform) as both woefully retarded and prematurely burdened with adult responsibilities. At thirteen, Linton demands to be kissed and fed like a baby because, as Nelly remarks, 'he was not much better' (II. V, p. 178); at barely sixteen, he is persuaded to marry Catherine and become master of her estates. This marriage may not seem exceptionally perverse in the context of an eighteenth-century land-bequeathing class. Yet, in emphasising the fact that at least of one of the partners is exceptionally infantile and vulnerable, *Wuthering Heights* seems to suggest that this coupling is inappropriate. Although Linton informs Nelly that

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<sup>240</sup> In Ellen Wood's *East Lynne* (1861; London: Richard Bentley and Son, 1895), p. 316, consumptive child William Carlyle is 'possessed of that precocious intellect which too frequently attends weakness of body. He had the sense of a boy of fourteen, instead of one of seven: his conversation betrayed it. "Understands more than's good for a child," say old wives, as they look and listen, coupling their remark with another: "he'll never live".'



Heathcliff has given him a wedding-night tutorial on conjugal rights, all Linton seems to have grasped is his right to claim Catherine's toys (II. XIV, p. 248). Wade Thomson justifiably suggests that Heathcliff's vengeful act of 'imposing adult sexuality on children' is a form of sexual abuse.<sup>241</sup> The fact that Linton is consumptive suggests that *Wuthering Heights* may be exposing distasteful undertones in commonplace representations of the consumptive child as both abnormally vulnerable and abnormally precocious.

Lawlor (p. 58) explains that refined sensibilities were significant aspects of eighteenth-century and Victorian consumptive archetypes. Brontë objectifies this clichéd association, implying that, rather than denoting essential moral superiority, exquisite sensibilities are cosmetic adornments favoured only by a leisured social class, and therefore not only contingent consumptive attributes, but also worldly rather than ethereal. Nelly, Heathcliff, and even Linton himself agree that, despite his genteel façade, he is actually stupid, shallow, and 'a pitiful, shuffling, worthless thing' (II. IX, p. 209). The housekeeper at the Heights complains:

'I never knew such a faint-hearted creature, [...] nor one so careful of hisseln. He *will* go on, if I leave the window open, a bit late in the evening. Oh! it's killing, a breath of night air! And he must have a fire in the middle of summer; and Joseph's bacca-pipe is poison; and he must always have sweets and dainties, and always milk, milk for ever – heeding naught how the rest of us are pinched in winter – and there he'll sit, wrapped in his fur cloak in his chair by the fire, and some toast and water or some other slop on the hob to sip at; and if Hareton, for pity, comes to amuse him – Hareton is not bad-natured, though he's rough – they're sure to part, one swearing and the other crying.' (II. VII, p. 186)

While consumption is conventionally supposed to eliminate grosser characteristics – according to Dickens's *Nicholas Nickleby*, 'the mortal part wastes and withers away, so that the spirit grows light and sanguine with its lightening load' (pp. 637-638) – Brontë reverses the purification process as Linton becomes increasingly preoccupied with the minutiae of his physical sufferings. In chapter II. XIII alone, he is variously described as reptile, monkey, mouse and spaniel, none of which suggests lofty spirituality. Linton's consumptive delicacy does not confer refinement: rather, to his household, he

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<sup>241</sup> Wade Thompson, 'Infanticide and Sadism in *Wuthering Heights*', in *Wuthering Heights: an Anthology of Criticism*, ed. by Alastair Everitt (London: Frank Cass, 1967), pp. 138-151 (p. 149).

becomes an unsustainable, selfish animal parasite, indulging himself with sweets and milk at others' expense. Beth E. Torgerson even regards Linton as a non-productive cannibal in a 'cannibalistic system which depends upon the deaths of members of the same species'.<sup>242</sup>

*Wuthering Heights* appears to use consumption as a characterisation device to identify obnoxious individuals. Merely exchanging one consumptive stereotype (sensitive and flattering) for another (stupid and unflattering) is not especially subversive: consumption is still being used as a symbolic state rather than as a bodily impairment; consumptive identity is still shown to be determined by consumption, rather than by cultural stereotyping and disability imposed upon people with impairment. However, *Wuthering Heights*' conspicuous misappropriation of literary stereotyping exposes naturalised consumptive traits as mere conventions to be used or discarded at will.

Nelly's description of Linton's appearance hints at a laborious process by which visible signs of ill-health are made aesthetically pleasing in conventional representations of consumptive youths:

Linton's looks and movements were very languid, and his form extremely slight; but there was a grace in his manner that mitigated these defects, and rendered him not unpleasing. (II. VII, p. 190)

Linton's conventionally ethereal appearance is shown, like his demanding behaviour, to be something of questionable value: his graceful slenderness – a sign of spiritual refinement or emotional intensity in religious and Romantic models of consumption – is already being reclaimed as a defect, pathologised by modern biomedicine. Significantly, the new pathology seems to reverse history in presenting itself as a neutral, natural viewpoint, and the older Romanticism as a modification: the terms 'mitigated' and 'rendered', and the contorted phrase 'not unpleasing', suggest the over-complicated process by which his natural,

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<sup>242</sup> Beth E. Torgerson, *Reading the Brontë Body: Disease, Desire, and the Constraints of Culture* (New York: Palgrave Macmillan, 2005), p. 107. See also Matthew Beaumont, 'Heathcliff's Great Hunger: the Cannibal Other in *Wuthering Heights*', *Journal of Victorian Culture*, 9 (October 2004), 137-163. However, I would argue that Beaumont (159), like Catherine Byrne, 'Consuming the Family Economy: Tuberculosis and Capitalism in Charles Dickens's *Dombey and Son*', *Nineteenth Century Contexts*, 29 (2007), 1-16, seems to misapply eighteenth-century medical theories to suit a laboured interpretation of the disease as a metaphor for capitalist/ materialist consumption.

objectively-verified defect must be reconstructed to make it Romantically acceptable.

Furthermore, Brontë implies that the stereotype's potential to deceive and allure relies on the willingness of a cultured, literate audience to accept such stereotypes at face value: only the bookish, unworldly young Catherine is tricked into believing that Linton is 'a pretty little darling' (II. IX, p. 213). *Wuthering Heights*' acute consciousness of literary illusions, and of the credulity of literate people, is apparent in the marriage that produces Linton. Heathcliff explains that Isabella eloped with him 'under a delusion':

'picturing in me a hero of romance, and expecting unlimited indulgences from my chivalrous devotion. I can hardly regard her in the light of a rational creature, so obstinately has she persisted in forming a fabulous notion of my character, and acting on the false impressions she cherished. But, at last, I think she begins to know me.' (I. XIV, p. 133)

Thus, Linton is conceived in a relationship based on a Romantic literary (self) delusion – that is, on Heathcliff's exploitation of a naïve girl's perverse insistence on imposing literary conventions upon him and upon their courtship.

This exploitation of a literary delusion is repeated not only in Linton's characterisation, but also in Linton's courtship of young Catherine as orchestrated by Heathcliff and by Linton himself. In persuading Catherine to woo his son, Heathcliff tells her:

'you have cause to blush. Two or three months since, were you not in the habit of writing to Linton? making love in play, eh? You deserved, both of you, flogging for that! You especially, the elder, and less sensitive, as it turns out. [...] I presume you grew weary of the amusement, and dropped it, didn't you? Well, you dropped Linton with it, into the Slough of Despond – he was in earnest – in love – really. As true as I live, he's dying for you – breaking his heart at your fickleness; not figuratively, but actually.' (II. VIII, p. 205)

Since Heathcliff has such obvious contempt for literary courtship, his own highly literary depiction of Linton is surely constructed for some cynical, manipulative purpose. His reference to Bunyan's Slough of Despond shows his literacy and his reliance upon Catherine's literacy in turn. In accusing Catherine of underestimating the consumptive's sensitivity and naivety, Heathcliff implicitly

recalls the Romantic consumptive dying unappreciated by a callous world, as well as Courtly romances of consumptives dying for (or being cured by) love.<sup>243</sup>

Furthermore, in attributing to Heathcliff – a mere fictional monster – this remarkably literary consciousness of consumptive clichés (‘not figuratively, but actually’), Brontë exposes the manipulative cultural deployment of unrealistic consumptive literary archetypes. Brontë also depicts the consumptive Linton as highly literate; his courtship of young Catherine involves the exchange of letters, books, and the recitation of ‘nice long interesting’ ballads – ‘the employment pleased both mightily. Linton would have another, and after that another’ (II. IX, p. 213). Although Linton’s manipulative consumptive performances ‘on purpose to distress his cousin’ (II. IX, p. 211) do not necessarily represent an explicitly literary disability consciousness, we may wonder whether, as an insatiable consumer of literature, Linton himself may be capable of exploiting the cultural stereotypes that Brontë and Heathcliff exploit on his behalf. I will return to this possibility at the end of this chapter.

### **Biomedical representation: the weak body and heredity**

In my Introduction, I argued that engagement with biomedical models of disability indicates a text’s questioning or rejection of sentimental and earlier religious models of disability. Disability theorist Harlan Hahn complains that:

The widespread characterization of individuals with disabilities as the passive recipients of medical attention has reaffirmed the prevalent insistence that their functional impairments must be the central concern of their lives, overshadowing other roles such as participation in the labor force or in personal relationships.<sup>244</sup>

However, Hahn seems to be referring to modern representations of disability wholly *dominated* by the biomedical model. In the 1840s, older sentimental and religious models of disability still tended to dominate fictional representations of people with impairments. The oppressive potential of the biomedical model does

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<sup>243</sup> For example, in William Shakespeare’s *Much Ado About Nothing* (c.1613), ed. by R.A. Foakes (London: Penguin Books, 1996), V. 2. 95-96, pp. 122-123, Beatrice jokes about marrying Benedick ‘partly to save your life, for I was told you were in a consumption.’

<sup>244</sup> Harlan Hahn, ‘Advertising the Acceptably Employable Image’, in *The Disability Studies Reader*, ed. by Lennard J. Davis (New York and London: Routledge, 1997), pp. 172-186 (pp. 183-184). Hahn’s use of the term ‘individuals with disabilities’ indicates an adherence to conservative biomedical or, at best, socio-medical terminology, and a failure to embrace fully the radical UPIAS definition of disability as a state of social exclusion.

not wholly negate its ability to undermine these earlier models. In *Wuthering Heights*, a biomedical model of consumption and of disability emerges as a destabilising element still undermining and undermined by earlier models of disabled characterisation, rather than standing as an institutionalised, oppressing hegemony.

Whether Linton can be regarded as an active (albeit minor) protagonist rather than as a passive, pathologised, dying object may be a significant question for disability theorists like Harlan Hahn and Debora Kent, who regard 'positive' representations as those in which disabled characters lead active, fulfilling lives.<sup>245</sup> Linton undoubtedly fails to meet these demands; he is 'only a feeble tool' (II. XI, p. 227). When Nelly asks him whether he can 'get the key if you choose', Linton answers 'Yes, when I am upstairs [...] but I can't walk up-stairs now' (II. XIV, p. 249); later, Nelly explains that 'Linton, who had been conveyed up to the little parlour soon after I left, was terrified into fetching the key' (p. 252). Combined with a weak will for which terror is the only stimulus to action, Linton's physical helplessness limits his actions to mere 'timid contrivances' (p. 252); his ability to 'get the key if you choose' is dependent not on his ability to choose after all, but on the willingness of others to carry him upstairs.

However, this emphasis on Linton's physical impairment may be regarded as subversive because Linton's ostentatiously suffering body does not fulfil the usual nineteenth-century Romantic, sentimental, or religious functions. His remark that 'I can't walk up-stairs' does not excite pity or pious meditation; it does not signify any recognisable cultural archetype or moral ideology, and has no apparent meaning. This unapologetic display of bodily dysfunction cannot even be safely categorised as a deathbed scene; rather, it is the everyday existence of a person living with impairment. In its historical context, the novel's intrusive display of the mundane, unsympathetic embodied experience of disability may be regarded as a radical appropriation of the biomedical, socio-medical, and even social models to undermine other disabled identities.

Furthermore, Heathcliff's cunning abuse of Linton acknowledges the social presence of impaired bodies and their special vulnerability. Heathcliff states 'I

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<sup>245</sup> I will return to this function of disability representation in Chapter 5; I find the notion of what constitutes a 'positive' representation, and whether there is necessarily anything interesting or useful in representations of 'super-crips overcoming adversity' etc, extremely problematic.

was embarrassed how to punish him [...] – he’s such a cobweb, a pinch would annihilate him’ (II. XV, pp. 253-254). Heathcliff is forced to devise and then explain a special form of punishment that accommodates Linton’s physical difference:

‘I brought him down one evening, the day before yesterday, and just set him in a chair, and never touched him afterwards. [...] In two hours, I called Joseph to carry him up again; and since then, my presence is as potent on his nerves as a ghost; and I fancy he sees me often, though I am not near. Hareton says he wakes and shrieks in the night by the hour together; and calls on you to protect him from me.’ (II. XV, p. 254)

Because Linton cannot walk, Heathcliff can imprison and restrain him simply by carrying him downstairs; because Linton is profoundly aware of his relative physical helplessness, Heathcliff’s threat takes on a disproportionate – even supernatural – power over him, so that Heathcliff need not resort to conventionally recognised physical assault to punish him ‘though I am not near’.<sup>246</sup> Brontë’s acknowledgement of the impaired body’s ‘special’ experience of seemingly insignificant physical threats, as discussed in my Introduction and Appendix, demonstrates the novel’s attempts to expose disturbing aspects of the consumptive’s embodied social experience, and to do so outside the framework of contemporary sentimental discourses.

Linton’s malfunctioning, fragile body is shown to shape his character in various ways. According to nineteenth-century biomedical models of disability, the consumptive’s disabled identity was determined by biology, and biology was largely determined by heredity. In 1869, Bowditch described consumption as:

the terrible vindication of the power of the old Mosaic law, ‘For the sins of the fathers are visited upon the children unto the third and fourth generation.’ Such children die early; and this is exactly right. The race would constantly deteriorate were it otherwise. For there is no greater proof of Divine foresight than the law which certainly prevails, that only to strength and perfect health belongs the highest life, which alone has as

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<sup>246</sup> Catherine R. Hancock, ‘Teaching the Language of Domestic Violence in *Wuthering Heights*’, in *Approaches to Teaching Wuthering Heights* (New York: Modern Language Association of America, 2006), pp. 60-66 (pp. 62-63), observes that undergraduate literature students often fail to realise that Heathcliff does not beat Linton to torture him. Arguably, their apparent failure to understand elaborate forms of violence against impaired bodies is indicative of the wider tendency within disabling societies to naturalise or misinterpret representations of such violence. See the 1884 Holliday hearing in the Appendix as another rare text exposing ‘special’ violence ignored by a disabling society.

its birthright the will and power to contribute to the continuance of the human race. (pp. 64-65)<sup>247</sup>

Without recourse to Darwinism or to divine providence, these natural processes of elimination could be regarded as cruel and chaotic; in his poem 'To J.H. Reynolds, Esq.' (1818) Keats writes that, sitting on a Devon beach while caring for his consumptive teenage brother Tom, he saw:

Too far into the sea, where every maw  
The greater on the less feeds evermore. –  
But I saw too distinct into the core  
Of an eternal fierce destruction,  
[...]  
The shark at savage prey, the hawk at pounce,  
The gentle robin, like a pard or ounce,  
Ravenging a worm.<sup>248</sup>

Long before the publication of Darwin's *Origin of Species* (1859), and sceptical about conventional Christian justifications of suffering, Keats describes the natural triumph of the strong over the weak as an orgy of brutal destruction, rather than as an ordered process of improvement described by the Christian Bowditch after Darwin.<sup>249</sup> Predating Darwin's *Origin*, *Wuthering Heights* shifts uneasily between both interpretations of processes of heredity, with radical consequences for any disability reading of this novel.

A. Mary F. Robinson's 1883 biography of Emily Brontë claims to identify in *Wuthering Heights* some ideas foreshadowing 1880s Darwinian and hereditarian thought, suggesting that Brontë depicts 'the force of evil, only conquerable by the slow-revolving process of nature which admits not the eternal duration of the perverse; the grim and fearful lessons of heredity'.<sup>250</sup> In the novel, Linton is shown explicitly to be unfit for survival – a sterile and nonviable hereditary 'type' that is the product of (and comment upon) Heathcliff's 'perverse' cross-

<sup>247</sup> Here, Bowditch refers to individuals in whom the hereditary predisposition is unusually strong; he suggests that, in more fortunate cases, the predisposition could be counteracted by attention to the child's diet and exercise.

<sup>248</sup> John Keats, 'To J. H Reynolds Esq.' (1818), in *Complete Poems*, pp. 235-38, lines 93-96, 103-105; line 110 refers explicitly to Keats' concerns about his brother's illness: 'Do you get health – and Tom the same'.

<sup>249</sup> In Brontë's (also pre-Darwinian) essay 'The Butterfly' (1842), pp. 265-266, the argument moves from disgust at chaotic Nature to celebration of Providence. Consumptive characters in *Jude* and *The Idiot* reverse this argument: Providence is revealed to be cruel Nature, rather than vice versa.

<sup>250</sup> A. Mary F. Robinson, *Emily Brontë* (London: W. H. Allen, 1883), p. 158.

species mating with Isabella. Nelly declares that it will be a 'small loss to his family, whenever he drops off. [...] I'm glad you have no chance of having him for a husband, Miss Catherine!' (II. IX, p. 214). His consumption serves to facilitate a necessary extermination.

*Wuthering Heights* also exploits contemporary theories of 'soft' heredity in which environmental and emotional conditions during conception and gestation were supposed to affect foetal development, producing traits that the child would later transfer to their own offspring.<sup>251</sup> This makes hereditary processes rather unpredictable. According to Julius Henry Steinau's *Pathological and Philosophical Essay on Hereditary Diseases* (1843), published in England after a positive reception in Germany:

on the part of the father the cause [of hereditary disease] rests upon a morbid, i.e. anomalous condition of the sperma, even though it be only a dynamic alteration or modification of it. On the part of the mother, the communication of hereditary disease can be effected in different ways: Primarily, In the same way as from the father, at conception. Secondly, At a later period, during the process of the formation of the embryo, after the ovulum has descended into the uterus. Here, again, the communication can be effected in three ways: 1<sup>st</sup>, through the blood; 2<sup>ndly</sup>, through the agency of the nervous system; and 3<sup>rdly</sup>, through other connexions between the mother and the foetus, and which, though not yet found out, cannot be entirely denied. (pp. 16-17)

The mother's body is a conduit for mysterious, even uncontrollable influences. In 1861, Henry Mayhew reported that:

A case is within my own knowledge, where the sight of a man without legs or arms had such an effect upon a lady in the family way that her child was born in all respects the very counterpart of the object that alarmed her. It had neither legs nor arms. (p. 8)

Entirely in keeping with contemporary biomedical theories, Linton's identity assimilates the environmental and emotional factors present at his conception. As Cecil observes, 'Linton [...] is a child of hate, and combines the negative "bad" qualities of his two parents – the cowardice and weakness of calm, the cruelty and ruthlessness of storm' (p. 166): conceived in hatred, Linton is hateful.

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<sup>251</sup> Terence Dawson, *The Effective Protagonist in the Nineteenth-Century Novel: Scott, Brontë, Eliot, Wilde* (Aldershot, Hampshire: Ashgate Publishing, 2004) p. 202, compares a description of Isabella with later depictions of Linton in some detail, but without exploring the significance of consumption.



Indeed, the way in which Brontë depicts the hereditary consequences of the reproductive process is even more elaborate than Cecil implies: Linton's character exhibits not only (semi)objective parental characteristics verified elsewhere by Nelly, but also his parents' subjective perceptions of each other and of their courtship process. This courtship is simultaneously unreal in its literary 'delusion', and grossly carnal in its sadomasochism. It is therefore significant that Linton's hereditary disease is also characterised by literary delusions or clichés, gross physical symptoms, intrusive physical contact, and sadism.

Heathcliff explains that:

'The first thing [Isabella] saw me do, on coming out of the Grange, was to hang up her little dog [...]. But no brutality disgusted her – I suppose she has an innate admiration of it, if only her precious person were secure from injury! Now, was it not the depth of absurdity – of genuine idiocy, for that pitiful, slavish, mean-minded brach to dream that I could love her? Tell your master, Nelly, that I never, in all my life, met with such an abject thing as she is – She even disgraces the name of Linton; and I've sometimes relented, from pure lack of invention, in my experiments on what she could endure, and still creep shamefully cringing back!' (I. XIV, p. 133)

As Dawson (p. 202) observes, Heathcliff perceives in Isabella many of the traits by which he and others will characterise Linton. In II. XIII, Heathcliff remarks that Linton will 'undertake to torture any number of cats if their teeth be drawn, and their claws pared' (p. 243), while Nelly is 'disgusted at the little wretch's composure, since he was no longer in terror for himself' (p. 240). Both descriptions recall the father's perception of the mother's 'innate admiration of [cruelty], if only her precious person were secure from injury'. Catherine calls Linton an 'abject reptile' (p. 235), and Nelly observes him cringing in Heathcliff's presence 'exactly as a spaniel might which suspected the person who attended on it of designing a spiteful squeeze' (p. 241), recalling the father's cruelty to Isabella's dog, and Heathcliff's perception of her 'shamefully cringing'. Furthermore, Linton displays the same peculiar combination of fleshless literary archotyping and unwelcome, repulsive sensuality that characterised his parents' courtship. Nelly states that Heathcliff:

stepped across the pavement to [Isabella], and said something: she seemed embarrassed, and desirous of getting away; to prevent it, he laid his hand on her arm: she averted her face [...] the scoundrel had the impudence to embrace her. (I. XI, p. 98)

This exchange contains sexual aggression through invasive physical contact and, one may deduce, lewd speech. Their offspring insists on sharing people's beds, and on touching and being touched, bidding young Catherine 'sit on the settle and let me lean on your knee', and later pulling at her frock, 'kissing her supporting hands', and clasping her 'in his two feeble arms'.<sup>252</sup> Nelly describes Linton drinking tea as 'sipping some of the liquid' (II. XIII, p. 241); the onomatopoeic 'sipping' and unnecessarily scientific 'liquid' de-familiarise the simple process of drinking tea, rendering it instead a disconcerting display of sucking lips and wetness. Nelly's narrative necessarily omits the distasteful incident in which Heathcliff actually impregnates Isabella. However, in Linton's puny but insistent physicality – his body constantly handled and evaluated by others, his 'liquid' and 'sucking', and his reptilian movements as 'he twined himself up to' Catherine (II. IX, p. 212), we learn more than we could ever want to know about the grotesque coupling that produced him.

### **Unfit offspring**

Why must Linton die? Goetz offers several explanations of *Wuthering Heights'* genealogical plots, observing of Heathcliff that:

Possessed of only one name (and even this one, as we have seen, borrowed from the dead son of the Earnshaws), he is not able fully to enter into the circuit of [genealogical] exchange which marks membership in society. [...] it is no accident that Linton Heathcliff will die without issue, and that at the end of the novel the name Heathcliff will have become extinct. (366)

Although Goetz's study focuses primarily on incest taboos in *Wuthering Heights*, his suggestion that Linton's sterility and death is an inevitable consequence of Heathcliff's inability to make an adequate contribution to the novel's genealogical exchange is also credible in relation to this novel's conflation of biological, cultural, and spiritual material in hereditary transfer. However, despite commenting on 'Heathcliff's peripheral position in the system of relations' (363), Goetz goes on to remark that 'Isabella's marriage [to Heathcliff] is clearly symmetrical with Catherine's [i.e. Cathy Earnshaw's to Edgar]' (364).

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<sup>252</sup> II. IX, p. 213; II. XIII, p. 236; p. 241.

Instead, I would argue that Heathcliff's marginality renders the coupling of Heathcliff and Isabella a crude parody, rather than symmetrical image, of the coupling of Cathy and Edgar that produces the surviving Catherine. Heathcliff's status as asocial 'cuckoo' bearing the single name of a dead child renders his offspring a non-viable organism in the society of the novel.

Linton is incapable of reproducing himself. As A. Mary F. Robinson observes in her 1883 reading of the novel, 'the slow-revolving process of nature [...] admits not the eternal duration of the perverse' (p. 158). Despite his clingy physicality, Linton lacks any aggressive sexual impulse. Indeed, Nelly suggests that it would be obscene for Linton to reproduce himself:

'Take you with her, pitiful changeling?' I exclaimed. '*You* marry? Why, the man is mad, or he thinks us fools, every one. And, do you imagine that beautiful young lady, that healthy, hearty girl, will tie herself to a little perishing monkey like you? Are you cherishing the notion that *anybody*, let alone Miss Catherine Linton, would have you for a husband? You want whipping for bringing us in here at all, with your dastardly, puling tricks; and – don't look so silly now! I've a very good mind to shake you severely, for your contemptible treachery, and your imbecile conceit.' (II. XIII, pp. 240-241)

Nelly dehumanises the consumptive object of her contempt as 'a little perishing monkey' and, in calling him 'changeling', even accuses him of being a minor devil masquerading as human for unsavoury purposes.<sup>253</sup> Her outrage is expressed through threats of violence that prey upon his physical weakness. She cruelly contrasts Catherine's healthy body with Linton's 'perishing', sub-human changeling/ monkey body, suggesting that the latter is a repulsive burden upon the former, as if Linton's desire for Catherine is a form of reversed necrophilia.

Indeed, Linton is the sole offspring of a man who regards himself as spiritually and metaphorically dead. At the time of his son's conception and gestation, Heathcliff calls Cathy his 'murderer' (II. I, p. 142) and declares that '*I cannot live without my life! I cannot live without my soul!*' (II. II, p. 148). Like everything Heathcliff plots and creates in the period of soulless limbo following his devastating separation from Cathy, Heathcliff's son is doomed to be erased as

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<sup>253</sup> Strahan, p. 212, later implied that consumptives can gain entry to undeserved sexual relationships through deception: 'the clear-skinned, bright-eyed, eager, ethereal creature may charm the eye, and may be as good as she is beautiful, but she can never be the mother of strong and healthy children.'

if he had never existed – as if Heathcliff had died with Cathy. At the end of the novel, Linton Heathcliff does not even have a grave.

### **Disrupted and supernatural heredity**

So far, I have discussed processes of heredity in *Wuthering Heights* as roughly coherent in the context of 1840's biomedicine.<sup>254</sup> However, the novel emphasises glaring anomalies and inconsistencies that undermine any notion of heredity as a comprehensible determinant of character. Linton and his consumption may be regarded as a biological exhibition of his parent's actions, characteristics and desires; yet he is also a 'changeling', 'little perishing monkey' (II. XIII, p. 240), 'cockatrice' (p. 243) and son of the devil: like Beardsley discussed in Chapter 2, this consumptive is a composite monster.

According to Robinson's pseudo-scientific 1883 reading of the novel:

No use, [Brontë] seems to be saying, in waiting for the children of evil parents to grow, of their own accord, straight and noble. The very quality of their will is as inherited as their eyes and hair. (p. 159)

However, as I suggested earlier, *Wuthering Heights* depicts heredity as a potential source of identity that is ambiguous and indecipherable – a more justifiable stance than Robinson's, given the instability inherent in contemporary 'soft' heredity. In fact, it is not clear what status Brontë attributes to contemporary discourses of heredity within the novel. What is clear is that characters' (and some critics') self-deluding claim to understand hereditary processes is as much a problem as the erratic processes themselves. Nelly states that Linton's uncle, Edgar:

had a fixed idea, I guessed by several observations he let fall, that as his nephew resembled him in person, he would resemble him in mind; for Linton's letters bore few or no indications of his defective character. (II. XIII, p. 234)

In Edgar's erroneous conflation of physical and temperamental hereditary traits, biomedical explanations of identity are shown to go awry when pushed too far.

According to Steinau in 1843:

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<sup>254</sup> The novel is, of course, set around fifty years earlier but, as I will argue below, the aspects of heredity that seem incongruous with its 1847 publication are not accurate reconstructions of biomedicine c.1800 so much as incoherent hints at folk superstitions outside the medical mainstream.

It cannot be denied that Nature works after a certain prototype: still boundless as she is herself, so endless also are her forms: wherefore all her works, though everlastingly, wrought after the same type, still manifest themselves always as new beings. [...] though the offspring of unhealthy parents, he may still be free from their complaints at his birth and ever after. (p. 20)

Robinson – like Edgar – has failed to observe the potential for unknowability inherent in Brontë's appropriation of contemporary hereditarian ideas: even with no clear notion of evolution and certainly no understanding of mutation, 1840's theories of heredity still allowed for the possibility of unexpected changes. Eagleton points out that 'because his birth is unknown, Heathcliff is a purely atomised individual, free of generational ties in a novel where genealogical relations are of crucial thematic and structural importance' (p. 103). This is not strictly true: Heathcliff does have a generational tie as Linton's father; Nelly reminds Heathcliff that Linton is 'all you have akin in the wide world that you will ever know' (II. VI, p. 183). Yet it is highly significant that the only thing that Heathcliff will ever see of his own genealogy is an indecipherable object that merely inherits its father's unknowability. Without ancestral precedents, the process by which Heathcliff reproduces himself is a unique act: if the science of heredity (as described by Steinau in 1843) relies on watching patterns unfold through several generations, then Heathcliff's relationship with the single creature he spawns is scientifically obscure. Is it normal for 'Heathcliffs', as a species, to produce offspring that are sterile? Offspring physically unlike themselves? We can never know.

Linton admits that 'Mamma never told me I had a father' (II. VI, p. 180) and Heathcliff declares 'Thou art thy mother's child, entirely! Where is my share in thee, puling chicken?' (p. 183). Linton appears to be some kind of clone of his consumptive mother – a virgin birth.<sup>255</sup> Yet according to Catherine:

'Linton was white and trembling. He was not pretty then, Ellen – Oh, no! he looked frightful! for his thin face and large eyes were wrought into an expression of frantic, powerless fury. He grasped the handle of the door, and shook it – it was fastened inside.

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<sup>255</sup> This sharp division between material inherited from the mother and material inherited from the father found an extreme expression in Alex Walker's *Intermarriage* (1838), claiming that, in cross-breeding of parents from distinctive physiological 'types', 'the male gives the backhead and locomotive organs, and the female the face and nutritive organs' (p. 202).

‘ “If you don’t let me in I’ll kill you! If you don’t let me in I’ll kill you!” he rather shrieked than said. “Devil! devil! I’ll kill you, I’ll kill you!”

‘Joseph uttered his croaking laugh again.

‘ “Thear, that’s t’father!” he cried. “That’s t’father! We’ve allas summut uh orther side in us – Niver heed, Hareton, lad – dunnut be ’feared – he cannot get at thee!”

‘I took hold of Linton’s hands, and tried to pull him away; but he shrieked so shockingly that I dared not proceed. At last, his cries were choked by a dreadful fit of coughing; blood gushed from his mouth, and he fell on the ground.’ (II. X, p. 221)

Joseph believes that Linton has finally revealed a trait inherited from his father. However, it is not altogether clear what this scene reveals, or what status Brontë expects the reader to attach to the revelation. Is the haemorrhage a manifestation of the destructive anger Linton inherits from his father, or does it symbolise the inadequacy of the effete consumptive body he inherits from his mother to serve as a vessel for Heathcliff’s blood? Is the distortion of Linton’s consumptive features a revelation of Heathcliff’s presence lurking beneath this idealised, angelic consumptive face, or of the ugliness underlying all idealised consumptives? Crucially, the partially-obscured reproductive process that creates Linton challenges the use of heredity as a reliable characterisation device or determinant of identity.

There is also far more to Linton’s consumption than an inherited biological predisposition: supernatural aspects of his paternal inheritance also influence his disease and its associated identity. While broadly agreeing with Van Ghent and Cecil that there is nothing thematically or aesthetically inconsistent about the simultaneous presence of supernatural and realistic elements of *Wuthering Heights*, I would add that this peculiar assimilation of the supernatural into the natural world challenges the authority of biomedical explanations of identity and prevents them from achieving the oppressive hegemony described by Hahn (pp. 183-184).<sup>256</sup>

Robinson confidently declared that ‘Heathcliff is no fiend or goblin; the untrained doomed child of some half-savage sailor’s holiday, violent and treacherous’ (1883, p. 159). However, Robinson’s dismissal of Heathcliff’s

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<sup>256</sup> See Dorothy Van Ghent, ‘On *Wuthering Heights*’, in *Emily Brontë’s Wuthering Heights*, ed. by Harold Bloom (New York: Chelsea House Publishers, 1987), pp. 9-26, and Cecil, pp. 147-193.

diabolical origins in favour of a biological (and specifically racial) interpretation seems misguided: incidents like old Mr Earnshaw adopting a fairy changeling and the Devil winning the estate in a game of cards resemble the traditional British folktales in which the Devil was an entirely commonplace being. For example, Elizabeth Clarke, hanged as a witch at Chelmsford in 1645, tauntingly informed a consumptive young witchfinder that the Devil was ‘a tall, proper, black haired gentleman, a properer man than your selfe’, with whom she annoyed her neighbours and their livestock.<sup>257</sup> Clarke’s Devil bears a coincidental (but not inconsiderable) resemblance to Heathcliff; arguably, Heathcliff’s characterisation owes as much, if not more, to the plain tropes of British folklore as it does to the occult mysteries of Victorian racial science.

Indeed, the blonde, blue-eyed Linton inherits Heathcliff’s supernatural traits without inheriting his racial characteristics. Referred to by Nelly as a ‘pitiful changeling’ (II. XIII, p. 240), Linton – like his father before him – exhibits many of the traits associated with the misplaced fairy of Irish and British folk culture. The use of fairytale motifs in *Wuthering Heights* has been mentioned by Gilbert and Gubar (p. 273) and Van Ghent (p. 17), but these critics focus predominantly on the taming of Cathy Earnshaw and have little to say about Linton. Yet Linton’s consumption makes this ‘pitiful changeling’ a prime target for fairy interference. In her study of the relationship between changeling myths and domestic violence in Victorian Ireland, Angela Bourke explains that:

Almost any death, other than a gentle and gradual departure in old age, is open to interpretation as the work of the fairies. A person who spends some time in their company may waste away and die after returning home. Or they may abduct happy, healthy humans, whether children or able-bodied adults, and replace them with withered, sickly, evil-tempered or taciturn changelings, which either live for a while, or appear already dead.<sup>258</sup>

Heathcliff, like the changeling, appears from nowhere to replace the Earnshaw’s dead child and becomes a seed of domestic disruption; his son, furthermore, resembles both the sickly fairy deposited in the human family, and the damaged

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<sup>257</sup> John Stearne, *A Confirmation And Discovery of Witch-Craft* (London, 1648), quoted in Malcolm Gaskill, *Witchfinders: a Seventeenth Century English Tragedy* (London: John Murray, 2005), p. 50. According to Stearne in Gaskill, p. 282, Witchfinder General Matthew Hopkins (c.1620-1647) died ‘peaceably at Manningtree, after a long sickness of a Consumption’.

<sup>258</sup> Angela Bourke, *The Burning of Bridget Cleary* (London: Pimlico, 1999), p. 29.

human returning from fairyland (in Linton's case, 'in the south, near London' (II. III, p. 161)) to perish at the Heights.<sup>259</sup> Bourke also points out that 'the symptoms of tuberculosis corresponded to what was understood about fairy abduction' (p. 31) and goes on to discuss Sir William Wilde's interpretations of medical statistics from the 1851 Irish census: Wilde asserts that 'scrofulous tubercular diseases' in children gave rise:

to the popular ideas respecting the 'changeling' and in this country to the many superstitious notions entertained by the peasantry respecting their supposed 'fairy-stricken' children; so that year by year, up to the present day, we read accounts of deaths produced by cruel endeavours to cure children and young persons of such maladies.<sup>260</sup>

According to Wilde and Bourke, consumptive children in rural Ireland were traditionally tortured with hot iron or burned alive. Although it is unlikely that Brontë's depiction of the tubercular Linton and his tragic fate is a wholesale assimilation of the Irish myths she may (or may not) have learned from her Irish father, the resemblances should not be ignored. Brontë's partial assimilation of fairy myth alerts the reader to the possibility of multiple interpretations of the disease's function within the novel and within culture generally: a literary cliché, a mundane biological impairment, and an Otherworld curse provoking domestic abuse.

So far, Brontë's supernatural consumption seems dehumanising and objectifying in the extreme. Nelly's use of the epithet 'changeling' is, unequivocally, an example of what Bourke refers to as 'vernacular stigma' – 'a way of labelling people as not quite human [which] serves to rationalize the ambivalence or hostility felt towards those who are different' (p. 207). Linton is certainly a dehumanised object of ambivalence or hostility. Yet, despite her easy assimilation of fairytales, perhaps Brontë's dehumanising references to

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<sup>259</sup> Linton's refusal to eat Heights' food (a trait inherited from his mother) is typical of the fairy changeling – behaviour which, as Bourke, p. 32, observes, has the psychological and sociological connotations of *anorexia nervosa*. According to Anna Krugovoy Silver, *Victorian Literature and the Anorexic Body* (Cambridge: Cambridge University Press, 2002), p. 15, 'an adolescent daughter's refusal to eat was perceived then as now as a baffling and hurtful rejection of the family and its values.'

<sup>260</sup> Sir William Wilde, *Census of Ireland Report, 1851* (Dublin, 1856), I, 455, quoted in Bourke, pp. 32-33. Bourke's study of the torture and murder of Bridget Cleary by her husband in 1895 observes that, 'a century later, local people maintain that she was suffering from tuberculosis [...] This would certainly account for some of the treatment she received in the days before her death' (p. 66). Bridget Cleary was tortured and burned alive by her husband, who claimed that his real wife had been abducted by fairies and that his victim was in fact a changeling.



consumptive changelings do not seek to rationalise or endorse but simply to expose the superstitious disgust that may underlie the process by which the consumptive is rendered 'Other' – whether in rural folktales or Victorian novels.

### **What is Linton?**

Regarding *Wuthering Heights*, Goetz acknowledges that 'the plurality of its meanings [...] embarrasses anyone who attempts to have a "final" interpretive word on it' (360). I would argue that, although *Wuthering Heights* never explicitly states that objectifying representations contribute to the social disabling of people with impairments, or even that such disability is unjust, the superfluity of cultural meanings it attributes to the consumptive body represents a radical subversion of any essentialist model of disabled identity. The consumptive body becomes a literary object that is incoherently over-printed. In the absence of a single meta-narrative of consumption enforced by an omniscient narrator, the micro-narratives of various characters clamour for attention.

While the novel hints at many consumptive cultural identities, Linton seems unable to satisfy any of them fully. For example, in chapter II. VIII, discussed earlier, Heathcliff struggles to present Linton as 'Heartbroken Dying Youth'. He realises that Catherine and Nelly do not trust Linton's words or actions, and so he resorts to offering Linton's consumptive body as sign of his 'Heartbroken' consumptive identity. Lawlor explains that, in Courtly romance:

True love excludes 'fatnesse', and a pale visage is also compulsory – consumption fits the bill nicely here as a proof of genuine suffering in love. This confirmation of emotional authenticity through the wasting body supposedly cuts through the obfuscations of deceitful language to the truth of the matter: the flesh cannot lie even if speech and writing does. (Lawlor, p. 24)

In *Wuthering Heights*, this cliché is used only to be undermined. Arguably, only in a cultural context where consumption is known to be caused exclusively by thwarted love can the consumptive body be written and read as a sign with 'thwarted love' as its exclusive object of reference. Linton's identity as Heartbroken Youth is immediately undermined when the incontrovertible evidence of heartbreak supplied by his consumptive body is compromised by the visibility of other causes of consumption and of other (possibly incompatible) identities. This potential for inconsistency does not appear to be an accident on

Brontë's part: rather, because Nelly states explicitly that Heathcliff's presentation of the consumptive lover is a deliberate attempt to create a false impression, it seems that the consumptive body's potential (or inevitable) fate to be misrepresented and misread is a conscious theme in the novel.

Linton's baffling gender identity renders his body still more unreadable. Although his father is super-masculine and his mother super-feminine, Linton is androgynous. Nelly describes him as a 'pale, delicate, effeminate boy' (II. V, p. 177) – that is, a male with feminine characteristics attached. However, Linton's gender is not merely ambiguous: it is actually deceptive. Hareton declares Linton 'more a lass than a lad' (II. VII, p. 194) – that is, not male with feminine characteristics, but actually 'more' female than male. The full implications of this confusion are made explicit:

'Sure-ly,' said Joseph, after a grave inspection, '[Edgar]'s swopped wi' ye, maister, an' yon's his lass!

Heathcliff, having stared his son into an ague of confusion, uttered a scornful laugh.

'God! what a beauty! what a lovely, charming thing!' he exclaimed. (II. VI, pp. 182-183)

The existence of individuals of ambiguous gender – even intersex – was acknowledged in contemporary biomedicine; in 1838, Walker observed that:

legislation, admitting only two grand classes of individuals, on whom it imposes duties, and to whom it grants different and almost opposite rights, according to their sex, does not truly embrace the entire of the cases which occur in nature (p. 397)

Tellingly, the only physical traits Linton appears to possess are those that feature in medical descriptions of the typical consumptive discussed in Chapter 1: pallor, silky hair, 'delicate' bone-structure, 'great blue eyes' and 'frail and feeble' limbs (II. VI, p. 183) – 'a pitiful lath of a crater' (II. VII, p. 194).<sup>261</sup> Linton's gender appears to be entirely 'swopp'd' by his consumptive frailty, adding yet another layer of incomprehensibility to his identity. Perhaps 'consumptive' is offered as a third gender option but, if so, it is one that defies definition under existing terms: not merely male with feminine characteristics, but transsexual/ hermaphrodite/ neuter.

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<sup>261</sup> See FIG. 1, p. 49, for Galton's example of the 'most typical' consumptive face.

Nonetheless, much of the disruption of Linton's identity is cultural and elective rather than biologically determined. Isabella's prescient manipulation of the consumptive child's identity before Heathcliff can claim him exacerbates his father's confusion. Isabella's choice of Christian-name for their son suggests that, from his earliest infancy, she emphasises his 'Linton' hereditary traits (biological and social) to overpower the father's input. Nelly states that Heathcliff:

often asked about the infant, when he saw me; and on hearing its name, smiled grimly, and observed:

'They wish me to hate it too, do they?'

'I don't think they wish you to know anything about it,' I answered.

'But I'll have it,' he said, 'when I want it. They may reckon on that!'

(II. III, pp. 161-162)

Heathcliff may be correct in claiming that the identity with which Isabella raises her son is designed to repulse and confuse the father. Linton arrives with character and habits that seem expressly designed to repel Heathcliff in their exaggeration of the Linton-family feebleness and whining. According to Heathcliff's housekeeper:

I'm certain, [Heathcliff] would be fit to turn [Linton] out of doors, if he knew half the nursing he gives hisseln. But then he won't go into danger of temptation; he never enters the parlour, and should Linton show those ways in the house where he is, he sends him upstairs directly. (II. VII, pp. 186-187)

Heathcliff also observes that Linton 'seems determined to beat me' (II. XIII, p. 237) by dying too soon. This resembles Katherine Byrne's interpretation of Paul Dombey's consumptive identity in Dickens's *Dombey and Son* (1846-48) as a rejection of 'the capitalist world and of his father's impatient desire to see him grow-up, for Paul wishes to resist both' (9). *Wuthering Heights* over-determines Linton's identity so enthusiastically that Heathcliff's sarcastic depiction of terminal consumption as a devious, malicious, self-conscious performance becomes quite plausible.

Heathcliff himself may be inclined to cultivate cultural clichés of consumptive identity in his son for other reasons. When, as a boy, Heathcliff realises that he is to lose Cathy to Edgar, he complains that:

'if I knocked [Edgar] down twenty times, that wouldn't make him less handsome, or me more so. I wish I had light hair and a fair skin, and was

dressed and behaved as well, and had a chance of being as rich as he will be!’

‘And cried for mamma, at every turn – ’ [Nelly] added, ‘and trembled if a country lad heaved his fist against you, and sat at home all day for a shower of rain.’ (I. VII, p. 50)

Brontë shows the process by which Heathcliff’s image of his arch-enemy is established. The creature Heathcliff and Nelly describe between them is their mutual reading of the refined, fair ‘consumptive’ sign; Nelly even deconstructs the sign, suggesting that feebleness and cowardice are also meanings within its refinement. It is highly significant that, unable to transform himself, Heathcliff trains his son to fulfil the role:

‘he’s *mine*, and I want the triumph of seeing *my* descendant fairly lord of their estates; my child hiring their children, to till their fathers’ lands for wages. That is the sole consideration which can make me endure the whelp – I despise him for himself, and hate him for the memories he revives! But, that consideration is sufficient; he’s as safe with me, and shall be tended as carefully as your master tends his own. [...] I’m bitterly disappointed with the whey-faced, whining wretch!’ (II. VI, p. 184)

In claiming to ‘tend’ his offspring, having ‘arranged everything with a view to preserve the superior and the gentleman in him’ (p. 184), Heathcliff implies that identity is a flexible thing that may be cultivated to achieve desired consequences. His willingness to enhance his son’s environment to this end also suggests Heathcliff’s awareness of identity-formation as a process depending as much on opportunities for social interactions as on any inherent qualities the individual may possess. David Sonstroem observes that ‘Linton, his son, is to be Heathcliff-become-Edgar’.<sup>262</sup> Perhaps Linton is also Heathcliff-become-Consumptive – that is, Heathcliff’s monstrous, perverted impersonation of this cultural stereotype. Gilbert and Gubar suggest that, ‘in order to subvert legitimacy [Heathcliff] must first impersonate it; that is, to kill patriarchy, he must first pretend to be a patriarch’ (p. 297); it is also possible that in order to undermine sentimental, literate culture Edgar represents, Heathcliff must create

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<sup>262</sup> David Sonstroem, ‘*Wuthering Heights* and the Limits of Vision’, in *Emily Brontë’s Wuthering Heights*, ed. by Harold Bloom (New York: Chelsea House Publishers, 1987), pp. 27-46 (p. 32).

and destroy a grotesque effigy of its stereotypes.<sup>263</sup> In his son, Heathcliff creates a representation of ‘consumptive’ as a performative identity rather than an essential self determined by biology or sentimental morality.

### Conclusion

In this early Victorian novel, the exposed performance of consumptive cultural identities undermines essentialist religious, sentimental and even new biomedical models of identity and literary characterisation. Like Beardsley in the 1890s, Linton foreshadows Judith Butler’s characterisation of ‘drag’ as a radical destabilising of the assumed causal relationship between biology and social persona through chaotically overlaid, contradictory performances. Just as Linton is hermaphrodite and/ or neuter, he is all consumptive stereotypes and none at all. Any model that demands exclusive rights to interpret the consumptive identity is undermined.

Perhaps the most significant contribution *Wuthering Heights* can make to disability studies is its demonstration of the radical potential of multiplying stereotypes rather than replacing them with a self-professedly ‘realistic’ or, worse still, ‘positive’ representation. The religious, sentimental and biomedical models of disability, now regarded as inherently oppressive, are rendered harmless when denied exclusive right to explain the impaired body, to dictate social interactions, and to validate disabled identities.

In the next chapter, I will discuss two later novels for which the new biomedical model is becoming an ominous presence. While Brontë is able to revel in the new biomedicine’s disruptive potential, *Jude the Obscure* and *The Idiot* are overburdened by the need to fashion responses to this new model of suffering.

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<sup>263</sup> Catherine R. Hancock, p. 62, observes that Heathcliff ‘acquires the mantle of fatherhood solely for the authority it confers on him to abuse and control others; in this way, Heathcliff dismantles the Victorian ideal of domesticity’.

## Chapter 4

### The protesting body in *Jude the Obscure* (1895) and *The Idiot* (1869)

‘He’s dying, but he’s still making speeches!’ exclaimed Mrs Yepanchin, letting go of his arm and looking almost with horror at the blood he wiped from his lips. ‘You shouldn’t be talking. You ought to go home to bed.’  
Fyodor Dostoevsky, *The Idiot*<sup>264</sup>

#### Introduction

In Thomas Hardy’s *Jude the Obscure*, the traditional Romantic figure of the consumptive – exemplary in all its determinants and characteristics – seems to reject its own Romanticism in favour of a biomedical model of consumption. Hardy provides identifiable ideological and social motives for Jude Fawley to deny Romantic meanings of consumption, affliction, and disability, and to attack the religious model from which Romantic consumption was derived.

In Fyodor Dostoevsky’s *The Idiot*, the young consumptive’s rejection of religious models of disabled identity is also placed in the context of his alarming vision of the new biomedical cause of suffering, obviously influenced by contemporary Darwinian discourses and by self-conscious modernity.

While *Jude* and *The Idiot* depict discursive landscapes perhaps no less chaotic than that of *Wuthering Heights*, the two post-Darwinian novels seem to explore more deliberately the historicised shift from old to new models of disability, undoubtedly aided by increasingly biologised contemporary discourses concerning the individual and the social organism, and by the more coherent scientific characterisation of hostile ‘Nature’ provided by Darwinism. Roger Anderson observes that:

Dostoevsky had both Darwin’s *Descent of Man and Selection Relative to Sex* and *On the Expression of Sensations* [sic] in *Man and Animals* in his private library. *On the Origin of Species* was available in Russian translation as early as 1864.<sup>265</sup>

<sup>264</sup> Fyodor Dostoyevsky, *The Idiot* (1869), trans. by David Magarshack (London: Penguin, 1955), II.9, p. 275. I will use the more common spelling ‘Dostoevsky’, unless quoting directly.

<sup>265</sup> Roger Anderson, ‘*The Idiot* and the Subtext of Modern Materialism’, *Dostoevsky Studies*, 9 (1988), 77-90 (88-89, n 16).

In England in 1888, twenty years after *The Idiot* but close to the period in which *Jude* is set, George J. Romanes remarked that Darwin's:

theory of natural selection has never been so luxuriant as it is at the present time: the 'climbing plant' which it most resembles is a certain bean, whose growth so greatly astonished even the boy that planted it.<sup>266</sup>

A comparison between *The Idiot* and *Jude* – culturally, ideologically, and chronologically disparate as they are – serves to illuminate the necessarily jarring, disorientating shift from religious to biomedical disability, and Darwinism's progression from being an outlandish, *avant garde* fad in *The Idiot* to an entrenched, unavoidable feature of the landscape of suffering in *Jude*.<sup>267</sup> That *Jude* and *The Idiot* cannot depict a simple linear shift from religious to biomedical has less to do with a playful celebration of chaos than with the inherent complexities of the process by which characters must alter their habitual forms of response to affliction to suit the new model.

Both *Jude* and *The Idiot* address the problem of to whom (or what) one should direct one's protest against suffering under the new biomedical model of disability. The problem lies not only in re-identifying one's persecutor, but also in the fact that one's persecutor may be, as Ippolit suggests, 'some enormous, implacable, and dumb beast, or, to put it more correctly, [...] some huge engine of the latest design' (*Idiot*, Book III, Chapter 6, p. 392), incapable of acknowledging one's grievance.

Yet the futility of protest is shown to be exacerbated by mundane human hostility towards Ippolit and Jude. Both novels represent consumptives experiencing disability in the politicised sense defined by UPIAS as:

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<sup>266</sup> George J. Romanes, 'Recent Critics of Darwinism', *Contemporary Review*, 53 (June 1888), 836-854 (841).

<sup>267</sup> Cultural differences between the novels make the comparison more illuminating: arguably, *The Idiot*'s hostility towards Ippolit allows him to embody this spirit of inhuman/ inhumane (and explicitly modern) destructive rage to an extent that might alienate the reader – a risk Hardy surely cannot take with his hero, and can approach only through Jude's son. Authorial motives behind the critique of biomedicine in *The Idiot* must be handled with extreme caution: Dostoevsky usually rejects biomedicine not in favour of a social model, but in favour of reactionary religious models of disability, celebrating their oppressive attributes as generating a suitably humble, self-denying disabled identity. I assert the text's radical disability credentials only in relation to Ippolit's own arguments, which must be acknowledged in spite of the novelist's apparent desire to deprecate them. See Richard Peace, *Dostoyevsky: an Examination of the Major Novels* (Cambridge: Cambridge University Press, 1971), pp. 138-139, on the novel's tendency to encourage the reader's hostility towards Ippolit.

the disadvantage or restriction of activity caused by contemporary social organisation which takes no or little account of people who have physical impairments and thus excludes them from participation in the mainstream of social activities. (Barnes, p. 4)

Other characters in the novels repeatedly order the consumptives to be quiet and return to their proper place: the sickroom. In sentimental and religious models of disability, the sickroom is an important space for interaction between invalids and carers – a space of heightened emotions and enforced, unequal dependency, simultaneously segregated from and permeated by the outside world. *Jude* and *The Idiot* problematise the sickroom as a site in which various forms of socioeconomic and cultural disablement converge, and in which the protesting consumptive struggles (and usually fails) to control the terms of interaction with the nondisabled world.

### **Romantic and biomedical consumption**

In *Jude the Obscure* and *The Idiot*, the shift from religious to biomedical models of disability is indicated by a shift away from (and, crucially, explicit critique of) Romantic, sentimental or religious models of consumption, and towards a biomedical model of consumption.<sup>268</sup>

At first, in *Jude*, Romantic and biomedical consumptions seem indistinguishable. Jude becomes ill late in Part the Fifth, and his illness takes a recognisably consumptive form only in Part the Sixth – yet, when it happens, one cannot be surprised: no cause of death could be more appropriate for Jude. The late diagnosis of Jude's illness is typical of nineteenth-century novels in which consumption in a major character functions primarily as convenient 'cause of death' rather than way of life.<sup>269</sup> The timetable of Jude's illness also seems to be a novelistic representation of the earlier Romantic *and* contemporary biomedical notion of the 'consumptive type' of individual defined by their consumptive predisposition long before diagnosis of actual disease. Jude has always had certain temperamental traits:

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<sup>268</sup> In this section, I will focus on their representation of biomedical impairment, and discuss disability later.

<sup>269</sup> See Wood's *East Lynne* (1861), Balzac's *Cousin Bette* (1847), and Dickens's *Nicholas Nickleby* (1839) for similar timetables.



Though Farmer Troutham had just hurt him, he was a boy who could not himself bear to hurt anything. [...] This weakness of character, as it may be called, suggested that he was the sort of man who was born to ache a good deal before the fall of the curtain upon his unnecessary life should signify that all was well with him again.<sup>270</sup>

Sally Shuttleworth places these characteristics within the context of contemporary discourses of mental degeneration – ‘the increasingly morbid state of mind developing in the nation’s youth’, rendering them unfit for survival.<sup>271</sup> However (quite understandably, given the focus of her essay), she does not mention their significance as typically consumptive traits. Persecuted by life and thwarted in love, Jude and his fate conspicuously possess the characteristic determinants of biomedical and Romantic consumption and consumptive identity. Like Henry Kirk White, David Gray and John Keats, he is a talented young man thwarted by low birth and too sensitive for his environment.<sup>272</sup> The aesthetically-pleasing, asymptomatic decline offered by Romantic consumption should give positive meaning to Jude’s sensitivity while freeing it from the cloying bonds of worldly sufferings and appetites.<sup>273</sup>

The ostentatiously un-Romantic Arabella offers a modern re-evaluation of Jude’s appearance and of the vulnerability and responsiveness admired by Romanticism:

The fevered flush on his face from the debauch of the previous evening lessened the fragility of his ordinary appearance, and his long lashes, dark brows, and curly black hair and beard against the white pillow, completed the physiognomy of one whom Arabella, as a woman of rank passions, still felt it worthwhile to recapture [...]. Her ardent gaze seemed to affect him; his quick breathing became suspended, and he opened his eyes. (6. VII, p. 378)

With his consumptive pallor concealed by drunkenness, Jude can appeal to ‘a woman of rank passions’, recalling 1890’s eugenicist S. A. K. Strahan’s concerns that the consumptive’s hectic flush mimics the appearance of health and misleads even un-Romantic individuals seeking a suitable mate for breeding (Strahan, p.

<sup>270</sup> Thomas Hardy, *Jude the Obscure* (1895), ed. by Dennis Taylor (London: Penguin, 1998), Part 1, Chapter II, p. 17.

<sup>271</sup> Sally Shuttleworth, ‘Done because we are too menny’: Little Father Time and Child Suicide in Late-Victorian Culture’, in *Thomas Hardy: Texts and Contexts*, ed. by Phillip Mallett (Houndmills, Basingstoke: Palgrave Macmillan, 2002), pp. 133-155 (p. 135).

<sup>272</sup> See Lawlor, p. 58 and p. 123, and *Jude*, 6. X, pp. 398-399.

<sup>273</sup> See *Nicholas Nickleby* (1839), pp. 637-639, discussed in Chapters 1 and 3.

119 and p. 212). Jude's heavy facial hair is unsuited to the androgynous Romantic consumptive boy exemplified by Severn's portraits of Keats.<sup>274</sup> Romantic consumption evidently requires some minor alterations to appeal to Arabella. Nonetheless, Jude lies framed as a static, emasculated object of exploitative scrutiny like Severn's surreptitious sketch of Keats on his deathbed [Chapter 2, FIG. 5], helpless under Arabella's 'ardent gaze'. His 'quick breathing' suggests both tubercular pathology and Romantically-appealing consumptive excitability. Through Arabella's gaze, Hardy shows that the Romantic model of consumption and the newer, more explicitly objectifying biomedical model can both objectify the consumptive in similar terms.

Hardy seems aware that, as a cause of death for Jude, consumption is a Romantic cliché. The spectacle of Sue's heartbroken consumptive Christminster undergraduate serves no function in the novel other than to show Jude that his failure and rejection is inevitable and unoriginal.<sup>275</sup> The suggestion that the consumptive's torment is haplessly unoriginal constitutes an effective critique of sentimental and Romantic representations of consumption that use the disease to denote 'specialness' (Bailin, p. 10), but in conventional, clichéd ways that paradoxically undermine this specialness: all consumptives are special, unique beings, and all are exactly alike. Existing only in a photograph, Jude's predecessor is not even a fully-developed character: Jude may be reduced to yet another reproduction of an ineffectual, anonymous man. Sue remarks of the undergraduate that 'I broke his heart, I suppose', and that 'His death caused a terrible remorse in me for my cruelty – though I hope he died of consumption and not of me entirely' (3. IV, p. 148). Sue seems to undermine the Romantic or (Courtly romantic) meaning of his death by offering 'consumption' as a biomedical alternative to (rather than manifestation of) a broken heart. However, Jude clearly suspects that the undergraduate's consumption was Romantic/romantic in nature: Jude recalls the undergraduate's fate not when he himself begins to experience disease symptoms, but when Sue rejects him sexually.<sup>276</sup>

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<sup>274</sup> However, Joanna Devereux, *Patriarchy and its Discontents: Sexual Politics in Selected Novels and Stories of Thomas Hardy* (London: Routledge, 2003), pp. 126-127, suggests that Jude suffers from arrested development in terms of his adolescent fixation with Christminster and Sue, and in his inadequacy as a father and provider.

<sup>275</sup> *Jude*, 3. IV, p. 148 and 4. V, p. 240.

<sup>276</sup> A similar argument about meanings attributed to consumptive deaths occurs in Hardy's *A Pair of Blue Eyes* (1872-3), ed. by Pamela Dalziel (London: Penguin, 1998), III. I., p. 271.

So far, then, Romantic and biomedical consumptions appear to share a similar interpretation of the consumptive body in *Jude*. The most significant hint that Romanticism and biomedicine are beginning to part company may be gleaned from the fact that, when Jude's consumptive illness finally emerges, the words 'consumption' and 'consumptive' are scrupulously avoided. Jude apparently seeks a purely biomedical conception of his own disease, which he refers to as 'inflammation of the lungs' (6. IV, p. 391).<sup>277</sup> Crucially, while the decision in terminology may be Jude's, Hardy never directly undermines it by using the word 'consumption' in third-person narration behind Jude's back.

The curious avoidance of the commonplace term 'consumption' in *Jude* does not indicate a reluctance to make a definitive biomedical diagnosis: unlike Little Nell's decline in Dickens's *The Old Curiosity Shop* (1841), Jude's lung disease has identifiable tubercular symptoms; it is chronic, with periods of remission and relapse, coughing, weakness, emaciation and fever. Jude states:

'I was never really stout enough for the stone trade, particularly the fixing. Moving the blocks always used to strain me, and standing the trying draughts in buildings before the windows are in, always gave me colds, and I think that began the mischief inside.' (6. X, p. 398)

Jude's fear of overexertion and draughts, and his employment as a stonemason and baker, reflects contemporary medical preoccupations with hardship, exposure and 'dusty trades' widely known as risk-factors for pulmonary tuberculosis.<sup>278</sup> His 'inflammation of the lungs' (unlike his Romantic consumptive sensibility) is presented as an unequivocally biomedical phenomenon, with biomedical causes, symptoms and terminology. Jude's diagnosis has been deliberately unburdened of the religious, Renaissance, sentimental, Romantic, pre-biomedical meanings associated with 'consumption'.<sup>279</sup>

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<sup>277</sup> Mary Elizabeth Braddon's sensation novel *Lady Audley's Secret* (1862), ed. by David Skilton (Oxford: Oxford University Press, 1998), III. II., pp. 340-341, uses 'inflammation of the lungs' as synonymous with consumption.

<sup>278</sup> See Clark, (1835), Williams and Williams, (1871), J. Edward Squire, (1893), and Arthur Newsholme (1908) for various theories on deaths from pulmonary phthisis in 'dusty trades' across the century.

<sup>279</sup> If *Jude* is willing to embrace biomedical models of consumption, why not use 'tuberculosis'? 1890's medical texts for a non-specialist readership often continue to use 'consumption' or 'phthisis' instead of 'tuberculosis' (e.g. Squire (1893), and N.S. Davis (1891)).

In *The Idiot*, Ippolit names his disease ‘*chakhotka*’, translated as ‘consumption’, from the verb *chakhnut*, to wither away.<sup>280</sup> Although I cannot comment on the potential for ambiguity in Magershack’s translation, Dostoevsky depicts unmistakable symptoms of pulmonary tuberculosis:

Ippolit was a very young man – about seventeen or, perhaps, eighteen – with an intelligent but always irritable face, on which illness had left its terrible marks. He was as thin as a rake, pale and yellow, with glittering eyes and two hectic spots on his cheeks. He coughed continuously; every word he uttered, almost every breath he took, was accompanied by crepitation. He was obviously in the last stages of consumption. He was very tired and he sank into a chair before anyone else. (II. 10, p. 249)

Ippolit also sweats and spits blood frequently (II. 5, p. 275). He is not ethereally, Romantically pale and languid; rather, he is disfigured by ‘terrible marks’, emaciated, noisy, wet, choking, discoloured and bleeding: his consumption is an impressive multi-sensory experience. His gross physical symptoms, encroaching upon ‘almost every breath’ and especially upon his speech, dominating his presence on the page, do not render him an object of Romantic or religious contemplation; rather, their unabashed physicality renders him an object of biomedical diagnosis.

The biomedical certainty with which Dostoevsky depicts Ippolit’s illness is significant because Ippolit, like Jude, embraces this biomedical interpretation himself. Ippolit chooses a medical student called Kislodod to give him his final prognosis, explaining that:

‘by his convictions he is a materialist, an atheist, and a nihilist – that was why I called him in and no one else: I had to have a man who would tell me the naked truth at last without fear or favour.’ (III. 5, p. 373)

Ippolit seeks a kind of truth that can come only from a materialist, an atheist, and a nihilist: Ippolit intends to conceptualise and experience his consumption in a way that is stripped ‘naked’ of spirituality and of moral meaning. He regards modern biomedical discourse as meeting these criteria – either because he assumes this new discourse to be devoid of moral meaning, or because he accepts its meanings as impersonal, neutral, absolute truths.

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<sup>280</sup> Translation explained by Joe Andrew, School of Modern Languages, Keele University, in private email correspondence, 25<sup>th</sup> February 2008.

Why does Dostoevsky have Ippolit make this decision? Discussing the novel's Christian hero Prince Myshkin, the epileptic 'idiot' of the title, Harriet Lisa Murav-Lavigne explains that the novel presents modern biomedical discourse as narrowly reductive in seeking to dismiss the epileptic religious visionary as a brain-damaged 'idiot' and the religious epiphany as cranial pathology, shutting down alternative interpretations.<sup>281</sup> Malcolm V. Jones also discusses Dostoevsky's novels in the context of Mikhail Bakhtin's resistance to 'attempts to achieve or practice total monological unity, closure, objectification, definition, finalization, authoritative discourse'.<sup>282</sup> However, I would argue that *The Idiot* attempts precisely such closure in locating Ippolit's arguments in a specific ideological position that is then condemned by all other characters and marginalised by the novelist. According to Roger Anderson:

Slavophiles and *pochvenniki*, including Dostoevsky, certainly saw the West's materialistic egoism as signalling a moral decay they wanted to keep from spreading into Russia's still-healthy social organism. But the Left, too, voiced grave mistrust of how such economic individualism might infect Russia with its "cancer". (78)

Unlike *Wuthering Heights*, *The Idiot* appears to impose a strong hierarchy of moral values upon different interpretations of the consumptive's illness and social disability. Indeed, the materialist Ippolit's rejection of any religious justification for his suffering is exploited by the narrator and other characters as just that – religious justification for his suffering. Mrs Yepanchin declares Ippolit and his un-Russian, materialist, capitalist, post-nihilist friends:

'Madmen! Conceited creatures! They don't believe in God, they don't believe in Christ! Why, you're so eaten up with vanity and pride that you'll finish up by devouring each other. I make this prophecy to you. And isn't that utter confusion? Isn't that chaos?' (II. 9, p. 275)

In Mrs Yepanchin's apocalyptic prophecy, Ippolit, like the Apocalypse, is of the future but possesses no future, being devoured from within. His modernity, of which biomedicine is a part, is condemned as self-destructive, cannibalistic, antisocial egoism. The young consumptive's 'confusion' and 'chaos' signifies a

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<sup>281</sup> Harriet Lisa Murav-Lavigne, 'Scandalous Folly: the Discourse of 'Iurodstvo' in the Works of Dostoevsky' (Doctoral thesis, Stanford University, CA, 1985: repr. by University Microfilms International, MI, 1990), p. 79.

<sup>282</sup> Malcom V. Jones, *Dostoyevsky After Bakhtin: Reading in Dostoyevsky's Fantastic Realism* (Cambridge: Cambridge University Press, 1990), p. 24.

diseased ideology in what she hopes are its death-throes. Some recent critics disagree markedly on the level of blame the novel attributes to Ippolit for his own suffering. Galina Rebel regards Ippolit, like the novel's heroine, as a victim of classical tragic forces: 'in the destiny of these two characters is realized the logic of ancient tragedy of oblation [...]. Ippolit is doomed by nature itself'.<sup>283</sup>

By contrast, W. J. Leatherbarrow argues:

far from being the helpless victim of such a universe, Ippolit is in fact the author of it. His vision of demonic desolation, inertia, and despair is the inevitable consequence of his own lack of faith, which in turn is attributable to his narrowly self-centered and intellectualized approach to existence. It is the sort of universe that emerges when puny human reason displaces a sense of the divine.<sup>284</sup>

However, the novel seems to entertain both viewpoints simultaneously: Ippolit's illness and imminent death are indeed caused by forces beyond his control, but his sensation of anguish – his experience of the universe as grotesque and malicious – is presented as a product of his sick, modern individualist imagination. So far, the novel seems to contain a socio-medical model (as opposed to a radical social model) of disability, locating 'disability' in the sick person's failure to adapt appropriately to biological and cultural pressures which themselves remain unchallenged. Remarkably, the novel characterises Ippolit's assimilation of new biomedical principles as a failure to adapt to his situation.

*Jude* and *The Idiot* seem to offer two rather different interpretations of a similar nineteenth-century shift from religious and Romantic to biomedical models of consumption. *Jude*'s critique of the old Romantic consumptive identity's pretence to unique specialness may be contrasted with *The Idiot*'s criticism of the new biomedical model as reductive and destructive. However, this contrast between the two novels is complicated by the fact that, while Jude and his narrator increasingly agree on responses to this cultural shift, Ippolit is violently at odds with most other characters in *The Idiot* – and, we may suspect, with his conservative creator. Thus, while the two novels are ideologically quite different overall, Ippolit and Jude have opinions in common. Ippolit's conflict with the text he inhabits should draw our attention to the disruptive potential of

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<sup>283</sup> Galina Rebel, 'Who is "to Blame for It All": the Characters' World, the Structure, and the Genre of *The Idiot*', *Russian Studies in Literature*, 44 (Winter 2007-8), 49-89 (71).

<sup>284</sup> W. J. Leatherbarrow, *A Devil's Vaudeville: the Demonic in Dostoevsky's Major Fiction* (Evanston, IL: Northwestern University Press, 2005), p. 102.

depicting a consumptive making self-conscious decisions to reject one model of consumption in favour of another. Ippolit and Jude both struggle to assert themselves within new biomedical discourses, placing themselves in opposition to the social expectations attached to traditional disabled identities.

**‘We are made a spectacle unto the world...’**<sup>285</sup>

Essentialist Romantic, sentimental, religious and biomedical models of disability tend to represent people with impairments as exemplary objects for the edification or warning of nondisabled people. Jude gives a speech to the Remembrance Day crowd:

‘I may do some good before I am dead – be a sort of success as a frightful example of what not to do; and so illustrate a moral story,’ continued Jude, beginning to grow bitter, though he had opened serenely enough. ‘I was, perhaps, after all, a paltry victim of the spirit of mental and social restlessness, that makes so many unhappy in these days!’ (6. I, pp. 326-327)

Jude’s reflection on his role as a moral example leads him from serenity to bitterness – a remarkable reversal of the conventional willingness of the consumptive to become a living and dying example to others in early modern Protestant representations of the ‘Good Death’ (Lawlor, p. 36), or in sentimental morality. Significantly, Jude locates his exemplary failure and unconventional bitterness in modernity, thereby divorcing it from the nostalgic Romantic or religious consumptive identities and undermining their claims to timeless essentialism.<sup>286</sup>

Both novels depict the consumptive’s resentful, manipulative and self-conscious critique of his own exemplary function, like his engagement with biomedicine, as a peculiarly modern development in consumptive identity. *Jude* redefines traditional literary objectification of the consumptive within discourses of modern degeneration by transferring crucial aspects of Jude’s symbolic significance to his son. Little Father Time is presented as an example of the degenerate new generation and ‘the coming universal wish not to live’:

<sup>285</sup> I Corinthians 4. 9, quoted by Sue in *Jude*, 6. III, p. 342.

<sup>286</sup> See Emile Durkheim, *Suicide: a Study in Sociology* (1897), trans. by John A. Spalding and George Simpson (repr. London: Routledge and Kegan Paul, 1963), discussing destructive modern ‘anomie’.

On that little shape had converged all the inauspiciousness and shadow which had darkened the first union of Jude, and all the accidents, mistakes, fears, errors of the last. He was their nodal point, their focus, their expression in a single term. (6. II, p. 337)

The intensification in and transferral of Jude's symbolic status to his son mimics the process of hereditary degeneration itself, in which the parents' flaws are compounded in the child: while Jude is merely the victim and vector of destructive forces (consumption/ waste, inadequacy, despondency), his child is a distillation and embodiment of those forces. This process of progressive dehumanisation undoubtedly suits a character whose essence is his inhumanity: more so than in Brontë's depiction of Linton, the overwhelming weight of symbolism and cliché draws attention to the novel's occasional suspension of humanising psychological realism while depicting Jude's degenerate child. As Dennis Taylor points out, Little Father Time acts literally upon Sue's despairing rhetoric, putting Malthusian theory (or negative eugenics) into practice by slaughtering his siblings and himself – 'Done because we are too menny': both he and his act embody abstract concepts.<sup>287</sup> Perhaps, if Linton is 'Heathcliff-become-Consumptive', Little Father Time is 'Jude-become-Consumption'.<sup>288</sup>

Laurence Lerner suggests that Hardy's characterisation of Little Father Time as an emerging self-destructive, apocalyptic or degenerate 'type' is unsuccessful because 'boys of this sort exist only in the pages of Thomas Hardy'.<sup>289</sup> However, Shuttleworth demonstrates that, in the 1890s, 'the idea that child suicide was common, and on the increase, became a standard ingredient in articles on the pressures of modern life' (p. 139).<sup>290</sup>

Crucially, 'boys of this sort' also exist in *The Idiot* as a distinct and explicitly modern 'type'. Characters in *The Idiot* refer repeatedly to a new generation of Russian criminals that kill without guilt: according to Myshkin, they 'think that they had a right to do what they did and – and that they had acted well [...]. And

<sup>287</sup> Dennis Taylor, 'Introduction' to Thomas Hardy, *Jude the Obscure* (1895; London: Penguin, 1998), pp. xvi-xxxiv (p. xxviii). *Jude*, 6. II, pp. 333-37.

<sup>288</sup> See Sonstroem, p. 32, on Linton.

<sup>289</sup> Laurence Lerner, *Angels and Absences: Child Deaths in the Nineteenth Century* (Nashville, TN; London: Vanderbilt University Press, 1997), p. 144.

<sup>290</sup> Victor Bailey, *This Rash Act': Suicide Across the Life Cycle in the Victorian City* (Stanford, CA: Stanford University Press, 1998), p. 166, states that, although relatively uncommon, in Victorian Hull child suicide was 'a late-century phenomenon, three [out of four incidences] occurring in the years 1895-96.'



note please, that they are all young', immersed modern ideas (III. 1, p. 324).<sup>291</sup> Ippolit is clearly identifiable as a (Russian) cultural type like the cold-blooded medic Bazharov in Ivan Turgenev's *Fathers and Children* (1860) and the proto-Nietzschean murderer Raskolnikov in Dostoevsky's *Crime and Punishment* (1865-66). Like Little Father Time, though, Ippolit also assimilates Malthusian theories to the point of embodying them. His immediate response to seeing a pauper's frozen baby is to smile and blame its feckless father; he is puzzled by the father's outrage, and his automatic smile suggests that he internalises and naturalises abstract Malthusian theory as an unmediated emotional response – a travesty of sentimental sympathy (III. 6, p. 380). In both novels, to become a 'type' is not only to become truly modern, but also to lose one's humanity.<sup>292</sup>

While Jude's evolutionary unfitness (of which his disease is a part) ensures his son's inhuman function, Ippolit's consumption plays a crucial role in ensuring his own conformity with the 'modern young sociopath' stereotype.

Ippolit declares:

'I do not recognize any jurisdiction over me and I know that I am now beyond the power of a court of law. Not so long ago I was greatly amused by the thought that if I suddenly took it into my head to kill anyone I liked, or even a dozen people at once, or do something awful – something that is considered the most terrible crime in the world – I should certainly put the court in a quandary with my having only two or three weeks to live [...]. I can't understand why such an idea never occurs to people in my position, even as a joke. But perhaps it does: there are lots of merry fellows even among us.' (III. 7, p. 395)

The consumptive nihilist hints at the existence of a collective consumptive identity – 'there are lots of merry fellows even among us'; at all other times, he emphasises his isolation, but this single reference to an unspecified multitude of consumptive sociopaths indifferent to law and morality is vaguely threatening. Antisocial consumptives appear in a handful of fiction and non-fiction texts in the period 1821-1912, including Chekhov's 'Gusev' (1890) and 'The Fiancée'

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<sup>291</sup> Hardy's reluctance to ascribe such malicious motives to Little Father Time may be understood not only in the light of an affecting juxtaposition of childhood innocence and virtue with inhuman horror (see Shuttleworth, p. 133), but also, one may suspect, in the light of Hardy's less aggressively hostile attitude than Dostoevsky's to modernity.

<sup>292</sup> Christopher Herbert, *Victorian Relativity: Radical Thought and Scientific Discovery* (Chicago: University of Chicago Press, 2001), p. 25, discusses nineteenth-century fears that those who internalised the rejection of traditional religion and moral absolutism must become 'a population of dehumanized moral zombies'.

(1904), Harraden's *Ships That Pass in the Night* (1893) and, most obviously, André Gide's *The Immoralist* (1902). Yet these examples do not represent a coherent consumptive community; indeed, in these aberrant individuals, illness produces social alienation that precludes communal identity – a tendency most apparent in *Ships*, where Robert Allisten lives among other consumptives but refuses to speak to them.

Ippolit's willing self-diagnosis as a modern biomedical consumptive purged of humanity by disease is nonetheless significant. Again, he is not the only example of this phenomenon; the attorney of consumptive American vigilante Dr John Henry Holliday (1851-1887), discussed in the Appendix, claimed to have asked his client (wanted in connection with several murders in Arizona) "Doctor, don't your conscience ever trouble you?" "No," he replied, with that peculiar cough of his, "I coughed that up with my lungs long ago."<sup>293</sup> Dormandy (p. 96) also comments on the relevance of consumption in the rebellious bohemian identity of Gavrilo Princip (1894-1918), perhaps history's most infamous and destructive young consumptive, who assassinated Archduke Franz Ferdinand and his wife in 1914, sparking the First World War. However, while a new range of characteristics – amorality, asociality, emotional vacancy – became available as pathology replaced religious and sentimental determinants of consumptive identity in the nineteenth century, I cannot locate a cohesive movement to draw these characteristics into a cultural 'type' of consumptive identity in their own right. Rather, these scattered representations of young consumptive sociopaths should perhaps be interpreted as peculiar offshoots of broader discourses of social and moral degeneration within their own cultures.

*The Idiot* obviously uses Ippolit to engage with these discourses, his disease (newly pathologised by modern biomedicine) functioning as a convenient explanatory device. Yet, in the light of my arguments in Chapters 2 and 3, Dostoevsky's depiction of the consumptive as a willing exponent of such dehumanising objectification raises important questions about the potential for self-objectification to become self-expression.

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<sup>293</sup> Colonel DeWees in 'Obituary' of J.H. Holliday, *Denver Republican*, 25<sup>th</sup> December 1887, quoted in Gary L. Roberts, *Doc Holliday: the Life and Legend* (Hoboken, NJ: John Wiley & Sons, 2006), p. 378. By contrast, consumption plays no such role in early modern characterisations of consumptive Witchfinder General Matthew Hopkins (c.1620-1647), discussed in Gaskill, p. 282.

## Exploiting culture

Engagement with widely-recognised cultural images, stereotypes and discourses seems to allow Ippolit (like Linton and Beardsley) to anticipate and control social interactions with other characters in the novel.

Ippolit is adept in using his own consumptive body as a public spectacle in combination with iconic cultural images of suffering. In II. 7-10 and III. 4-7, Ippolit presents himself at social gatherings with the intention of provoking shock at his physical condition and behaviour. His ‘Necessary Explanation’ of auto-euthanasia describes and embodies the physical, emotional, and social anguish of living with advanced tuberculosis; after numerous interruptions that reinforce its status as a live performance:

The reading began at last. For the first five minutes the author of the unexpected *article* was still gasping for breath and he read jerkily and incoherently; but gradually his voice grew firmer and began to express fully the sense of what he was reading. Sometimes he was interrupted by a violent attack of coughing. (III. 5, p. 371)

In rendering the content incoherent, threatening to silence him, his gasping effectively conveys the purpose of his argument: that disease humiliates him and thwarts self-determination, and that the spectacle of physical suffering is admissible evidence in his ideological ‘Explanation’ for auto-euthanasia.

In his ‘Necessary Explanation’, Ippolit describes Hans Holbein’s painting *Christ in the Tomb* (1521) [FIG. 10]. Murav-Lavigne discusses this painting’s function in *The Idiot* as a ‘failed icon’ because contemplation of it produces despair rather than salvation (pp. 211-216). According to Ippolit:

‘Looking at that picture, you get the impression of nature as some enormous, implacable, and dumb beast, or, to put it more correctly, much more correctly, though it may seem strange, as some huge engine of the latest design, which has senselessly seized, cut into pieces, and swallowed up – impassively and unfeelingly – a great and priceless Being, a Being worth the whole of nature and all its laws, worth the entire earth, which was perhaps created solely for the coming of that Being! The picture seems to give expression to the idea of a dark, insolent, and senselessly eternal power, to which everything is subordinated.’ (III. 6, p. 292)



FIG. 10: Detail from Hans Holbein, *Christ in the Tomb* (1521). Öffentliche Kunstsammlung, Basel.

By engaging with the discussion of modern atheism held by Myshkin and Rogozhin in front of the same painting in II. 4, Ippolit's use of the painting in his own performance illustrates his ability to present his own suffering in a wider cultural and ideological context. Furthermore, Ippolit's exploitation of established religious images to his own ends conveys the manipulative, subversive nature of the modern consumptive. One may draw comparisons with the blasphemous parody of Christ's words in Gethsemane in consumptive French poet Jules Laforgue's 'Complainte de la fin des Journées' (1885):

J'ai dit: mon Dieu. La terre est orpheline  
 Aux ceils [...]  
 – Inconsciente Loi  
 Faites que ce crachoir s'éloigne un peu de moi!

['I said: My God. The earth is an orphan of Heaven [...] Unconscious Law, let this spittoon pass from me!']<sup>294</sup>

The accusation of abandonment or neglect by God (here transformed into modern 'Unconscious Law' like Ippolit's beast/ machine), and the rejection of religious justifications for one's consumptive suffering, is certainly similar.<sup>295</sup> This disruptive exploitation of a traditional cultural image is made possible by the new scientific discourses available to Ippolit. The unnerving juxtaposition of ancient and modern, organic and mechanical, seems to serve much the same function in *The Idiot* and *Jude* as the chaotic overlaying of consumptive clichés in *Wuthering Heights* and in Beardsley's public persona. Ippolit's depiction of a horror that both precedes and succeeds religious and sentimental explanations of affliction effectively cuts off these models from any pretensions to timeless essentialism.

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<sup>294</sup> Jules Laforgue (1860-1887), 'Complainte de la fin des Journées' ('Ballad for the End of Time') from *Complaintes* (1885) in *Jules Laforgue: Selected Poems*, trans. by Graham Dunstan Martin (London: Penguin, 1998), pp. 40-42 (p. 42). See Martin's notes to Laforgue, p. 269, explaining links to Matthew 26. 39. See also Lord George Gordon Byron, *Cain: a Mystery* (1821), in *The Major Works*, ed. by Jerome J. McGann (Oxford: Oxford University Press, 2000), pp. 881-938 (I. 1. 161-166, p. 888) for a similarly blasphemous exploitation of the Crucifixion.

<sup>295</sup> See Martin's 'Introduction' to Laforgue, p. xvii, observing that Laforgue 'agrees with Schopenhauer and Hartmann that the Universe is a dreadful mistake', and that Laforgue was so impressed by Eduard von Hartmann's *Philosophy of the Unconscious* (Berlin, 1874; trans. into French 1877) that 'he carried this book around with him like a Bible'. Shuttleworth, pp. 135-136, observes that *Jude* was also influenced by Schopenhauer. See 'Art. VI. – The Philosophy of Pessimism', *Westminster Review*, 49 (January 1876), 124-165, on the affinity between Darwinism and Romantic pessimistic philosophers of the Unconscious, including Hartmann.

Finally, Ippolit's use of the Holbein painting offers his audience a new reading of the spectacle that is Ippolit himself: tormented, sacrificed, 'senselessly seized, cut into pieces, and swallowed up'. The obvious parallels between Ippolit and the tortured Christ enable Ippolit to use his own body as evidence in his discourse on theodicy.<sup>296</sup> The spectacle of his gasping, sweating, bleeding body becomes tangible proof of the cruel dominance of 'a dark, insolent, and senselessly eternal power, to which everything is subordinated' (III. 6, p. 292).

While Ippolit, like Beardsley, seems to derive amusement from playing with established forms of representation, in *Jude* cultural and historical precedents are almost entirely a burden. Patrick R. O'Malley observes that past literary forms – especially the Gothic – infiltrate modern life to produce horror, most notably the dead children in the closet.<sup>297</sup> Kevin Z. Moore discusses the influence of diverse strands of Romanticism in Hardy's works and, regarding *Jude*, suggests that:

Because his character 'characterizes' past romantic forms which come to life in the present in order to test the waters once more, Jude is always belated, always behind the times, even when he gazes into the future.<sup>298</sup>

The belatedness of Jude's Romanticism marks him as an obsolete organism. Tess O'Toole also remarks that Jude is doomed to relive other people's histories repeatedly – another hereditary affliction.<sup>299</sup> As Moore suggests, cultural representations (or repetitions) in the form of frequent literary quotations constitute a large proportion of Jude's identity, but it is not clear whether he controls them or they control him. At best, his premonition of joining Christminster's ghosts (including consumptive Romantic rebel Percy Bysshe Shelley) seems to give Jude a sense of communal identity and solidarity, like Ippolit's consumptive sociopaths. Yet Arabella points out that these are 'folk dead and gone' (6. IX, p. 393), irrelevant to Jude's modern poverty and

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<sup>296</sup> David Hume famously formulated the 'problem of evil' in *Dialogues Concerning Natural Religion* (1779), ed. by John Vladimir Price (Oxford: Clarendon Press, 1976), Part 10, pp. 226-227: 'In what Respect, then, do [God's] Benevolence and Mercy resemble the Benevolence and Mercy of Men? [...] Is he willing to prevent Evil, but not able? then is he impotent. Is he able, but not willing? then is he malevolent. Is he both able and willing? whence then is evil?'

<sup>297</sup> Patrick R. O'Malley, 'Oxford's Ghosts: *Jude the Obscure* and the End of the Gothic', in *Gothic and Modernism: Essaying Dark Literary Modernity*, ed. by John Paul Riquelme (Baltimore, MD: Johns Hopkins University Press, 2008), pp. 59-81 (p. 73).

<sup>298</sup> Kevin Z. Moore, *The Descent of the Imagination: Postromantic Culture in the Later Novels of Thomas Hardy* (New York: New York University Press, 1990), p. 224.

<sup>299</sup> Tess O'Toole, *Genealogy and Fiction in Hardy: Family Lineage and Narrative Lines* (London: Macmillan Press, 1997), p. 67.

disability. Jude's obsessive quotations suggest enslavement to cultural precedent – the dead past precluding self-determination – rather than the playful exploitation of cliché one can observe in Beardsley's professional persona or the outrageous subversion apparent in Ippolit's performance.

Despite Ippolit's occasional successes, *The Idiot* is still more explicit about the oppressive burden of existing cultural forms. Ippolit's name undoubtedly has some cultural significance; Leatherbarrow (p. 96) remarks that Ippolit's 'horse related' name places him within the novel's discussion of the Apocalypse, perhaps making him one of the horsemen. However, Leatherbarrow does not comment on the more obvious significance of his name: in Euripides's (c. 485-406 BC) play *Hippolytos*, the eponymous hero complains that the gods dole out death to humans without being subject to the laws of morality themselves.<sup>300</sup>

Both possibilities for Ippolit's origins create a complex impression of Ippolit and his vision of the world as things both modern and ancient, aggressively individualistic and yet depersonalised by repeated textual reincarnation. Modernity itself is depicted as a machine that predates any human mechanic – an unprecedented new discourse eerily foretold in ancient texts. Ippolit is dwarfed by a far older cultural discourse in which the individual and his seemingly world-changing ideas are fleeting and futile.

Ippolit's manipulation of cultural clichés backfires, becoming a joke for other characters at his expense. Before attempting to shoot himself, Ippolit explains:

'I had a small pocket pistol; I bought it when I was still a boy, at an age at which one suddenly gets a liking for stories about duels and hold-ups by bandits; I, too, imagined how I should be challenged to a duel and how nobly I should stand facing the pistol of my adversary.' (III.7, p.395)

In his public suicide attempt, this pistol misfires; it is merely a toy purchased to enact a literary cliché and, when forced to perform a 'real-life' function, exposes Ippolit to ridicule. Worse still, the incident recalls Mikhail Lermontov's influential Russian novel *A Hero of Our Time* (1840), in which an officer uses a pistol to prove 'whether a man may dispose of his life at will or a fateful minute is assigned to each of us in advance'.<sup>301</sup> The reckless officer's attempt to prove

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<sup>300</sup> Joint Association of Classical Teachers, *The World of Athens: an Introduction to Classical Athenian Culture* (Cambridge: Cambridge University Press, 1984), p. 105.

<sup>301</sup> Mikhail Lermontov, *A Hero of Our Time* (1840), trans. by Vladimir and Dmitri Nabokov (Ann Arbor: Ardis, 1988), p. 184.

self-determination fails: his gun misfires, but he is killed by a Cossack later that night; he is spared a few hours only so that Fate can prove its power over him. This is surely one of the bandit stories to which Ippolit refers. Furthermore, when Lermontov's officer raises his pistol, 'several officers, with involuntary exclamations, seized him by the arms' (*Hero*, p. 185). When Ippolit prepares to shoot himself:

Vera, Kolya, Keller, and Burdovsky crowded round Ippolit; all four of them caught hold of his arms. [...]

'That was what he was leading up to – that people should hold his arms – that was why he read his story,' observed Rogozhin. (III. 7, p. 400)

Ippolit's subsequent misfire, which compounds his audience's perception of him as a literary cliché, is particularly significant because Ippolit has, rather paradoxically, employed literary clichés to assert his capacity for self-determination. If his performance of self-determined public suicide were successful, it would demonstrate his mastery over the clichés he appropriates. As his suicide fails, he is shown to be their slave. Clearly, for the consumptive constructing a social identity, cultural precedents can be a mixed blessing – unfit for purpose, likely to misfire and produce humiliation as a living cliché, and requiring extreme self-awareness and dexterity in handling.

### **The tarantula-god**

What causes biomedical impairment in *The Idiot* and *Jude*? Inspired by both novelists' appropriation of Darwinism, the transition from the religious to the biomedical model of impairment involves a non-Christian, inhuman, indifferent deity, often called 'Nature'. This seemingly unconscious biological force still inspires religious-type responses in its victims, who at times perceive Nature's unconscious processes as the consciously malevolent actions of an evil deity, and at times acknowledge Nature's unconsciousness but resent its insulting indifference to human suffering.<sup>302</sup> These novels depict consumptives groping

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<sup>302</sup> According to Roger Anderson, 88-89, *n* 16, 'Dostoevsky's rigorous criticism of Darwin was broadly shared in Russia of the 1860s, quite beyond usual ideological divisions. As with the rise of industrial capitalism, both the Russian Left and Right were appalled at the pathology of individual competition that Darwin's theory entailed.'



towards an appropriate and even empowering response to the new model of disability.

As Gillian Beer has observed, Jude experiences a world ruled by a cruel biological force: 'Nature's logic was too horrid for him to care for. That mercy towards one set of creatures was cruelty towards another sickened his sense of harmony' (*Jude*, 1. II, p. 18).<sup>303</sup> Nature's law demands progress and survival at the price of inflicting pain on the weak. Paradoxically, the highest organisms are the most fragile, tormented by the inhumanity of the very processes that form them; in 1883, Hardy wrote that human beings 'have reached a degree of intelligence which Nature never contemplated when framing her laws, and for which she consequently has provided no adequate satisfactions.'<sup>304</sup> In his extreme sensitivity and physical deterioration – both traditionally consumptive attributes – Jude is destined to be extinguished with the lowest creatures while feeling pain with unbearable, unprecedented refinement and intensity. I will return to this later.

In a novel published several decades after *The Origin of Species* (1859), Jude's perceptions are at the heart of the novel's values, rather than heckling from the sidelines like Ippolit in 1869. Jude perceives and laments the cruelty of Nature from childhood, suggesting that his response is fundamental to his character: there is no moment of stunning realisation. In 1869, Ippolit's vision of the Darwinian force behind biomedical impairment appears as a fresh epiphany:

'All this passed vaguely through my mind by snatches and perhaps while I was delirious, sometimes even in vivid images, for a whole hour and a half after Kolya's departure. Can anything appear in a vivid image that has no image? But at times I did imagine that I saw, in a sort of strange and impossible form, that infinite power, that dark, deaf-and-dumb creature. I remember that someone seemed to lead me by the hand, with a lighted candle, and show me some huge and horrible tarantula, assuring me that that was the dark, deaf-and-dumb, and all-powerful creature, and laughing at my indignation.' (III. 6, pp. 392-93)

Ippolit raises various objections to this 'tarantula' deity. Firstly, Ippolit shows that the biomedical model of impairment and disability provides explanation and

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<sup>303</sup> See Gillian Beer, *Darwin's Plots: Evolutionary Narrative in Darwin, George Eliot and Nineteenth-Century Fiction*, 2<sup>nd</sup> edn. (Cambridge: Cambridge University Press, 2000), pp. 220-241.

<sup>304</sup> Florence Emily Hardy, *The Life of Thomas Hardy, 1840-1928* (London: Macmillan, 1962), p. 163.

even justification for suffering, but no consolation. Ippolit describes a figure leading him and lighting his way but ‘laughing at my indignation’ – a more malicious version of the ‘advanced’ surgeon who gives Jude an explanation of his family’s tragic degeneration, ‘but he can give no consolation’ (*Jude*, 6. II, p. 337). Secondly, Ippolit is incensed by the silence and indifference of the ‘deaf-and-dumb, and all-powerful creature’ – power without accountability or compassion.

Finally, if evolution is progress, it is obscene that ‘a Being worth the whole of nature and all its laws, worth the entire earth’ (III. 6, p. 292) becomes a means to the primitive tarantula-god’s ends. Other Russian writers would become equally disturbed by the thought of a refined organism being devoured and usurped by the crude. George L. Kline observes that:

in 1911, Glagol’ev [stated] that the Darwinian ideal of the ‘perfectly adapted organism’ lies not ahead but behind, in the trematode (parasitic flatworm) or the foraminifers (tiny marine creatures whose shells make up white chalk).<sup>305</sup>

Ippolit’s panicked declaration that ‘I cannot submit to a dark power that assumes the form of a tarantula’ (III. 6, p. 394) must be understood in the context of his misgivings about unjust suffering and sacrifice within new Darwinist discourses.<sup>306</sup> He states that:

‘the lives of millions of creatures are daily required as a sacrifice because without their deaths the world could not exist (though I must say that is not a very generous idea in itself). [...] If once I have been granted the consciousness of “I am”, what does it matter to me that the world has been made with faults and that otherwise it cannot exist? [...] Say what you like, but all this is impossible and unjust.’ (III. 7, p. 397)

Like Jude, Ippolit perceives Nature as an arena of enforced mass-slaughter. Like Jude, Ippolit objects to the exploitation of the sensitive, conscious being as a mere means to an end.

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<sup>305</sup> George L. Kline, ‘Darwinism and the Russian Orthodox Church’, in *Continuity and Change in Russian and Soviet Thought*, ed. by Ernest J. Simmons (Cambridge, MA: Harvard University Press, 1955), pp. 307-328 (p. 322).

<sup>306</sup> Some late nineteenth-century theodicy seems to apply equally well to religious and biomedical models of suffering. Josiah Royce’s ‘The Problem of Job’, in *Studies of Good and Evil* (1898; repr. Hamden: Archon Books, 1964), p. 8, uses evolution as an allegory of the process by which the soul is supposed to be refined by suffering: ‘if I can only reach a given goal by passing over a given road, say of evolution, it may be well for me to consent to the toilsome journey. Does that explain why I was created so far from my goal?’

The assertion of the sufferer's conscious 'I am' is a significant theme in both novels: as Beer (p. 232) points out, although evolution thrives on the suffering of the weak and defective, Darwinism does not give this suffering the emphasis that Hardy does. Darwinism acknowledges that defective or 'inferior' organisms do have a role in evolution, but presents the defective's role in evolution as absence: the defective contributes to progress by becoming silent and passively ceasing to exist.<sup>307</sup> When Newman Smyth's Christian theodicy text *The Place of Death in Evolution* (1897) defends processes of extinction by stating that 'death as an adaptation in the divine economy of nature is introduced as a means of life, of ever-increasing and happier life' for the strong survivors, he clearly has no interest in the weak creatures sacrificed.<sup>308</sup> Hardy, however, gives a voice to the silenced defective organism. In the deathbed dialogue between Jude and the cheering crowd of successful graduates, Hardy evokes an ecosystem in which the triumph of the 'young and strong-lunged' (6. XII, p. 407), non-consumptive organisms may be not just coincidental with, but actually dependent on, the suffering and elimination of the weak. Jude recites:

*'Let the day perish wherein I was born, and the night in which it was said, There is a man child conceived.'*

(*'Hurrah!'*)

*'Let that day be darkness; let not God regard it from above, neither let the light shine upon it. Lo, let that night be solitary, let no joyful voice come therein.'*

(*'Hurrah!'*)

*'Why died I not from the womb? Why did I not give up the ghost when I came out of the belly?... For now I should have lain still and been quiet. I should have slept: then had I been at rest!'*

(*'Hurrah!'*)

*'There the prisoners rest together; there they hear not the voice of the oppressor... The small and the great are there, and the servant is free from his master. Wherefore is light given to him that is in darkness, and life unto the bitter in soul?'* (6. XI, p. 403)<sup>309</sup>

While Jude's quotations from Job undoubtedly exploit a famous biblical representation of the religious model of suffering and disability, the presence of

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<sup>307</sup> See Charles Darwin, *The Descent of Man, and Selection in Relation to Sex* (1871), ed. by James Moore and Adrian Desmond (London: Penguin, 2004), p. 678, on the unproblematised 'neglect' of 'the inferior' in selective breeding.

<sup>308</sup> Newman Smyth, *The Place of Death in Evolution* (London: T. Fisher Unwin, 1897), p. 32. See also George Frederick Millin, *Evil and Evolution: an Attempt to Turn the Light of Modern Science on to the Ancient Mystery of Evil* (London: Macmillan, 1896).

<sup>309</sup> Quoting Job 3. 3,4,7,11,13, and 18-20.

the graduates outside reminds us of the novel's contemporary social concerns and of Jude's longing to escape from this arena of competition with other organisms for survival. The dialogue may be seen as a conflict in which one voice attempts to drown out the other, or as a woefully one-sided dialogue in which Jude's tormentors are oblivious to his lament, or even as a predatory relationship in which the graduates feed upon Jude's suffering: certainly, it is only by excluding Jude that the university retains its prestigious status and makes the graduates' celebration of their inclusion worthwhile. Even in childhood, Jude realises that 'it was impossible to advance in regular steps without crushing' weaker, more helpless creatures 'at each tread' (1. II, p. 16).<sup>310</sup>

### **Suicide**

How could one prevent one's death feeding the triumph of others? Consumptives in Victorian novels rarely flirt with the possibility of suicide.<sup>311</sup> However, Ippolit, Jude, and Robert Allisten discussed in Chapter 5 all plan or attempt suicide. The fact that three of the four novels I selected for their radical critique of established sentimental and biomedical models of disability depict suicidal consumptives is surely significant, but each novel differs in the degree of coherence and legitimacy it attributes to the act.

Jude attempts suicide on (arguably) three occasions; the last two attempts occur when he is already unwell: in 6. V, he wanders to a dangerous, diseased location (p. 362), and in 6. VIII, he leaves his sickbed to travel in 'a driving rain from the north-east [...] to almost certain death' (p. 387). Yet neither Hardy nor Jude discusses psychological motivation during the incidents themselves. In his first attempt:

Jude put one foot on the edge of the ice, and then the other; it cracked under his weight; but this did not deter him. He ploughed his way inward to the centre, the ice making sharp noises as he went. When just about in the middle he looked around him and gave a jump. The cracking repeated itself; but he did not go down. He jumped again, but the cracking had

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<sup>310</sup> Smyth, pp. 29-30, suggests that with the death of 'outmoded and mutilated forms [like Jude?] life scores a victory'.

<sup>311</sup> Olive Anderson, *Suicide in Victorian and Edwardian England* (Oxford: Clarendon Press, 1987), pp. 143-144, observes that 'bodily and mental ill-health came far behind' drunkenness as the main motive attributed to suicides in a poor district of London 1861-1862 but, by 1911, bodily and mental illness lay behind 'at least half' of suicides recorded in the City (p. 168). See Rothman, p. 166, on suicide in American health resorts, discussed in Chapter 1.

ceased. Jude went back to the edge, and stepped upon the ground. (1. XI, p. 70)

Although Hardy describes setting and movements in some detail, the event is simply a list of behaviours that *imply* intent ('ploughed', 'looked', 'jumped') but do not *explore* intent. This teasing omission of the protagonist's inner life at a point of crisis seems to mimic Smyth's omission of the victim's suffering in evolution: Jude is simply an obsolete object moving towards extinction. When Sue leaves him, Jude walks, already unwell, 'to a dreary, strange, flat scene, where boughs dripped, and coughs and consumption lurked, and where he had never been before' (6. V, p. 362). Again, no motive is expressed; Jude's passivity is emphasised by the possible allusion to Keats's 'La Belle Dame Sans Merci' (1819), which ends with the (consumptive) knight in the dreary landscape explaining:

And this is why I sojourn here  
Alone and palely loitering.  
Though the sedge is withered from the lake,  
And no birds sing.<sup>312</sup>

The lifeless rhythm, dragged out by the long penultimate line, and the jerky, list-like form used in both texts, suggests a mind incapable of decisive action or systematic thought. Hardy objectifies Jude as yet another rejected consumptive devoid of self-determination.

The statement that Jude 'had never been before' to this consumptive landscape suggests that this is a decisive moment in which Jude deliberately embraces a consumptive identity. The illusion of vacancy during the attempted extinction is broken by Jude's subsequent explanations: after his third unsuccessful attempt, Jude expresses a desire to 'put an end to a feverish life which ought never to have been begun!' (6. IX, p. 391). However, Jude attempts to acquire and exacerbate consumption as a form of suicide, rather than using suicide as a protest against consumptive life.

Although Ippolit's suicide attempt is equally abortive, it is far more explicitly an act of protest than Jude's. Before opening the sealed manuscript of his

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<sup>312</sup> John Keats, 'La Belle Dame Sans Merci' (1819) in *Complete Poems*, pp. 334-336 (p. 336), stanza XII.

'Necessary Explanation' – a performance in which his suicide is intended to be the climatic event – Ippolit declares that:

'To-morrow "there will be time no longer!" [...] Shall I break the seal, gentlemen?' he shouted, laughing his strange laugh and gazing at them with glittering eyes. 'A mystery! A mystery! And do you remember, Prince, who proclaimed that "there shall be time no longer"? It was proclaimed by the great and mighty angel in the Apocalypse.' (III. 5, p. 368)

However ironically, the feverish, 'glittering' Ippolit publicly identifies himself with ominous forces of annihilation. The epigraph to his 'Explanation' is '*Après moi le deluge*', implying that his death heralds many more.<sup>313</sup> For this consumptive boy, as for the 'advanced' biomedical surgeon in *Jude*, child-suicide is a sign of 'the beginning of the coming universal wish not to live' (*Jude*, 6. II, p. 337). Just as Little Father Time spectacularly slaughters an entire generation of his family, Ippolit's 'Necessary Explanation' reveals his perception of the world as a nightmarish place strewn with starving and murdered babies.<sup>314</sup> As William Woodwin Rowe points out:

The fact that Ippolit's 'Explanation' is studded with such glittering victims somehow adds to the eloquence of this young, consumptive, would-be-suicide's conclusion: would that I had had the power not to be born.<sup>315</sup>

Both boys share a vision of life as a massacre, and a belief that 'It would be better to be out o' the world than in it' (*Jude* 6. II, p. 333).

However, unlike Little Father Time, who fulfils his natural destructive function without any hint of self-assertion, Ippolit does not regard himself as wholly colluding with the tarantula-god. Rather, he takes on its characteristics as a way of usurping its power:

'I shall die gazing straight into the source of power and life, and I shall not want this life! If I had possessed the power not to be born, I would certainly not have accepted existence upon such ridiculous terms. But I still possess the power to die, though the days I give back are numbered.' (III. 7, p. 398)

<sup>313</sup> *Idiot*, III. 5, p. 371. The phrase is attributed to Louis XV 'referring to the coming revolution'. L. G. Pine, *A Dictionary of Mottoes* (London: Routledge & Kegan Paul, 1983), p. 14.

<sup>314</sup> See *Idiot*, III.5-6, p. 377, 380, 382, 388 and 391, for Ippolit's obsession with starving, murdered or frozen babies.

<sup>315</sup> William Woodwin Rowe, *Dostoevsky: Child and Man in His Works* (New York and London: University Press, 1968), p. 33.

Ippolit intends to stare Nature in the face and throw his life back at it because its ‘ridiculous terms’ are unjust and dehumanising: his protest is therefore conscious, informed, and defiant; he resents being exploited as a means to the tarantula’s ends. Even if death is inescapable and suffering inevitable under a biomedical model of disability, Ippolit is preoccupied with the consumptive’s proper response to the tarantula-god that afflicts him; he rejects humility and embraces indignation, anger, defiance – none of which could have been legitimated under an earlier sentimental model of disability. These traits, which originate in his protest against the tarantula-god of biomedical tuberculosis, form the basis of Ippolit’s consumptive identity and his interaction with forces of social oppression.

### **The sickroom and stifled protest**

Both *Jude* and *The Idiot* depict the sickroom not as the ‘sanctuary where one participates in a natural social order, a condition of spontaneous being and moral grace’ that Bailin (p. 22) observes in early- and mid-Victorian fiction, but as a chamber of horrors in which the consumptive is imprisoned and subjected to torments penetrating uncontrollably from the world outside.<sup>316</sup> While *Jude* highlights the socioeconomic conditions that cause domestic strife for disabled men, *The Idiot* emphasises the hostility faced by consumptives who attempt to escape from this space and speak out. Both novels explore the ways in which sickroom isolation damages the consumptive’s ability to communicate with others and precludes the social legitimation of their identity.

Furthermore, in depicting the sickroom as a space in which the material deprivation described by Mike Oliver and the cultural stigma described by Tom Shakespeare converge, these novels (and *Jude* in particular) make a significant contribution to disability studies by politicising a private space which has proved

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<sup>316</sup> Bailin, p. 1, also remarks that ‘late Victorian fiction reshapes the sickroom for its own purposes and in the process undoes its recuperative compromise.’ Maria Frawley, p. 206, shows that tension between isolation and penetration is apparent in invalid life-writing throughout the nineteenth century.

difficult for the social model of disability to penetrate.<sup>317</sup> Regarding life-writing about illness, disability theorist Gareth Williams complains that:

In much of this narrative-based work, what started as a sociological analysis becomes part of a quasi-religious or spiritual quest for the truth, which illness is supposed to reveal. So profound is the truth of illness that even the person experiencing the illness is merely a vehicle for allowing the body to speak of its suffering. [...]

In the end, so seduced is such theorizing by the voyeuristic delight and horror of looking in on the dark secrets of the self that it loses sight altogether of the structures – of society, policy, and organization – that provide the inescapable framework of experience.<sup>318</sup>

In the sickrooms of *Jude* and *The Idiot*, the invalid's own body and mind often do appear to be his own worst enemies. However, neither novel loses sight of the sickroom's socio-political context as a cell within the potentially hostile domestic space and connected to the outside world by conduits the disabled consumptive is unable or forbidden to control.

Hardy's politicised focus on Jude's domestic and economic circumstances allows the novel to examine the effect of marriage customs and unemployment on disabled masculinity – and vice versa. Jude becomes too ill to work in a trade so unsuited to someone with 'inflammation of the lungs'. One of the novel's central themes – that society has prevented Jude from following an academic career and condemned him to inappropriate manual labour – becomes relevant in disabling him once he acquires impairment:<sup>319</sup>

He had done a few days' work during the two or three months since the event, but his health had been indifferent, and it was now precarious. He was sitting in an arm-chair before the fire, and coughed a good deal.

'I've got a bargain for my trouble in marrying thee over again!' Arabella was saying to him. 'I shall have to keep 'ee entirely, – that's what 'twill come to! [...]

'Ah, yes!' said he, laughing acridly. 'I have been thinking of my foolish feeling about the pig you and I killed during our first marriage. I feel now that the greatest mercy that could be vouchsafed to me would be that something should serve me as I served that animal.'

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<sup>317</sup> See Oliver, p. 50 (quoted in thesis Introduction); Tom Shakespeare (1997), p. 233, states that 'the Social Model needs to be reconceptualized: people with impairment are disabled, not just by material discrimination [i.e. exclusion from workforce], but also by prejudice. This prejudice is not just interpersonal, it is also implicit in cultural representation, in language and in socialization.'

<sup>318</sup> Gareth Williams, 'Theorizing Disability', in *Handbook of Disability Studies*, ed. by Gary L. Albrecht, Katherine D. Seelman and Michael Bury (Thousand Oaks, CA: Sage Publications, 2001), pp. 123-144 (p. 132 and p. 133).

<sup>319</sup> See 6. X, pp. 398-99 for Jude 'soliloquizing' on this.



This was the sort of discourse that went on between them every day now. (6. VIII, p. 384)

Arabella also throws a shoe at Jude's head (p. 385). Hardy's casual description of relentless domestic abuse conveys the depressing repetitiveness of the housebound consumptive's life, as does Jude's dehumanising, suicidal identification with the ill-used domestic animal. The source of hostility is not so much Jude's physical impairment as Arabella's insistence on traditional gendered socio-economic roles within marriage – roles that are impossible for men with tuberculosis to maintain. Hardy undoubtedly uses Jude's illness to expose marriage as a fragile edifice destroyed by a commonplace misfortune – bodily impairment – which Arabella reinterprets as Jude's perverse refusal to 'keep your health' (p. 384). In placing Jude's consumptive suffering in the context of class oppression, unemployment and marital conflict, Hardy strips the impairment of its (biomedical model) status as the fundamental cause of suffering: in *Jude*, chronic illness is one of many factors, like low social class or deviant sexuality, by which individuals are selected for oppression in an unfair society.

Jude's loneliness, poverty, marital conflict and crisis of masculinity are explicitly shown to be exacerbated and even defined by his exclusion from a labour market that admits only the physically robust. Even his wandering from one dingy lodging to another recalls near-contemporary observations that:

The usual course of events is for a person who becomes consumptive to drift, owing to his impaired working powers, from the class of skilled to that of unskilled and casual labour; and with each step downwards his housing conditions deteriorate to a corresponding degree. (Newsholme, 1908, p. 148)

In its astute observation of the social causes of disability, *Jude* clearly demonstrates the materialist elements of a social model of disability described later by disability theorists like Bill Hughes and Mike Oliver.<sup>320</sup>

For both Jude and Ippolit, the sickroom becomes a chamber of horrors in which the helpless invalid is held captive while the outside world penetrates in its

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<sup>320</sup> See Mike Bury, 'Defining and Researching Disability: Challenges and Responses', in *Exploring the Divide: Illness and Disability*, ed. by Colin Barnes and Geoff Mercer (Leeds: Disability Press, 1996), pp. 17-38 (p. 25). See also Holmes (2004), p. 33, on the impact of the 1834 Poor Laws.

most unhelpful and even perversely tormenting forms. Jude's death-chamber exemplifies the most mundane domestic interpretation of the permeable cell, highlighting the unreliability of the family unit on which society forces him to be dependent. While his wife cavorts on the riverbank, securing her next husband, Jude awakes in the hot empty house:

Nothing but the deserted room received his appeal, and he coughed to exhaustion again – saying still more feebly: 'Water – some water – Sue – Arabella!'

The room remained still as before. Presently he gasped again: 'Throat – water – Sue – darling – drop of water – please – O please!'

No water came, and the organ notes, faint as a bee's hum, rolled in as before. (6. XI, p. 403)

Jude's deathbed is a distressing contrast with the reassuring, painless deathbed of sentimental consumptive Smike in *Nicholas Nickleby*. Rather, Hardy seems to depict the kind of palliative care Heathcliff recommends Catherine gives his consumptive son in *Wuthering Heights*: 'walk out of the room! [...] lock him up and leave him' (II. XVI, p. 259). There is no sentimental domestic refuge. Jude's pleading for water suggests that the home is penetrated by the indifference of the parched world outside, from whence the music 'rolled in as before'. Indeed, this indifference begins to seem like deliberate malice when Jude is subjected to not only the summer heat but also the crowing of the triumphant (or at least indifferent) graduates discussed earlier (6. XI, p. 403).

This sense of malicious invasion is taken to its most fantastical (and potentially apolitical) extreme in *The Idiot*. Ippolit suffers feverish nightmares of a hideous 'scorpion'/'reptile' creature that scuttles into his bedroom, 'touching my hair with its tail' (III. 5, p. 374).<sup>321</sup> He explains that 'what worried me most was who could have sent it into my room, what they meant to do with me, and what was the meaning of it all' (III. 5, p. 374). He is also enraged by a hallucinatory vision of the brutish merchant Rogozhin in his locked sickroom:

'No sooner did I think of being afraid than I suddenly felt as if a piece of ice had been passed across my body: a cold shiver ran down my spine and my knees trembled. At that very moment, as though guessing that I was

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<sup>321</sup> Ippolit's scorpion nightmare in III. 5 is interesting in the context of his failed suicide and his flirtation with the Apocalypse. The sinners in Revelation 9. 5-6 also suffer invertebrate-angst: 'their torment was the torment of a scorpion, when he striketh a man. And in those days shall men seek death, and shall not find it; and shall desire to die, and death shall flee from them'. Richard Peace, p. 123, makes the same observation.

afraid, Rogozhin [...] began opening his mouth as though he were going to laugh; he looked straight at me.' (III. 6, p. 394)

Both monsters anticipate and respond silently to Ippolit's thoughts and fears, touching him intimately and even making his body respond to their presence in turn.<sup>322</sup>

Yet how do these products of his diseased imagination demonstrate a social model of disability? I would suggest that Ippolit's paranoid obsession with his persecutors' intentions – 'what they meant to do with me' – is shown to be generated by his lonely social marginalisation, as well as by his exaggerated sense of physical vulnerability and impotence in a hostile world. To return to its more mundane function as a prison for the consumptive too sick to walk out, both novels depict the sickroom's isolation as self-perpetuating, as the lonely consumptives lose the ability to converse coherently with others. Ippolit says:

'But do you know I am not yet eighteen: I have lain so long on that pillow and have looked so long out of that window, and thought so much – about everyone – that – A dead man has no age, you know. I thought that last week when I woke up in the night.... Do you know what you are afraid of most of all? You're afraid of our sincerity most of all, though you despise us! I thought that, too, lying on my pillow at night.' (II. 10, p. 284)

Ippolit's disconnected speech shows that he speaks without expecting an answer. He has 'thought so much – about everyone', but they have not thought about or communicated with him. Through this jumbled monologue, we may glimpse Ippolit's loneliness and confusion 'lying on my pillow at night' and staring 'out of that window' which, significantly, faces a blank brick wall.

In the context of the consumptive's exclusion from dialogue, the intimate, unspoken physical responsiveness Ippolit shares with his imaginary monsters begins to seem – quite pitifully – like wishful thinking. Indeed, Ippolit seems to generate the Rogozhin-apparition's intimate communication with his body as a solution to feeling 'very much hurt and exasperated by his silence. Why wouldn't he speak?' (III. 6, p. 393) – a perverse and pathetic solution that is especially terrifying for the physically helpless consumptive.

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<sup>322</sup> Sarah Young, 'Holbein's *Christ in the Tomb* in the Structure of *The Idiot*', *Russian Studies in Literature*, 44 (Winter 2007-8), 90-102 (96), remarks that 'Rogozhin's is not the post-God, postrational, Nietzschean world inhabited by Ivan Karamazov but rather a pre-God, pre-rational, bestial world where ethical and social concepts have not yet been laid down.'

Jude, too, feels obliged to explain his disjointed speech, telling Mrs. Edlin ‘don’t be frightened at my rambling – I’ve got to talking to myself lying here so many hours alone’ (6. X, pp. 399-400). Bailin points out that sentimental models of disability celebrate the invalid’s dependency as facilitating emotional exposure and communication, and the sickroom as ‘a privileged site of untroubled intimacy’ (Bailin, p. 22). Yet, when Arabella deceives Jude:

His physical weakness was such that he shed tears at the disappointment when she was not there to see. His suspicions were, in fact, well founded. Arabella, like other nurses, thought that your duty towards your invalid was to pacify him by any means short of really acting upon his fancies. (6. VIII, p. 386)

Jude is clearly distressed by Arabella’s exploitation of his weakness as much as by the weakness itself; he is also distressed by her pathologisation and subsequent marginalisation of his rationally articulated needs as irrational, feverish, ungrateful ‘fancies’. Most importantly, Jude attempts to hide his humiliation by crying ‘when she was not there to see’; unlike the early-Victorian invalids discussed by Bailin, Jude is forced to shy away from emotional openness in a vain attempt to protect himself from further abuse and humiliation.

Just as Arabella dismisses Jude’s attempts to communicate, forcing him to withdraw, Ippolit is marginalised in conversation, mocked and insulted, patronised by the novel’s hero, and repeatedly ordered to stop talking and go to bed:

‘He’s dying, but he’s still making speeches!’ exclaimed Mrs Yepanchin, letting go of his arm and looking almost with horror at the blood he wiped from his lips. ‘You shouldn’t be talking. You ought to go home to bed.’ (II. 9, p. 275)

‘Ippolit,’ said the prince, ‘please close your manuscript and give it to me, and go to bed here in my room. To-morrow, we can have a talk before bed-time, but on the condition that you never open those pages again. Will you do so?’

‘How can I?’ said Ippolit, looking at him in amazement. (III. 5, p. 376)

Prince Myshkin assumes an air of firm but polite reasoning to persuade Ippolit to go to bed; however, as Myshkin does not yet know what the manuscript contains, the severity of his request that Ippolit ‘never open those pages again’ is absurdly despotic. Throughout the novel, Ippolit insists on his right to be seen and heard in

public, outside the proper consumptive realm of the sickroom, only to be shunned and forbidden at every turn.

In the face of such hindrances, how might the marginalised consumptive speak out about their biomedical affliction and social disability? Can the angry consumptive become a disruptive force? Although Ippolit accepts the biological ‘necessity’ of his illness and extinction, he asks ‘what has my humility to do with it? Can’t I simply be devoured without being expected to praise that which has devoured me?’ (III. 7, p. 397). The rejection of humility as a response to biomedical affliction and social persecution is dramatised in *Jude*, too, by Sue’s and Jude’s tragic divergence. Through Sue, Hardy criticises Christian humility as masochism:

‘I wish my every fearless word and thought could be rooted out of my history. Self-renunciation – that’s everything! I cannot humiliate myself too much. I should like to prick myself all over with pins and bleed out the badness that’s in me!’ (6. III, p. 345)

Sue’s masochism leads Jude to ‘hate Christianity, or mysticism, or Sacredotalism, or whatever it may be called, if it’s that which has caused this deterioration in you!’ (6.III, p. 350). Humility in suffering is self-renunciation or, as Sue makes clear, self-hatred. Already ill, Jude maintains this rejection of humility even on his deathbed.

Having discovered that Christian humility is a grossly inappropriate response to the tarantula-god that produces tuberculosis, Ippolit is set free to ask:

‘What sort of morality is it that demands not only your life but also the last death-rattle with which you surrender the last atom of your life, listening to the consoling words of the prince [Myshkin] whose Christian arguments are bound to come to the happy conclusion that, as a matter of fact, it is much better that you should die? (Christians like him always come to this conclusion: it’s their favourite obsession.) [...] Oh, I know very well how much the prince and all of them would have liked me, instead of delivering myself of these “insidious and wicked” speeches, to sing, for the sake of decency, and the triumph of morality, the famous classical stanza of Millevoix –

*O, puissant voir votre beauté sacrée  
Tant d’amis, sourds à mes adieux!  
Qu’ils meurent pliens de jours, que leur mort soit pleurée,  
Qu’an ami leur ferme les yeux!*<sup>323</sup>

<sup>323</sup> According to Alan Myers, ‘Explanatory Notes’ to Fyodor Dostoevsky, *The Idiot* [1868], ed. by Alan Myers (Oxford: Oxford University Press, 1998), p. 656, ‘actually the misquoted original is by the French poet Nicolas Gilbert (1751-1780): ‘Oh, let them see thy holy beauty/ Those

‘But believe me, believe me, my dear innocents, that even in these highly edifying lines, in this academic blessing to the world in French verse, there is hidden so much bitterness, so much unreconcilable, self-deluding malice that the poet himself perhaps fell into the trap and took that malice for tears of tender emotion and died in that belief – God rest his soul!’  
(III. 7, pp. 396-97)

Ippolit rejects not only gratitude and humility as responses to suffering, but also the cultural representation of these responses. Crucially, he suggests that consumptives themselves can be victims and perpetrators of cultural myths – deluded while deluding themselves and others. Ippolit also asserts that the nondisabled positively endorse deluding, self-deluded consumptive texts ‘for the sake of decency, and the triumph of morality’. Ippolit claims, quite rightly, that other characters in the novel resent and fear his “‘insidious and wicked” speeches’ on the rejection of Christian humility:

‘[Ippolit]’s a screw!’ shouted the general. ‘He bores into my heart and soul! He wants me to believe in atheism! [...] And you, [Ippolit], you’re just an envious little worm, cut in half, a coughing worm, sir, who – who is dying of spite and unbelief’. (IV. 2, p. 455)

The old general’s fear that Ippolit has infected him with ‘atheism’ is justified by the fact that his mind has certainly become infected with the malicious invertebrates that haunt Ippolit’s own nightmares: this worm ‘bores into my heart and soul!’ Ippolit has become an effective missionary for anger, indignation, ‘unbelief’, and his monstrous vision of the world. Arguably, he even defeats the novel’s Christian hero:

‘All right, tell me, please, what do you think would be the best way for me to die? I mean, so that it should appear most virtuous? Come, tell me!’

‘Pass by us and forgive us our happiness,’ said the prince in a low voice.

‘Ha, ha, ha! I thought so! I certainly thought something of the kind!’  
(IV. 5, pp. 500-501)

Ippolit is clearly being sarcastic in asking Myshkin’s advice; he refers to virtue as cynical performance, rather than as a sincere spiritual undertaking or a credible response to a hostile society and biomedical tarantula-god. Myshkin’s ‘low voice’ is almost certainly meant to convey his calm reasonableness and

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friends deaf to my departure!/ Let them die full of years, let their death be mourned,/ Let some friend close their eyes!’

expose Ippolit, yet again, as feverish and silly. In his notebooks for the novel, Dostoevsky wrote:

The main point. N. B. The Prince has not once given way to Ipolit [sic] and because of his insight (which Ipolit himself has experienced and which sets him wild) and because of his gentleness to him, he reduces him to despair. The Prince overwhelms him by his truthfulness.<sup>324</sup>

A disability reading of the novel offers an entirely different interpretation: Myshkin's 'low voice' suggests not gracious victory but pathetic defeat. His only advice for Ippolit is to 'pass by us': stop talking, stop suffering in public, stop proselytizing the tarantula-god and the rage and indignation with which one must face this injustice. In both novels, traditional Christian humility has nothing to offer the radicalised consumptive.

### Conclusion

In these novels, the jarring juxtaposition of the primordial and the modern creates protesting consumptives that are hapless human conduits *for* and soulless, dehumanised embodiments *of* extinction. Unlike *Wuthering Heights*, which disrupts traditional essentialist disabled identities by enveloping the consumptive in a chaotic mass of historically disparate meanings, *Jude* and *The Idiot* achieve this disruption by exploiting specific points of transition in a more ordered, historicised sequence of discursive models. Perhaps unsurprisingly, given their awareness of Darwinism, both texts depict the new biomedical model's capacity to change human beings through successive generations, culminating in sick children that shed their humanity and evolve to embody the natural processes at which their elders balk. Furthermore, for Jude and Ippolit alike, there is no escape from this evolution, and no going back.

Experiencing the sickroom as a space of oppression, where communication is impossible and vulnerability invites violation rather than tenderness, these two increasingly indignant consumptives seem to identify the 'ground zero' of consumptive disability. If resistance can occur anywhere, it must acknowledge the peculiar problems of this space – especially the invalid's lack of control over communication with the domestic and wider social space outside.

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<sup>324</sup> Fyodor Dostoevsky, *The Notebooks for The Idiot* (1867-69), ed. by Edward Wasiolek; trans. by Katherine Strelsky (Chicago and London: University of Chicago, 1967), p. 237.

In the final chapter of my thesis, I will discuss a novel that alters the boundaries of the sickroom by depicting an entire town full of invalids. *Ships That Pass in the Night* (1893) ruthlessly exposes the power dynamics between invalid and carer and explores new forms of communication between disabled and nondisabled people – especially when there is no going back to conventional Christian submission.



## Chapter 5

### Valid Invalid Identity in *Ships That Pass in the Night* (1893)

Neurasthenic, consumptive, penniless, without birth or background, a half-century ago he would have lain in rags in the corner of an alley, coughing his lungs on to the cobblestones. What had he to offer? [...] Perhaps somewhere a drab, a slattern, another human casualty, might drift his way, become attached to him as independent bits of refuse attract each other on the same dirty patch of ocean...

A. E. Ellis, *The Rack* (1958)<sup>325</sup>

### Introduction

Beatrice Harraden's *Ships That Pass in the Night* is a love story set in an Alpine 'Kurhaus' for invalids. Once enormously popular, dramatised in remote corners of America and translated into several languages, including Braille (appropriately enough for a novel that celebrates communication between disabled and nondisabled people), *Ships* is rarely read now, and so requires a brief synopsis.<sup>326</sup> The heroine, Bernadine Holme, represents a recognisable type of New Woman: unmarried, educated, ambitious, actively engaged with contemporary political movements, and censorious of social conventions regarding interaction between the sexes. To her great dismay, she suffers a break-down from overwork and retires to an Alpine resort for invalids, where she becomes acquainted with a wealthy, talented, but obnoxious and emotionally-withdrawn invalid called Robert Allisten. Although he is a self-identified career-consumptive, Robert has hitherto refused to engage with the disabled community he inhabits, merely awaiting an opportunity to commit suicide. Together, Bernadine and Robert explore the possibility of rebuilding the thwarted, tragically wasted disabled life as a valid identity with potential for growth and development. In the permissive Kurhaus environment, their romance hints at a new model of interaction between

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<sup>325</sup> A. E. Ellis, *The Rack* (1958; repr. London: Penguin Books, 1988), I.12, p. 113. A. E. Ellis is the *nom de plume* of English writer Derek Lindsay (1920-2000), who underwent treatment in a Swiss sanatorium as a student in the 1940s; too ill to attend in person, he submitted a report to *Tuberculosis and the Commonwealth: the full verbatim transactions of the Second Commonwealth and Empire Health and Tuberculosis Conference* (National Association for the Prevention of Tuberculosis [NAPT], 1949), pp. 238-242.

<sup>326</sup> See Beatrice Harraden, *Concerning 'Ships That Pass in the Night'* (London: S.S. McClure, [1894]), pp. 5-6. According to her obituary, 'Miss Harraden', *The Times*, 6<sup>th</sup> May 1936, p. 18, *Ships* was 'said to be the only book found in the room of Cecil Rhodes when he died.' Rhodes (1853-1902) became consumptive aged sixteen; see Dormandy, pp. 122-123.

the sexes. However, Robert remains incapable of confessing his love for Bernadine and she returns to London unaware of his feelings. He writes an effusive love-letter but destroys it unsent. Rather than committing suicide as planned, Robert finally follows Bernadine to London; they begin to reveal their feelings for one another, but Bernadine is killed suddenly in a road accident. After this abrupt, inexplicable tragedy, Robert returns to the Kurhaus alone to an unknown fate, his life nonetheless validated by their love.<sup>327</sup>

The novelist herself is now almost as obscure as the novel that once made her famous. Beatrice Harraden (1864-1936) was educated at Cheltenham Ladies' College and received a degree in Classics and mathematics from the University of London in 1884.<sup>328</sup> In 1888 Eliza Lynn Linton (1822-1898) became her 'literary godmother', despite Lynn Linton's opposition to the female education and suffrage causes to which Harraden was committed throughout her life.<sup>329</sup>

*Ships* was Harraden's first novel; her earlier tale, 'The Mathematical Master's Love Story' (1892), is evidently a precursor to *Ships* in its depiction of romance between an emancipated young woman and a consumptive man, while her later volume of two stories, *Hilda Strafford, and The Remittance Man* (1897), continues the theme of romance redefined by illness and unconventional gender relations. Harraden suffered from 'a complete failure of the ulnar nerve' affecting her right hand and leaving her unable to write much of the time.<sup>330</sup> She stated that Petershof was based on her own experience of the invalid resorts she visited for her health (Harraden, 1894, p. 2). However, the precise interaction between her own experience of impairment, her politics, and her fiction is unclear – especially

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<sup>327</sup> A review of *Ships That Pass in the Night* in *The Bookman*, 4: 19 (April 1893), 27, states that 'the story is distinctly of the present day', and bewails 'the cloying morbidity which, unfortunately, is the strongest impression left by the book.'

<sup>328</sup> See Fred Hunter, 'Beatrice Harraden', <http://www.oxforddnb.com/view/article/33720> (accessed 8<sup>th</sup> June 2009), and 'Miss Beatrice Harraden', *Review of Reviews* (June 1897), 596. 'Women – Their Ways and Doings: An Authoress on Woman Suffrage', *Reynolds's Newspaper*, 8<sup>th</sup> July 1894, p. 2, quotes Harraden stating 'there should be no more sex in politics than exists in literature or art. I do not look for any great industrial benefits from Universal Suffrage. Intelligent women are not scarce any longer, and I would like to know if the ballot in the hands of intelligent women could be as mischievous as in the hands of yokels and of pauper immigrants.' Harraden was a member of the militant Women's Social and Political Union. According to 'Political Notes', *The Times*, 21<sup>st</sup> March, 1902, p. 8, she was a speaker for the deputation of women graduates petitioning Parliament for suffrage.

<sup>329</sup> Beatrice Harraden, 'Mrs Lynn Linton', *Bookman*, 14: 83 (August 1898), 124-125 (124). See also Nancy Fix Anderson, *Woman Against Women in Victorian England: a Life of Eliza Lynn Linton* (Bloomington and Indianapolis: Indiana University Press, 1987).

<sup>330</sup> 'Miss Beatrice Harraden', *Bookman*, 4: 22 (July 1893), 108.

in her use of illness to dismantle traditional gender roles in readiness for feminist reconstruction.

An 1897 article on Harraden states that:

The writings of Shelley and of Ibsen, with their note of freedom for woman and due recognition of her true place in the economy of nature, appeal strongly to Miss Harraden, the keynote of whose character is, as we have before said, a love of freedom and a hatred of the unmeaning and useless conventionalities of society. ('Miss Beatrice Harraden', 569)<sup>331</sup>

Otherwise, the specific feminist influences that led to the writing of *Ships* are obscure: most of Harraden's recorded involvement with feminist activities occurred later.<sup>332</sup> The insertion of parables in *Ships* suggests the influence of Olive Shreiner's proto-feminist novel *The Story of an African Farm* (1883), but *Ships* differs from this and from subsequent New Women novels like Sarah Grand's *The Heavenly Twins* (1893) or Grant Allen's *The Woman Who Did* (1895) in its lack of interest in sex in or outside marriage, its disregard for motherhood (eugenic or otherwise), and its non-moralistic portrayal of the heroine's accidental death.

Perhaps the most consistent characteristics of Harraden's feminism – especially visible in chapter XVII of *Ships* – are her faith in the radical potential of communication between emancipated women and hostile men (or ignorant women), and her insistence on appreciating the struggles of one's precursors however alien and unpalatable their antics may seem. These preoccupations are apparent in her defence of Lynn Linton's courage as a 'pioneering' woman in the context of the 1850s (1898, 125), in her suffragette play *Lady Geraldine's Speech* (1911), and in her 1926 retrospective article 'My Liberty'. Here, Harraden states that:

Friendships and comradeships with men have been some of my great pleasures, for although an ardent feminist, I have never, in the whole of our exciting suffrage campaign, either been or felt 'anti-man'. I have

<sup>331</sup> See Holbrook Jackson (1913), pp. 252-257, on the performance and reception of Henrik Ibsen's plays in London between 1889 and 1892.

<sup>332</sup> While the *Manchester Guardian*, 20<sup>th</sup> June 1899, p. 9, and 18<sup>th</sup> June 1901, p. 7, places Harraden at the annual Women Writer's Dinner, her involvement with this group prior to *Ships* is not apparent. See Linda Hughes, 'A Club of Their Own: the "Literary Ladies", New Women Writers, and Fin-de-Siècle Authorship', *Victorian Literature and Culture*, 35 (2007), 233-260 (253). In 'Annie Besant', *Bookman*, 82: 487 (April 1932), 37, Harraden recalls that she 'was on the platform' with Besant in 1886 'when she was espousing the cause of the match girls', but that she had 'never been under [Besant's] sway nor in direct contact with her.'

always felt that what we were up against was the stubbornness, the granite conservatism, the bedrock selfishness of men – ministered to by women – but not up against an unassailable antagonism. I remember leaving in anger the house of a very dear and valued friend because of his insulting remarks on something which seemed to him to be the last word in degradation and dishonour [...] – nothing less or more than a suffrage procession of women graduates in their robes! But even he learnt – chivalrously, too, and generously; and down came his fortress with a crash, demolished by common sense.<sup>333</sup>

Could this incident have been the inspiration for Bernadine's argument with Robert in chapter XVII, discussed later, and his subsequent acceptance of Bernadine's ideals? Harraden also expressed faith that the wild girls of the 1920s would make 'their gradual, their inevitable evolution into the fine type visualised by true pioneers of the past' (1926, 111). Her insistence on continuity and on gratitude to ones precursors has radical implications when transferred to her exploration of developing disabled identities in *Ships*.

Like the elusive novelist, the Alpine 'Kurhaus' of *Ships That Pass in the Night* also presents some difficulties for the modern reader because, with the rise of the biomedical model of tuberculosis, the Kurhaus culture was effectively erased by the sanatorium movement in the first half of the twentieth century and the development of effective chemotherapy for tuberculosis in the second half.<sup>334</sup> Harraden's Kurhaus appears to be a hotel for invalids who engage their own doctors and nurses as desired, rather than a biomedical institution run by medical practitioners and characterised by strict discipline and invasive treatment. Nonetheless, the Kurhaus provides a peculiar social space for exploring relationships between disabled and nondisabled people in a community where impairment, rather than sex, nationality, or class, is the primary marker of identity, and where prescriptions of intimacy and mainstream gender hierarchies are modified by the relationship between carer and invalid.

Harraden's depiction of Robert is characterised by a tension between criticising the contingent social experiences and biological accidents that generate a 'damaged' identity, and validating the unintended identity formed

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<sup>333</sup> Beatrice Harraden, 'My Liberty', *Nash's and Pall Mall Magazine*, 76: 394 (February 1926), 26-27, continued 108-112 (26-27).

<sup>334</sup> See L. Bryder, *Below the Magic Mountain: A Social History of Tuberculosis in Twentieth-Century Britain* (Oxford: Oxford University Press, 1988), and Robert Lindsay in *NAPT* (1949), pp. 238-242.

thereby. Robert's peculiar patterns of speech are crucial in exploring this damaged identity. His vacillation between openness and avoidance of intimacy gains political significance in the context of widespread abuse of vulnerable invalids by their 'care-takers', and especially in the novel's critique of an abusive conventional marriage. The novel explores in detail the difficulty – and desirability – of communication and intimacy between men and women, disabled and nondisabled, powerful and powerless. The successful dialogue finally achieved by Bernadine and Robert is shown to be a personal spiritual triumph with political significance.

*Ships That Pass in the Night's* assimilation of Harraden's own feminist preoccupations provides a clear intellectual and social context for the relatively obscure issues of 1890's disability politics. This context illuminates the novel's critique of power inequalities in the sentimental sickroom and the urgent need for a new form of relationship between disabled and nondisabled people – an urgent need that is shown to mirror contemporary demands for a new form of non-exploitative relationship between the sexes. Approaching a coherent form of identity politics in its suggestion that emancipated women and disabled men may be united by a consciousness of shared oppression and inequality, *Ships* begins to offer a solution to the problems depicted in the other three novels discussed in my thesis, as the feminist Bernadine demonstrates strategies for negotiating social and emotional re-engagement on equal terms. It is Robert's post-sentimental, destabilised consumptive disabled identity that renders him a worthy mate for the emancipated woman, and it is his desirability for the emancipated woman that validates his disabled identity.

### **The limits of biomedicine in the Kurhaus**

In 1893, *Ships* has access to a biomedical model of consumption-as-tuberculosis, questioning earlier religious and Romantic models and even moving through the reductive biomedical conflation of impairment and disability to a more sophisticated social model of disability beyond, locating disability not in the impaired body but in 'the disadvantage or restriction of activity caused by contemporary social organisation which takes no or little account of people who have physical impairments' (UPIAS in Barnes, p. 4).

While, in 1847, Emily Brontë had little reason to imagine a consumptive surviving beyond the end of the novel, the average life expectancy for middle- and upper-class consumptives increased from an estimated three years in 1835 (Clark, p. 177) to seven or eight years in 1894 (Newsholme, 1908, pp. 49-50), offering Harraden new possibilities for representing viable consumptive disabled identities. Harraden chooses to assimilate new biomedical facts unproblematically as the reality of consumptive life, rather than ignoring biomedical facts and clinging to old religious models of consumptive identity, based on the early modern Protestant 'Good Death', as a truth above and beyond empirical evidence (Lawlor, pp. 35-38).<sup>335</sup> In *Ships*, Robert's death never seems imminent: 'he always looked very ill, but he did not seem to get worse.'<sup>336</sup>

Harraden identifies important Romantic consumptive traits, only to dismiss them in the light of her assimilation of mundane biomedical observation. Robert has:

nothing striking nor eccentric about his appearance. He was neither ugly nor good-looking, neither tall nor short, neither fair nor dark. He was thin and frail, and rather bent. But that might have been the description of anyone in Petershof. There was nothing pathetic about him, no suggestion even of poetry, which gives a reverence to suffering, whether mental or physical. As there was no expression on his face, so also was there no expression in his eyes: no distant longing, no far-off fixedness; nothing, indeed, to awaken sad sympathy. (V, pp. 46-47)

Designating Robert's tubercular physique as commonplace undermines the Romantic literary function of consumption to denote 'specialness' (Bailin, p. 10). As his appearance does not sanctify his suffering or provoke 'sad sympathy' in the onlooker, this suffering is also shown to be devoid of meaning (or, more Romantically, 'poetry') in religious and sentimental models of disability. This supposed void of spiritual meaning is itself an assertion one would associate with

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<sup>335</sup> Other 1890's novels fail to take on these new possibilities: the consumptive professor in Mona Caird's *The Daughter's of Danaus* (1894) dies quite conventionally before the close of the novel; George Gissing, *The Odd Women* (1893), ed. by Patricia Ingham (Oxford: Oxford University Press, 2000), pp. 41-42, implies that single women entering the workforce are dying from consumption in droves, ignoring the fact that young female deaths from tuberculosis fell dramatically in the second half of the nineteenth century – a fall that occurred not in spite, but apparently *because* of their increased earning power (Smith, 1979, p. 289). Robert's unproblematic longevity may also be contrasted with Ippolit's constantly-moving death sentence in *The Idiot*, III. 5, p. 373, which offers a hostile critique of biomedicine's pretensions to precision.

<sup>336</sup> Beatrice Harraden, *Ships That Pass in the Night* (1893) (Leipzig: Bernhard Tauschnitz, 1894 'continental edition'; facsimile repr. [n.p.]: Kessinger, 2007), V, pp. 45-46.

the biomedical model, but the conspicuous objectification of attributing meaning (and of stripping meaning away) identifies Harraden's as a more radical meta-analysis of cultural representations of consumption and disability.

In *Ships*, the reach of biomedicine is carefully limited. Like the other novels discussed in my thesis, *Ships* can exemplify the liberating possibilities of the biomedical model emergent rather than labouring under the oppressive realities of the biomedical model triumphant. As such, it also marks the historical limit of these distinctively Victorian disabled identities and communities that could not withstand the pervasive cultural pathologisation of deviant bodies in the early twentieth-century sanatorium regime.

The 1890's Kurhaus cannot utilise invasive surgery or chemotherapy, relying instead on the therapeutic powers of its cold dry air and high altitude. For materialistic biomedicine, the limited range of tools with which to intrude on the patients' bodies seems to indicate a corresponding limitation on the will to pathologise, categorise and segregate diseased individuals. Petershof 'was a winter resort for consumptives, though, indeed, many people who simply needed the change of a bracing climate went there to spend a few months' (III, p. 20). Bernadine seems to be one of the latter, yet she is accepted by the consumptives as a 'comrade' (XX, p. 224) despite her very different biomedical diagnosis and prognosis.

Life in Harraden's Kurhaus is characterised not only by the absence of intrusive medical regimes and surgery, but also by the absence of the fear of contagion – a fear that dominated twentieth-century approaches to handling consumptives.<sup>337</sup> In the 1890s, the stigma of contagion was so slight as to justifiably escape discussion in Harraden's novel. Although in 1893 Squire declared 'no other person should occupy the same bed with a consumptive', and 'kissing should be avoided between the patient and other members of the family', he insisted that, overall, 'there need be no restrictions as to intercourse with the invalid' (pp. 130-132). Robert and Bernadine have no reason to kiss or share a bed; Harraden therefore avoids any problems the conscientious 1890's consumptive might face.<sup>338</sup>

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<sup>337</sup> See Dormandy, p. 312, and NAPT (1949), p. 287.

<sup>338</sup> Winifred Holtby's novel *The Land of Green Ginger* (1927) would later address these problems but, as with *The Rack*, the twentieth-century's deeply intensified fears of contagion, and strictly

*Ships* attempts to naturalise a disabled identity and disabled community with realisable positive potential. Ideally, nineteenth-century health resorts could offer consumptives a congenial environment where they lived among people with similar experiences and expectations rather than being isolated in a world unwilling to meet their needs. In 1897, Harraden contributed to a travel guidebook for invalids, in which she predicts the development of public spaces in San Diego, California, to suit its large consumptive population, with ‘green resting-places and plenty of shade and a generous supply of easy benches’.<sup>339</sup> The wheelchair-accessible Invalid’s Walk in Bournemouth allowed Victorian consumptives to escape the seclusion of their sickrooms and see each other.<sup>340</sup> Beardsley’s letter about his fellow invalids in Mentone, quoted in Chapter 2 (p. 95), illustrates the importance of these encounters: the health resort seems to minimise the consumptive’s disability by eliminating the stigma of impairment and allowing invalids to see that everyone else ‘looks like a corpse’ too, ‘and yet lives on and does things’.<sup>341</sup>

Nonetheless, as discussed in Chapter 1, American health resorts in the 1890s had some of the highest suicide rates in the world (Rothman, 1995, p. 166). If a community is defined by impairment then the only trait its members necessarily have in common is sickness, symptoms, and a shared grievance of exclusion. In 1893, Squire complained that:

It is one great drawback of all fashionable health-resorts that invalids form a large proportion of the visitors. A collection of invalids is always somewhat depressing, but could they forebear to discuss their own ailments with others one great objection to these establishments would be removed. (p. 177)

Although *Ships* depicts one suicide and one consumptive contemplating suicide, Harraden makes light of Squire’s ‘great objection’, subjecting the invalids’ obsession with their ailments to a gentle mockery at most: they are ‘humdrum

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contemporary issues of institutionalisation and war veterans with TB, make direct comparison with *Ships* impossible.

<sup>339</sup> William A. Edwards and Beatrice Harraden, *Two Health Seekers in Southern California* (Philadelphia PN: J. B. Lippincott, 1897), p. 27.

<sup>340</sup> John Walker, *A Walk Around Central Bournemouth* (Bournemouth: the author, 2006), p. 7. Invalid’s Walk is now called Pine Walk.

<sup>341</sup> Beardsley to Raffalovich, (13<sup>th</sup> December 1897), pp. 406–407. See also Sheila Rothman (1995) and Gary Roberts (2006) on camaraderie between consumptives in American health resorts.



but harmless' (*Ships* XII, pp. 127-128). Nonetheless, in Robert's pointed rejection of the disabled community, *Ships* contains an implicit critique of the traditional health resort:

He had never been known to make the faintest allusion to his own health. He never 'smoked' his thermometer in public; and this was the more remarkable in an hotel where people could leave off a conversation and say: 'Excuse me, Sir or Madam, I must now take my temperature. We will resume the topic in a few minutes.'

He never lent any papers or books; and he never borrowed any.

He had a room at the top of the hotel, and he lived his life, amongst his chemistry books, his microscope, and his camera. He never sat in any of the hotel drawing-rooms. (V, pp. 45-46)

Despite Robert's ostensible acceptance of modern science and biomedicine, suggested by his hobbies, the presence of his impairment on the page is extremely limited and the narrator indicates that this is Robert's decision. His refusal to 'smoke' his thermometer in public is presented as an unsociable rejection of the disabled community and its customs. Perhaps the wariness Harraden attributes to Robert regarding the validity of a community defined by sickness was informed by her own observation of health resorts (Harraden, 1894, p. 2), or by statements made by invalids she met there but, obviously, this wariness does not constitute a coherent foreboding about what was to happen to this community in the following years.

The significance of the novel's peculiar setting, depicting a disabled community defined by impairment but as-yet unregulated by medical professionals, can be illuminated by comparison with a much later sanatorium novel, A. E. Ellis's *The Rack* (1958), in which the biomedical model has come to dictate every aspect of consumptive life and identity. *Ships* ends with the once-suicidal Robert returning to the Kurhaus 'to live his life out there, and to build his bridge' of emotional re-engagement with the world (2. V, pp. 262-263); *The Rack* ends with the protagonist Paul Davenant gazing at the open window, probably about to make his third suicide attempt. Comparison between the two novels is so disturbing because Harraden's picturesque alpine villages and invalid hotels are still recognisable in 1958. This is, in a sense, the same place and the same story – a suicidal consumptive man seeking redemption through his love for a young woman who recovers and leaves – and yet the consumptive community has been horribly transformed.

This reflects the transformation of the biomedical model itself: biomedicine is present in Harraden's Kurhaus, seemingly benign – and yet, within a few years, it will become a prison: as Jeffrey Meyers (p. 107) observes, many of Ellis's patients are traumatised soldiers and concentration-camp survivors whose torture and dehumanisation has never ended. The disruptive new biomedical model that once promised to liberate consumptives from the tyranny of essentialist sentimental stereotypes has, in the intervening fifty years, been equipped with new weapons for invading the consumptive body and controlling consumptive identity.<sup>342</sup> The implementation of compulsory notification and Sanatorium Benefit in 1912 made the institutionalisation of consumptives both possible and desirable: the sanatorium increasingly dominates discourses of tuberculosis at the expense of any other options for treatment or social support (Newsholme, 1935, p. 262). From the 1920s, consumptives were subjected to dangerous experimental surgery, 'feasibility becoming an adequate, indeed often the main, indication for its performance' (Dormandy, p. 352).<sup>343</sup> The patient's quality of life seems to have been of little importance, and the efficacy and humanity of sanatorium treatment was rarely questioned. One of the few studies to do so, in 1921, discovered that 54% of home- and un-treated 'stage I' patients were 'cured' four years after diagnosis, compared with only 31% of sanatorium 'stage I' patients: consumptives were safer out than in (Smith, 1988, pp. 166-167). Yet the sanatorium movement rolled on with no effective challenge from patients, doctors, or politicians, its claims to scientific infallibility and efficiency made absurd by its failure to mount significant clinical trials until 1959.<sup>344</sup>

In *The Rack*, Ellis depicts the biomedical model of disability carried to its most oppressive extreme. While medical professionals never appear in *Ships*, in *The Rack* they are prominent characters; doctors and nurses turn patients against

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<sup>342</sup> Smith (1988, pp. 244-245) suggests that, in the 1880s, a small group of biomedical 'specialists' began to take control of medical and public health discourses on TB.

<sup>343</sup> See Peter Goldstraw, 'The Surgery of Tuberculosis', in *Clinical Tuberculosis*, ed. by Peter D. O. Davies, 3<sup>rd</sup> edn (London: Arnold/Hodder, 2003), pp. 224-241, for shocking x-rays of sanatorium survivors. Surgeons also removed affected lungs; Dormandy, pp. 358-359, reports a complication rate of 40-70% and a mortality rate of 25-40% 'in centres which troubled to publish statistics'.

<sup>344</sup> In the famous Madras Experiment of 1959, 163 patients were treated with effective new antibiotics. Half were incarcerated in an expensive sanatorium, and half left at home in a poor district of the city, suffering hardship and malnutrition. The experiment demonstrated that, while both groups were cured at around the same rate, the ex-sanatorium patients were more likely to relapse and to suffer severe social problems than the malnourished but undisturbed home-treated patients (Dormandy, pp. 374-375).

each other, deliberately suppressing the development of disabled community, with ‘no talking in the corridors; no visits from friends, relatives, or other patients without signed permission. [...] Sexual activities are strongly discourseled’ (*Rack*, III. 5, p. 314). The effects on interpersonal relationships are made clear: while Robert in *Ships* shyly courts Bernadine by teaching her photography, Paul in *The Rack* expresses his love for Michèle by biting her face (II. 5, p. 191). This dehumanisation permeates *The Rack*’s depiction of the biomedical institution as a machine running out of control, devouring patients and brutalising medical professionals alike – a malevolent structure resembling Ippolit’s tarantula-machine in *The Idiot*.

*Ships* and *The Rack* are mirror images divided by fifty years in which the biomedical model became all-powerful. Each novel unwittingly depicts a consumptive culture on the brink of its abrupt destruction – in 1959, the Madras Experiment would prove *The Rack*’s sanatoria obsolete and even harmful. Yet the thwarting of Robert and Bernadine’s romance, and even Robert’s hostility to the Kurhaus community, cannot be read as a premonition of the soon-to-be perverted promise of the disabled community itself. Rather, it is the novel’s naively confident manipulation of the new biomedical model (soon become so deadly) that makes its disability discourse so promising and yet, in retrospect, so transient and ineffectual.

### **Identity and damage**

Robert suggests that Bernadine’s behaviour towards him is shaped by her perception of him as ‘a Petershof invalid’ (*Ships* XX, p. 228). He exhibits awareness of disabled identity as something attributed to a type of body (‘invalid’) in a social context (in this case, ‘Petershof’): the body and its context are the organising principles by which Robert takes his place in the world.<sup>345</sup>

The biological and social phenomena that make the entity ‘Robert Allisten’ are justifiably portrayed as wrong, diseased, and unjust; like the forces that shape him, Robert is inhuman – sometimes inhumane – and spiritually diseased. According to Robert, the only solution is suicide. His assertion that ‘living is only a long tedious dying’ (XI, p. 121) refers not only to his impairment but also

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<sup>345</sup> See also ‘the Girton girl’ (XVII, p. 195) as a feminist identity constructed in the same terms of body and context.

to the disabling social exclusion that accompanies it. This is not merely failure to produce or achieve anything materially, but a thwarting of 'expressing one's energies, either in one direction or another' (p. 121): that is, the frustration and stifling of self-realisation, and the agonising awareness of oneself as helpless and marginalised. These biological and social pressures consign him to the identity of 'Petershof invalid' and then label that identity illegitimate – a condemned-hold in which Robert merely awaits execution.

Robert's impairment and social disability represent a form of 'damage' which has become an unavoidable fact of his existence. Acknowledgement of disabled identity as one generated through damage is, of course, highly problematic, even when one locates the source of damage in avoidable social oppression rather than in bodily impairment. According to Paul Abberley, in many modern cultural representations of disability:

whilst his/her 'primary identity' [...] resides in disability, the legitimacy and value of this identity is simultaneously denied. Whether it is perceived as 'tragic' or 'brave' a total identity of the person and the disability is assumed – but at the same time the disabled state is taken for granted as necessarily illegitimate. (1987; 1997, p. 171)

In this scenario, the identity born of damage is a false identity – an invalid dead-end in which the victim is doomed to live out their spoiled life, always wondering what might have been. Indeed, in *Ships*, the narrator briefly adopts the gossipy tone of Robert's unperceptive neighbours to remark that his rare smile 'made one pause to wonder what could have been the original disposition of the Disagreeable Man before ill-health had cut him off from the affairs of active life' (V, p. 45).

Yet, if Robert is to develop any legitimate identity, it must emerge from this stew of damage and not from some lost pre-impairment self. Leonard Kriegel observes that 'the condition addressed in the biography of the cripple is a denial of the life one had originally envisioned for himself' (1987, p. 43): to narrate the disabled person's actual life is to give it status as the 'real' life above the life that might have been had not impairment and social disability intervened, and to acknowledge the damaged personality as a living identity with potential for development and growth.

The 'denial of the life one had originally envisioned for himself' is a vital component of Robert's own concept of disabled identity. At the beginning of the novel, he declares of human nature that 'we end by being content to dig a hole, and get into it' (I, pp. 11-12), thus characterising adjustment to one's circumstances as a process of degradation. Later, however, he describes this process in a way that invites another interpretation:

'Nothing can be of much happiness to me,' [Bernadine] said, half to herself, and her lips quivered. 'I have had to give up so much: all my work, all my ambitions.'

'You are not the only one who has had to do that,' he said sharply. 'Why make a fuss? Things arrange themselves, and eventually we adjust ourselves to the new arrangement. A great deal of caring and grieving, phase one; still more caring and grieving, phase two; less caring and grieving, phase three; no further feeling whatsoever, phase four. Mercifully I am at phase four. You are at phase one. Make a quick journey over the stages.'

He turned and left her, and she strolled along, thinking of his words, wondering how long it would take her to arrive at his indifference. She had always looked upon indifference as paralysis of the soul, and paralysis meant death, nay, was worse than death. (III, p. 23)

Robert does not describe disabled identity springing into existence at the moment of medical diagnosis, nor as a state of paralysis; rather, he describes the generation of disabled identity as a psycho-social process with identifiable stages. The content of these 'stages' is, of course, bitterly negative, but the structure of the process hints at the potential for progress and development. Unlike Robert's smoothly rolling process, Bernadine's fixed obsession with 'all my work, all my ambitions' – an obsessiveness emphasised by the repetitive structure of the sentence – seems to denote stagnation, continuing even after Robert has plotted her trajectory and moved on: she, not Robert, is currently paralysed. Perhaps the most important aspect of Robert's proposed trajectory of stages is that Harraden later demonstrates that 'phase four' is not a terminal point but merely another stage on an ongoing journey.

### **Disability and romance**

*Ships* advocates a development and validation of disabled identity through relationships. Robert questions the importance of relationships through his criticism of commonplace preoccupations with life after death, despairing that

people only want to know ‘our beloved ones – shall we meet them, and how? Isn’t it pitiful? Why cannot we be more impersonal?’ (XVII, p. 205). However, Bernadine says:

‘There was a time when I felt like that; but now I have learnt something better: that we need not be ashamed of being human [...]. We shall go on building our bridge between life and death, each one for himself. When we see that it is not strong enough, we shall break it down and build another.’ (XVII, pp. 205-206)

Bernadine recognises her own progression and re-evaluation of the conditions of validating identity. The fact that she adopts and modifies Robert’s description of disabled identity progressing in stages effectively demonstrates that identity does indeed evolve through intimacy. She also gently challenges Robert’s pessimism. Crucially, her new validation of the individual is not conditional on success:

‘the greatest value of them all has been in the building of them. It does not matter what we build, but build we must; you, and I, and every one.’

‘I have long ceased to build my bridge,’ The Disagreeable Man said.

‘It is an almost unconscious process,’ she said. ‘Perhaps you are still at work, or perhaps you are resting.’ (XVII, p. 207)

Bernadine describes a validating relationship which allows the obnoxious consumptive’s bitterness, withdrawal, and repulsion of others as a perfectly acceptable stage in the bridge-building process: even when Robert appears to have withdrawn into ‘paralysis of the soul’ (III, p. 23), he is in fact ‘still at work’. Indeed, the withdrawal may represent a period of recuperation made necessary by the damaging effects of social marginalisation. *Ships* demonstrates a positive approach to evaluating disability history – and especially to evaluating problematic discussions of what constitutes ‘positive’ representation of disabled characters (see Kent, p. 62). Robert is an ostensibly ‘negative’ disabled Victorian who is in fact ‘still at work’, or merely ‘resting’ (XVII, p. 207) on the evolving journey towards validation.

Any relationship involving Robert must find some way to accommodate the damage that constitutes his identity, either by pathologising it, and so risk dismissing him as damaged beyond repair, or by rationalising his damage as a legitimate reaction to social pressures on people with impairment in this society. Paul K. Longmore criticises conservative twentieth-century ‘dramas of adjustment’ that stubbornly ignore the common tendency for nondisabled people

to reject disabled people as lovers, and so depict disabled characters being excluded from romance only by their own blameworthy paranoia and bitterness (1987, p. 73). Admittedly, Robert's unsent love letter to Bernadine is a testimony to his paranoid anticipation of rejection, stating 'it is not I who may hold you in my arms. Some strong man must love and wrap you round in tenderness and softness. Would to God I were that strong man!' (XX, pp. 231-232).<sup>346</sup> His repeated references to a 'strong man' who Bernadine must choose over him are peculiar because Harraden never presents Bernadine or the reader with this 'strong man' as a rival love-object – unlike, for example, Henry James's *The Portrait of a Lady* (1881), Anton Chekhov's *The Story of a Nobody* (1893) and even *Wuthering Heights*, where the heroine's choice between the disabled and nondisabled man is a central feature of the romance plot and of the loser's subsequent invalidation as a masculine lover. Perhaps the only time Robert's letter succeeds in undermining our confidence in him as a lover is his description of the strong man's ability to 'wrap you round in tenderness and softness' – a description almost calculated to expose the inadequacy of Robert's 'thin and frail, and rather bent' (V, p. 46) consumptive body. Otherwise, his imaginative construction of a rival lover seems unnecessarily paranoid.

However, unlike Longmore's 'dramas of adjustment', Robert's letter implies that cultural pressures do justify his anticipation of rejection. His initial refusal to love because it 'will not do me any good, nor her any good' (XX, p. 225) suggests that he has internalised a Utilitarian or goal-orientated notion of love that forbids any relationship that fails to promise consummation. His statement that 'in my state of health, what right had I to think of marriage, and making a home for myself?' (p. 225) echoes the accusations of selfishness Henry Smith makes in his *Plea for the Unborn* (1897, pp. 27, 40 and 101) to invalidate consumptives' marital ambitions.

As demonstrated in Chapter 1, these obstacles to disabled people finding love are not figments of Robert's imagination. *Ships* presents a range of romantic and sexual relationships between disabled and nondisabled people, each functioning conspicuously as a critique on the others. In the Reffolds's marriage, Harraden depicts explicitly the abuse and rejection that Longmore finds lacking in the

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<sup>346</sup> Although Bernadine suffers from some unspecified impairment, her social marginalisation is less disabling than Robert's; she is able to leave the Kurhaus while he must stay to survive.

‘dramas of adjustment’ that blame the disabled person’s own ‘negative attitude’ rather than a widespread cultural prejudice against disabled sexuality (Longmore, p. 73). After months of suffering neglect in silence, dying consumptive Mr Reffold finally tells his nondisabled wife:

‘you are a selfish woman. Has it ever struck you that you are selfish?’

Mrs Reffold gave no reply, but she made a resolution to write to her particular friend at Cannes and confide to her how very trying her husband had become.

[...]

‘I remember you telling me,’ continued Mr Reffold, ‘that sick people repelled you. That was when I was strong and vigorous. But since I have been ill, I have often recalled your words.’ (XIII, p. 145)

Mrs Reffold’s confidence in an absent ‘particular friend’ suggests an act of infidelity – in thought if not in act – by exposing intimate aspects of her marriage to an outsider while failing to reply to her husband. Mr Reffold exposes his wife’s uncontrolled revulsion at sick people; ‘repelled’ implies a physical shrinking from the sick body clinging unpleasantly ‘on your hands’ – a shrinking of which he is painfully aware.

In contrast with this dysfunctional marriage, Harraden also depicts a trouble-free romance between a nondisabled woman and Wärlı the ‘hunchback’ postman – a romance that is highly conventional in form, despite its unconventional cast:

There was something very winning about the hunchback’s face.

‘Ah, ah! Marie,’ he said, shaking his curly head; ‘I know how it is with you: you only like people in fine binding. They have not always fine hearts.’ (IV, p. 34)

Wärlı pretends to anticipate rejection in clichéd terms, conveying a paranoia that resembles the portrayal of blameworthy ‘negative attitude’ Longmore criticised in later ‘dramas of adjustment’. However, Harraden goes on to undermine this interpretation as Wärlı flirts with Marie, responding assertively to her attempts to make him jealous of her other admirers: Wärlı is confident that his advances will be acknowledged and even welcomed. His effortless sexual success suggests that the relationship is both legitimate in itself and proof of his legitimate disabled masculinity.

Where does the central romance of Robert and Bernadine fit in the context established by these two contrasting relationships? Arguably, the ostensibly undesirable Robert – ‘neither ugly nor good-looking’, but ‘thin and frail, and



rather bent' (V, p. 46) – is rendered desirable by calculatingly fulfilling several literary erotic fantasies. Like Byron's Giaour and Brontë's Heathcliff, Robert is inhuman and untouchable to all but the right woman, thus promising a flattering exclusivity and the fantasy of saving a lost soul; his physical vulnerability makes him still more accessible. He is glamorously tormented, self-destructive and brooding, but the underlying cause of his brooding (consumption rather than Byronic murder and incest) is familiar and manageable. After withholding explicit judgement on Robert's suicidal plans in chapter XI, leaving Robert's own bleak Byronic despair dominating the reader's sentiments, Bernadine regains control in chapter XII, directing the reader's response towards protective, sympathetic impulses: 'when he told her about the one sacrifice, she could have wished to wrap him round with love and tenderness' (XII, p. 130). Bernadine's response renders glamorous Byronic self-destruction a palatable object of tenderness without entirely precluding its erotic appeal. Harraden exploits Robert's physical impairment and social disability – traits that could have excluded him from the romance plot – to enhance his participation instead.

That Robert is designed to embody popular nineteenth-century literary erotic fantasies is embarrassingly clear. Yet it is also significant that it is a disabled man fulfilling such a transparently sexual role. *Ships* was not published as a piece of esoteric pornography: unlike Beardsley, Harraden does not eroticise physical abnormality *per se*. Rather, *Ships* features a disabled man as the hero of a mainstream and formally conventional heterosexual romance: boy meets girl, misunderstanding occurs, boy loses girl, boy wins girl back. As I will demonstrate below, the peculiar ending, in which girl is crushed to death by wagon, serves as a jarring reminder of the contingent (if not chaotic) nature of life, rather than as a comment on the viability of their relationship.

Despite his justifiable doubts that society will endorse the consummation of his love, Robert begins to feel that his relationship with Bernadine provides him with a legitimate disabled identity, confessing that:

'I have learnt what I knew nothing of before: now I understand what people mean when they say that love adds a dignity to life which nothing else can give. That dignity is mine now, nothing can take it from me; it is my own.' (XX, pp. 226-227)

The love he once shied from gradually progresses from being a guilty luxury to a necessary force of life, as 'my heart once so dried up, began to flower again' (p. 226). His assertion that 'now I understand' demonstrates his eventual acceptance of Bernadine's claim that 'building one's bridge' (XVII, pp. 205-207) between self and others is the proper function of human life, and that the individual is legitimated by the attempt, however unsuccessful or sporadic: as Robert states, 'I shall never call my life a failure now. I may have failed in everything else, but not in loving' (XX, p. 232). Most importantly in the light of what follows, 'nothing can take it away from me; it is my own.' The 'dignity' this love confers may be contrasted with Mr Reffold's pitiful grovelling for his wife's affection in chapter XIII, discussed later.

*Ships* does address the potential objection that the validating romance may be undermined if the stronger partner decides to abandon the weaker. When Bernadine returns to London, Robert writes pathetically that 'you are better, God bless you, and you go back to a fuller life, and [...] God help me, I am left to wither away' (XX, p. 224). Indeed, when Bernadine meets Robert later, 'he seemed to have shrunk away since she had last seen him' (2. V, p. 253). Nonetheless, the novel ends by suggesting that their relationship may withstand the accidental removal of one of the partners. After Bernadine's death, the 'Disagreeable Man went back to the mountains: to live his life out there, and to build his bridge, as we all do, whether consciously or unconsciously. If it breaks down, we build it again' (2. V, pp. 262-263). Not only has Robert seemingly abandoned his plan to commit suicide, but he has also adopted a project of emotional self-development that continues not in spite of but because of the death of his love-object: his assimilation of her values sustains their relationship perhaps more surely than would mere physical proximity.

But why, after years of loneliness, must Robert be deprived of his lover at all? Analysing Harraden's representation of Bernadine's death is crucial in ascertaining the legitimacy the novel accords to Bernadine's relationship with Robert and, by extension, to Robert as Bernadine's disabled love-object. Tomorrow, Robert hopes to meet Bernadine with the probable intention of confessing his love or even proposing marriage; meanwhile, Bernadine is considering her future:

That was what she was thinking of at four in the afternoon [...].

At five she was lying unconscious in the accident-ward of the New Hospital: she had been knocked down by a wagon, and terribly injured. (2. III, p. 259)

Harraden emphasises not only the unexpectedness of death, but also its randomness: swift and devoid of purpose or meaning. The randomness was certainly observed by contemporary readers as a statement in its own right – a meaninglessness with meaning. The *Spectator* complained:

The death of Bernadine Holme [...] will seem to most readers a gratuitous and even inartistic piece of cruelty, for this story has the general characteristics of one that ought to end happily. It is to be hoped that the author of *Ships That Pass in the Night* will not give way to the popular affectation of cynicism, for there is decided promise in what seems to be her first work.<sup>347</sup>

It is significant that the *Spectator* regarded a love story about an emancipated spinster and a consumptive man as having potential for a happy ending.

The ‘inartistic’ runaway wagon that crushes Bernadine strips consumption of its traditional literary (and, indeed, social) function as the factor that divides young lovers. According to Congreve’s *On Consumption of the Lungs* (1881[?]):

I know not of any one thing more painful in the annals of disease than the premature and rapid decline of the young [...]; the more still when strong attachments have been formed, and the pangs of hopeless love contribute to the patient’s misery. (p. 2)

Reversing all cultural convention, Harraden’s consumptive is placed in the position of weary, chastened survivor at the end of the novel: it is he who learns from others’ lives and deaths, and it is they who become demonstrative objects for his interpretation. Harraden explained that ‘I felt at the time that [Bernadine] had to die, and that it was in keeping with the irony of life that she, the stronger of the two, should be suddenly swept away’ (1894, p. 4).

Neither Robert’s bodily impairment nor his social disability is the ultimate, insurmountable obstacle to the consummation of their romance: that role goes to the emphatically random runaway wagon that crushes Bernadine to death. Harraden observed that readers often wrote to ask her:

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<sup>347</sup> ‘Review of *Ships That Pass in the Night*’, *Spectator*, 24<sup>th</sup> June 1893, p. 861.

whether in my opinion Bernadine, if she had lived, would ever have married the Disagreeable Man. My answer was, that, so far as my understanding of her went, she would not have married him. (1894, p. 6)

Bernadine's (and Harraden's) feminist convictions offer ample reasons for the heroine refusing the conventional patriarchal marriage contract – none of which have anything to do with Robert's impairment. Influenced by her reading of Henrik Ibsen (1828-1906) and his prioritisation of individual liberty, Harraden appears to have been an anti-eugenic feminist like Mona Caird (1854-1932), contemptuous of woman's supposed duty to devote her life to regenerating the race: she later explained 'my utter horror [...] of having my gifts snuffed out by husband and children' (1926, 26).<sup>348</sup> By contrast, for heroines in New Woman texts like Sarah Grand's *The Heavenly Twins* (1893), Menie Muriel Dowie's *Gallia* (1895), Grant Allen's *The Woman Who Did* (1895), and George Egerton's 'The Heart of the Apple' (1897), healthy breeding is a priority in selecting a partner.<sup>349</sup> Angelique Richardson quotes Alfred Russel Wallace remarking in 1890 that, when women are economically and socially free to choose their mates, 'the vicious man, the man of degraded taste or feeble intellect, will have little chance of finding a wife, and his bad qualities will die out with himself.'<sup>350</sup> Harraden's depiction of a woman so emphatically free to choose her mate willingly selecting a physically and emotionally diseased man looks like a deliberate challenge to this contemporary eugenic feminism.

Harraden's commitment to exploring the intellectual, social and erotic potential of non-reproductive couples is also demonstrated by her later volume, *Hilda Strafford, and The Remittance Man* (1897). In the first story, a young wife criticises her sickly husband's failure to build a successful life in the Californian wilds and he dies of a broken heart. The second story places two of their

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<sup>348</sup> See 'Beatrice Harraden' (1897), p. 569, and Sally Ledger, 'Ibsen, the New Woman and the Actress', in *The New Woman in Fiction and in Fact: Fin-de-Siècle Feminisms*, ed. by Angelique Richardson and Chris Willis, 2<sup>nd</sup> edn (Basingstoke: Palgrave Macmillan, 2002), pp. 79-93. See Richardson (2003), pp. 179-214 on Caird.

<sup>349</sup> See Richardson (2003), pp. 162-164, comparing 'The Heart of the Apple' with *The Woman Who Did*. See Gail Cunningham, "'He Notes': Reconstructing Masculinity', in *The New Woman in Fiction and in Fact: Fin-de-Siècle Feminisms*, ed. by Angelique Richardson and Chris Willis, 2<sup>nd</sup> edn (Basingstoke: Palgrave Macmillan, 2002), pp. 94-106, on *Gallia*. Robert refers to Bernadine and even to himself as a child (XII, pp. 133-135, and II. IV, pp. 255-258), but never as potential parents.

<sup>350</sup> Richardson (2003), p. 55, quoting Alfred Russel Wallace, 'Human Selection', *Fortnightly Review*, 54 (September, 1890), 337.

neighbours in a simple, satisfying romance story of love lost and found again – a story distinguished only by the fact that the lovers are two young men. This domestic homophilic pairing demands favourable comparison with the failed heterosexual marriage, just as Robert and Bernadine's unconsummated disabled romance demands favourable comparison with the Reffolds's marriage in *Ships*. In both books, the oddness (degenerate because non-reproductive or dysgenic) of the happy couples acts as a destabilising force that offers fresh possibilities for self-realisation where conventional relationships are doomed to fail.

### **Sentimentality and communication**

*Ships'* (and Harraden's) scepticism about conventional forms of social interaction extends to the sentimental sickroom. The novel embraces aspects of sentimentality, but expresses grave concerns about allowing sentimentality unregulated, unexamined, absolute control over disabled identities. Sentimental morality validates identity for disabled people through relationships in which they act as grateful recipients of pity and care; however, those who fail to be grateful – or, indeed, to receive pity – cannot achieve a valid disabled identity under the sentimental model.<sup>351</sup> *Ships* demonstrates that this threat represses communication between disabled and nondisabled people, precluding the redemptive 'love based on comradeship and true understanding of the soul' (*Ships* 2. IV, p. 257).

Harraden problematises essentialist sentimental morality by depicting a consumptive who rejects publicly a sentimental disabled identity and the validation it confers:

The moralists tell us that suffering ennobles, and that a right acceptance of hindrances goes towards forming a beautiful character. But the result must largely depend on the original character: certainly, in the case of Robert Allisten, suffering had not ennobled his mind, nor disappointment sweetened his disposition. His title of 'Disagreeable Man' had been fairly earned, and he hugged it to himself with a triumphant secret satisfaction. (V, p. 42)

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<sup>351</sup> Whilst the invisibility of medical professionals in *Ships* precludes a dominant biomedical or even socio-medical model of interaction between the sick and the well, the visible presence of the invalids' families defines the Kurhaus community as an extension of the domestic sphere over which sentimental models of disability preside.

This passage draws a distinction between ‘the moralists’ expectations and those of the narrator.<sup>352</sup> Robert’s defiance of sentimentality’s celebration of helpless dependency and uncritical gratitude affords him a gratification that is an antithesis of sentimentality – a ‘triumphant secret satisfaction’ that is self-assertive in its triumph and asocial in its secrecy. Yet it is also a relic of sentimentality, as Robert’s inappropriate ‘hugging’ of such an asocial nickname is a pathetic indication of his unsatisfied longing for real affection. Furthermore, his public defiance of sentimentality offers only limited liberation because he simply embraces an equally reductive title: here, ‘Disagreeable Man’ is not a valid disabled identity in its own right, but a mere negation of the ‘Submissive, Grateful Man-Child’ of sentimentality.

However, Harraden hints that the ‘Disagreeable Man’s’ relationship with sentimentality is more complex than the outright negation his public reputation implies. There is a significant discrepancy between Robert’s public and private relationships with sentimental models of disability:

It was said that on more than one occasion he had nursed the suffering and the dying in sad Petershof, and, with all the sorrowful tenderness worthy of a loving mother, had helped them to take their leave of life. But these were only rumours, and there was nothing in Robert Allisten’s ordinary bearing to justify such talk. [...] And the Disagreeable Man remained the Disagreeable Man, with a clean record for unamiability. (V, pp. 42-43)

Robert also reveals to Bernadine that he enjoys condescending friendships with picturesque Swiss peasants away from the Kurhaus. But why does Robert keep his participation at sentimental deathbeds and cottages secret from other Kurhaus residents? Perhaps Robert’s refusal to serve as a public example to others is a deliberate attempt to undermine religious and sentimental models of disability as an essentially demonstrative state designed to exemplify pious resignation and gratitude. Perhaps his reluctance to perform sentimentality is part of a late-Victorian scepticism about the sincerity of such performances, to which I will return below.

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<sup>352</sup> As I will demonstrate later, Robert’s ‘nobility’ is shown to lie not in adherence to sentimental and religious identities, but in his increasing flexibility and susceptibility to Bernadine’s influence.

Bernadine's response to Robert's failure to embody the prescribed sentimental disabled identity evolves rapidly, and her evolving response drives the novel's critique of the cultural pressures that discipline the consumptive's interpersonal relationships:

She hardened her heart against him; there was no need for ill-health and disappointment to have brought any one to a miserable state of indifference like that. Then she looked at his wan face and frail form, and her heart softened at once. At the moment when her heart softened to him, he astonished her by handing her his paper. (XI, p. 119)

This is the first time Robert has shared his newspaper – or anything else – with anyone. Bernadine certainly sets a sentimental example of increased sensitivity through personal experience of suffering, telling Robert that ‘when I was strong and vigorous, the idea of loneliness never entered my mind. Now I see how lonely most people are’ (XII, p. 138). Yet her own exemplary performance also serves to make her less judgemental of Robert's inadequacy, for which she initially assumed there was ‘no need’: despite her initial judgement, Bernadine ‘softened’ immediately at the sight of his suffering body. This unmediated response to the spectacle of suffering indicates her involvement in some aspects of sentimentality, and may be contrasted (albeit with no immediately discernible ideological purpose) with *Wuthering Heights*, in which Nelly sympathises with cantankerous consumptive Linton in the abstract, but loathes him in person. By the reciprocation between Robert's flesh and her own – the shared vulnerability of his ‘frail form’ and her softening heart – Bernadine seemingly draws Robert into her value system: her softening coincides with his own gesture of reaching out generously to her. Here, sentimental intimacy has been earned through mutual responsiveness and sensitivity.

Robert's revelation of his secret sentimentality to Bernadine is an act of self-exposure undertaken in romantic courtship. His peculiar association between sentimentality and romantic love suggests that they carry analogous social and personal risks: making himself available for acceptance and affection also makes him vulnerable to rejection and exploitation. Like Brontë and Hardy, Harraden acknowledges that the very people who are supposed to respond to suffering with spontaneous sentimental sympathy often fail to do so, and that the dependent invalid is then left in a desperate situation – emotionally (or even physically)

neglected, rejected, and invalidated as a grateful sentimental subject because their carer has refused to give them anything to be grateful for.

One of the founders of the women's suffrage movement, John Stuart Mill (1806-1873) observed in 1869 that, in conventional marriage, 'even with true affection, authority on one side and subordination on the other prevent perfect confidence', leaving couples unable to communicate honestly.<sup>353</sup> A similar form of domestic (self) censorship occurs among consumptives in *Ships*. Harraden demonstrates that sentimental prescriptions of uncritical gratitude and cheerful piety hinder communication between disabled people and their 'care-takers', and that stubborn or lazy adherence to conventional sentimental roles conceals real inadequacy and need. Forced to sit with the dying consumptive husband she usually neglects, Mrs Reffold gives an exemplary performance of these conventions:

'Now,' she said, with great sweetness of manner. And she sat down beside him, drew out her fancy-work, and worked away contentedly. She would have made a charming study of a devoted wife soothing a much-loved husband in his hours of sickness and weariness. (XIII, pp. 142-143)

Harraden not only highlights the artifice and insincerity of Mrs Reffold's 'manner', but also simultaneously recalls familiar representations of sentimental sickbeds – another 'charming scene' among many – and taints them with the same insincerity. The artifice of these representations is, of course, recalled by the title of the chapter: 'A Domestic Scene'. Cultural clichés of the sentimental sickbed provide Mrs Reffold with a pose that conceals her real callousness from the implied viewer and even from herself; Mrs Reffold 'was now feeling herself to be almost a heroine. It is a very easy matter to make oneself into a heroine or a martyr' (XIII, p. 146) – especially when one can draw upon a century of fictional sickbed scenes in which the integrity or exploitation of the participants is scarcely questioned. Harraden's treatment of Mrs Reffold's behaviour seems to recall James Fitzjames Stephen's observation, quoted in Chapter 3, that later-Victorian readers increasingly mistrusted cultural representations of feeling where the author or performer had:

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<sup>353</sup> John Stuart Mill, *The Subjection of Women* (1869), in *On Liberty, and Other Essays*, ed. by John Gray (Oxford: Oxford University Press, 1998), pp. 471-582, (p. 482).



ceased to think naturally about the fact, real or supposed, which originally drew out the feeling, and had begun to think about himself, and how cleverly he could describe the sources of tender emotion, and how pleasant it was to stimulate their action. (Stephen, 1864, 71)

Worse still, like J. S. Mill's oppressed wives, the helpless consumptives are forced to collude in the deception that jeopardises their wellbeing. In chapter XIV, the invalids only 'smile quietly' (p. 160) when their care-takers neglect them. The reason for this collusion is already apparent as it follows the 'Domestic Scene' in which Mr Reffold finally criticises his neglectful wife only to be met with disbelief and resentment: Mrs Reffold declares 'I can't understand you' (III, p. 146), refusing to engage in conversation and devaluing her husband's (justified) anger. Mr Reffold's brief ownership of his own indignation is shown to have devastating consequences, shutting him out of the exchange system of sympathy and gratitude that is, according to sentimental morality, the only justification for the disabled person's existence. Mr Reffold is obliged to recant his protest:

'Winifred,' he said gently, and there was tenderness in his voice, and love written on his face, 'Winifred, I am sorry if I have been sharp to you. [...] Perhaps I have been hard: I am such an illness to myself, that I must be an illness to others too.' (XIII, pp. 147-148)

Mr Reffold now gives an exemplary demonstration of sentimental meekness expressed in his voice and face, inviting an instinctive emotional response from his wife. Alas, his return to sentimental convention comes too late: he now describes himself as 'an illness', clumsily identifying himself with his impairment as an object of disgust. He, like Robert, has become damaged, confused and emotionally diseased, unfit to re-enter the sentimental emotional exchange.

Harraden reveals why Mr Reffold is forced to stoop to this humiliating recantation. He asks Bernadine to 'tell my wife it made me happy to have her with me this afternoon; then perhaps she will stay in another time' (XIII, p. 152), painfully aware that the invalid who fails in his sentimental duty to display uncritical gratitude will be punished by further neglect and invalidation. The distribution of power between the sympathetic carer and grateful invalid is wholly unbalanced, as the former can withhold their contribution with

immediately devastating consequences for the latter. When Bernadine informs the neglectful wife of the invalid's gratitude, Mrs Reffold tells Bernadine:

'His grumbling this afternoon has been incessant; so much so that he himself was ashamed, and asked me to forgive him. You heard him, didn't you?'

'Yes, I heard him,' Bernadine said.

'And of course I forgave him at once,' Mrs Reffold said piously.

'Naturally one would do that, but the vexation remains all the same.'

'Can these things be?' thought Bernadine to herself.

'He spoke in the most ridiculous way,' she went on: 'it certainly is not encouraging for me to spend another afternoon with him. I shall go sledging to-morrow.' (XIII, pp. 155-156)

Mrs Reffold's claim to bestow forgiveness 'naturally', like her demand for uncritical gratitude, suggests that she identifies herself unquestioningly as a sentimental carer. As in *Jude* (6. VIII, p. 386), the wife dismisses her disabled husband's protests as ridiculous; 'grumbling incessantly' implies that the complaints are incoherent and without any specific object. There is no place for such behaviour within Mrs Reffold's representation of the sentimental sickroom, and she immediately censors it and declares Mr Reffold an illegitimate consumptive. Bernadine, of course, states that 'I heard him', indicating that she is capable of sympathy without censoring aspects of behaviour that do not meet traditional sentimental demands.

Sentimentality is not presented as an inevitably abusive model of invalid/carer relationships. Rather, it is shown to carry an inherent potential for abuse because it lacks any internal safety mechanism: Maria Frawley (p. 27) points out that traditional sentimental and religious models demand constant self-criticism from the weakest partner – but, as I suggested earlier, they do not seem to demand the same from the stronger partner. That a full evaluation of this 'Domestic Scene' must be provided by an outsider (Bernadine) exposes this flaw in the conventional sentimental model.

Mr Reffold's tragic situation undoubtedly illuminates Robert's ostentatious mistrust and rejection of all relationships. He tells Bernadine 'we can be done without, put on one side, and forgotten when not present. Then, if we are foolish, we are wounded by this discovery, and we draw back into ourselves' (XIX, p. 219). Rather than naturalising this response to life with impairment, the novel objectifies Robert's withdrawal as a reaction to social disability. The elaborate

schemes of communication in which he seeks emotional engagement with Bernadine without exposing himself to sentimental exploitation represent experimental attempts to form a relationship that would validate his disabled identity outside the traditional sickroom.

Robert's rejection of (public) sentimentality within a culture of sentimental abuse constitutes a form of 'disability consciousness' (Mitchell and Snyder, 2001, p. 208). Robert flaunts his own disengagement from the feelings of Bernadine and the Kurhaus community. However, this ostentatiously insensitive behaviour is a peculiar form of responsiveness and communication informed by his 'disability consciousness' of the need to negotiate social interaction without risking harm. The narrator observes that Robert 'was particularly disagreeable on the day when the Dutchman was buried' (XII, p. 130). There is no suggestion of causation and no attempt at explanation: Robert seems to be simply behaving inappropriately. Bernadine confronts him later:

'You were in a horrid mood last night.'

'I was feeling wretchedly ill,' he said quietly.

That was the first time he had ever alluded to his own health.

'Not that there is any need to make an excuse,' he continued, 'for I do not recognise that there is any necessity to consult one's surroundings, and alter the inclination of one's mind accordingly. Still, as a matter of fact, I felt very ill.'

'And to-day?' she asked.

'To-day I am myself again,' he answered quickly: 'that usual normal self of mine, whatever that may mean. I slept well, and I dreamed of you. I can't say that I had been thinking of you, because I had not.' (XII, pp. 131-132)

Despite his professed refusal to moderate his feelings according to the mood of his companions, this first admission of illness (perhaps a reaction to the Dutchman's lonely suicide) is an act of self-exposure that reinforces the content of the admission, making him more vulnerable still. His remark that 'to-day I am myself again, [...] that usual normal self of mine, whatever that may mean' also exemplifies the vacillations of his communication with Bernadine. After revealing his weakness, he quickly asserts his recovery, then retracts this with a reference to the chronic nature of his illness that resembles Beardsley's pathetic remark on his symptoms diminishing to '(what I have grown to look upon) as normal': the invalid must always qualify his subjective normality as merely a

wretchedly chronic abnormality.<sup>354</sup> Robert's profound revelation of the perpetual misery in which he spends his life is undermined by his flippant 'whatever that may mean.' This prompts yet another vacillation of intimacy offered then immediately withdrawn: 'I slept well, and I dreamed of you' (perhaps implying that Bernadine's presence in the dream favoured his recovery), followed by a denial of considering her. Even the content of the dream continues this vacillation:

'I dreamed we were children together, and playmates,' he continued. 'We were not at all happy together, but still we were playmates. [...]' 'Our greatest dispute was over a Christmas-tree. And that was odd, too, for I have never seen a Christmas-tree. [...] At last you disappeared, and I went about looking for you. "If I can find something to cause a quarrel," I said to myself, "she will come back." So I went and smashed your doll's head. But you did not come back. Then I set fire to your doll's house. But even that did not bring you back. Nothing brought you back. That was my dream. I hope you are not offended. Not that it makes any difference if you are.' (pp. 134)

Robert's characterisation of himself and his companion as childish playmates might symbolise the freshness and potential of their new relationship, or else his pathetic, infantile ineptitude in interpersonal relationships. Their argument over a Christmas tree suggests his possible jealousy of other people's domestic pleasure, infuriated by delightful things that he has been denied (whether by disability or by a Puritan upbringing) – although he never explains the nature of the dispute. We may wonder how Robert can dream of an object he has never seen, and whether Bernadine's presence in his life has made this marvellous vision possible.

Asleep and awake, Robert continues to equate self-exposure with the possibility of rejection and abandonment and the anguish of unmet emotional needs. He therefore retreats into habitual protestations of indifference. It is, of course, remarkable that he undertakes his dream-analysis in Bernadine's presence; discussing his dream constitutes a self-exposure that is at once veiled (i.e. he can refuse responsibility for the antics of his unconscious mind) and intimate because it is stripped of wakeful defensiveness. Yet, in a culture permeated by miscommunication and domestic abuse, spite and aggression remain his only means of self-expression; Robert can only conceive of attracting

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<sup>354</sup> Beardsley to Raffalovich (12<sup>th</sup> December 1896), p. 225, discussed in Chapter 2.

Bernadine to interact with him by arguing over a Christmas tree and then performing a hideous act of violence against her effigy.<sup>355</sup> Again, the act of retreat after the brief flirtation with self-exposure – and his simple admission that he is essentially powerless to keep Bernadine – is more revealing about his vulnerability and need than any open admission of vulnerability could be.

As Mill (p. 496) insists, without equality there can be no real intimacy. At the end of the novel, Robert is ready to speak honestly to Bernadine. This suggests that they have somehow overcome the disabling power-inequality that necessitated his previous withdrawal. The key to this transformation of Robert's damaged disabled identity undoubtedly lies in Bernadine's fully-realised feminist identity and her already developed feminist strategies for negotiating fearless intimacy on equal terms with men.

### **The New Woman and the disabled man**

*Ships* comes closest to constructing a coherent form of identity politics in its representation of an emancipated woman and a disabled man recognising their shared interests as potential victims of marginalisation and abuse from those more powerful than themselves. While the other novels discussed in my thesis diagnose the various cultural problems that disable consumptives and prevent free and equal social interaction, *Ships* appropriates contemporary feminist discourses to offer a solution. In depicting three heterosexual couples in which the male is disabled and disadvantaged (the Reffolds, the postman and the maid, and Robert and Bernadine), the novel engages with contemporary arguments about injustice in marriage but invites transferral of discourse from gender politics to disability politics.<sup>356</sup> The successful transferral of Bernadine's feminism to Robert's 'disability consciousness' is indicated by his assimilation of her ideals of free and equal intimacy, and by his apparent rejection of his earlier plan to end his worthless disabled life.

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<sup>355</sup> See discussion of *The Rack* earlier in this chapter.

<sup>356</sup> See also Mona Caird, 'Does Marriage Hinder a Woman's Self-development?' (1899), in *The Daughters of Danaus* (1894; facsimile repr. [n. p.]: Aegypan Press, [2009]), pp. 373-376, in which Caird reverses gender roles to demonstrate the impossibility of self-fulfilment for anyone (male or female) taking on a woman's domestic duties.

Although the phrase 'New Woman' is not used in *Ships* – the term was coined in 1894 – Bernadine refers to 'the Girton girl' (XVII, p. 195) and we are informed that Bernadine had been:<sup>357</sup>

teaching, writing articles for newspapers, attending socialistic meetings, and taking part in political discussions – she was essentially a 'modern product,' this Bernadine. (II, p. 19)

Chris Willis states that:

Bernadine's successful wooing of [Robert] represents a victory of feminism over chauvinism. However, they are not allowed to enjoy happiness: in the best tradition of New Woman fiction, Bernadine meets with a fatal accident before they can marry. It would seem that the New Woman cannot be allowed to attain the conventional happy ending and still keep her principles intact.<sup>358</sup>

Willis's feminist reading ignores both the emphatic meaninglessness of Bernadine's death and the novel's important focus on the legitimacy of the disabled love-object. Even if Bernadine and Robert's marriage must be thwarted for political reasons, there is no need to insert a ridiculous accident to perform this function because the novel has already provided a legitimate alternative form of love that makes marriage unnecessary. The light tone of Harraden's depiction of Bernadine's death must be contrasted with the doom-laden thwarting of the heroines of Schreiner's *The Story of an African Farm* (1883), Allen's *The Woman Who Did* (1895), Grand's *The Heavenly Twins* (1893) and Hardy's *Jude*, which make pessimistic statements about the impossibility of the New Woman finding love or fulfilment. The meaninglessness of Bernadine's accident suggests that this New Woman could have constructed a successful (albeit unconventional) relationship with the disabled man had the wagon not intervened. The reconfigured (and possibly perfected) heteroerotic relationship, like the regenerated disabled identity, belongs to the future: *Ships'* refusal to depict its consummation in the present does not imply doubt in its credibility but,

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<sup>357</sup> Marion Shaw and Lyssa Randolph, *New Woman Writers of the Late Nineteenth Century* (Tavistock, Devon: Northcote, 2007), p. 4.

<sup>358</sup> Chris Willis, 'Heaven defend me from political or highly educated women!': Packaging the New Woman for Mass Consumption', in *The New Woman in Fiction and in Fact: Fin-de-Siècle Feminisms*, ed. by Angelique Richardson and Chris Willis, 2nd edn (Basingstoke: Palgrave Macmillan, 2002), pp. 53-65 (p. 57).

rather, faith in a 'long game', perhaps influenced by contemporary theories of natural and social evolution.<sup>359</sup>

There are, nonetheless, some problems raised by this peculiar alliance. Robert claims to be hostile to New Women, declaring 'heaven defend me from political or highly educated women' (XVII, p. 194). At this point, Bernadine suggests that the disabled man is essentially incapable of understanding feminism. Robert claims to have seen more than enough of New Women:

'That was probably some time ago,' [Bernadine] said rather heartlessly. 'If you have lived here so long, how can you judge of the changes which go on in the world outside Petershof?'

'If I have lived here so long,' he repeated, in the bitterness of his heart.

Bernadine did not notice: she was on a subject which always excited her. [...]

'But how ridiculous for me to talk to you in this way!' she said. 'It is not likely that you would be interested in the widening out of women's lives.' (XVII, pp. 194-197)

While New Women seem to be at the heart of the modern urban elite (Hughes, 2007), the disabled man lives in enforced exile from the economic and cultural mainstream. When absorbed in feminist politics, Bernadine is uncharacteristically flippant, 'heartlessly' insensitive to 'the bitterness of his heart', ignoring the implied connection between them. She even dismisses any attempt at serious political discussion with Robert as 'ridiculous', precisely as Mrs Reffold dismissed her husband's 'grumbling' (XIII, p. 156). In this instance, feminism and disability politics do not mix well.

Although Bernadine's flippancy is cruel, her light tone does reflect the ineffectual hollowness of Robert's chauvinism. As a marginalised disabled man, he actually has little to gain from maintaining the patriarchal status quo, and no power to do so. He is not even an object worthy of attack, especially for late-Victorian social purity feminism concerned with male promiscuity: because he has 'lived lonely all [his] young life' (XX, p. 226), he is not a seducer of ignorant girls, an exploiter of prostitutes, or a syphilitic husband and father.<sup>360</sup>

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<sup>359</sup> See Harraden (1926), 111, on evolution of feminist identities over generations, and her letter to *The Times*, 10<sup>th</sup> November 1908, p. 17, on women's suffrage as 'an elemental force of which no person, or group of persons, can control the manifestation'.

<sup>360</sup> See Trevor Fisher, *Scandal: the Sexual Politics of Late Victorian Britain* (Stroud, Gloucestershire: Alan Sutton Publishing, 1995) on social purity feminism in response to the 1864 Contagious Diseases Act.

However, his marginal masculinity gives him a peculiar status within the novel's feminist discourse. In 1911, Olive Schreiner would declare that:

Side by side with the New Woman, anxious for labour and seeking from man only such love and fellowship as she gives, stands the New Man, anxious to possess her only on the terms she offers.<sup>361</sup>

In the early 1890s, few commentators – radical or reactionary – expressed confidence that these New Men existed, except as effeminate Decadent fops. The heroine of Helen Mathers's conservative story 'Old Versus New' (1894) vainly 'expound[s] the gospel of the New Woman for whom the New Man has yet to be born', while Emma Churchman Hewitt's article 'The "New Woman" in Her Relation to the "New Man"' (1897) bewails the fecklessness, cruelty and infidelity of 'New Men'.<sup>362</sup>

Yet, in his assertive rejection of sentimental disabled identity within a culture of abuse and oppression, Robert represents a politicised, destabilised consumptive masculinity with fresh potential. Since the emergence of biomedical tuberculosis and the disintegration of sentimentality have disrupted traditional consumptive disabled identities, the New Consumptive becomes an unstable, malleable figure. He provides Harraden with a solution to the contemporary feminist problem of evolving femininity versus static, even degenerating, masculinity.<sup>363</sup> The New Consumptive's disabling social emasculation forces him to seek alternatives to traditional patriarchy in his dealings with women, while his suspicion of sentimental domestic roles makes him sensitive to the potential for exploitation in unequal relationships.<sup>364</sup> The New Woman and the

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<sup>361</sup> Olive Schreiner, *Woman and Labour* (1911; repr. Champaign, IL: Project Gutenberg, [199-?]), p. 105.

<sup>362</sup> Helen Mathers, 'Old Versus New', *English Illustrated Magazine*, 135 (December 1894), 81-88 (84); Emma Churchman Hewitt, 'The "New Woman" in Her Relation to the "New Man"', *Westminster Review*, 147 (March 1897), 335-337.

<sup>363</sup> According to Sarah Grand, 'The New Aspect of the Woman Question', in *Literature and Culture at the Fin de Siècle*, ed. by Talia Schaffer (New York: Pearson/ Longman, 2007), pp. 205-210 (first publ. in *North American Review*, 158 (March, 1894), 270-276), p. 207, 'now woman holds out a strong hand to the child man, and insists, but with infinite tenderness and pity, on helping him up'. Grand characterises men as passive or even reactionary.

<sup>364</sup> The end of Charlotte Brontë's *Jane Eyre* (1847) offers an obvious comparison. When Rochester is partially blinded and disfigured in a fire, he suggests that Jane cannot find him attractive; Jane replies 'I love you better now, when I can really be useful to you, than I did in your state of proud independence, when you disdained every part but that of giver and protector' (III. XI, p. 445). Like Robert's consumption, Rochester's impairment facilitates a multiplication or diversification of masculine identities rather than a straightforward emasculation. Yet, unlike



New Consumptive Man are shown to evolve together in attaining free intellectual and social interaction between the sexes as equals.<sup>365</sup> According to Mona Caird:

We shall never have a world really worth living in until men and women can show interest in one another, without being driven either to marry or to forgo the pleasure and profit of future meeting. [...] All this false sentiment and shallow shrewdness, with the restrictions they imply, make the ideal marriage – that is, a union prompted by love, by affinity or attraction of nature and by friendship – almost beyond the reach of this generation.<sup>366</sup>

In her 1890 critique of Caird's essay, feminist socialist Clementina Black (1853-1922) agrees that everyday comradeship between the sexes is the foundation of social equality and happier marriages.<sup>367</sup> In the Kurhaus, young consumptives are liberated from the watchful gaze of conservative parents, while gender boundaries are subordinated to the dominant invalid/ carer dynamic with its own unique boundaries of acceptable intimacy.<sup>368</sup> Robert is permitted to experience unconventional intimacy with Bernadine unchaperoned and, early in their relationship, he remarks that:

'I don't want to be betrothed to you, any more than I suppose you want to be betrothed to me. And yet we can talk quietly about the matter without a scene. That would be impossible with most women.' (X, p. 110)

When the Swiss peasants assume that the pair are betrothed, Bernadine is 'much amused. She had never looked upon Robert Allisten in that light before' (X, p. 106). Both Robert and Bernadine are conscious of sharing the kind of intimacy for which Caird and Black had hoped in the 1880s.

Jane, Bernadine never anticipates for herself the domestic, sentimental possibility of becoming 'useful' as Robert's nurse.

<sup>365</sup> Robert's value as a New Man is, of course, limited to very specific contemporary feminist ideals. If Robert's disease is an affront to eugenic feminism, so too are his effeminate quirks: he not only nurses dying invalids like 'a loving mother' (V, p. 43), but also arranges flowers 'so daintily [...] no housemaid could have been more particular' (XII, p. 136). In Olive Schreiner, *The Story of an African Farm* (1883), ed. by Joseph Bristow (Oxford: Oxford University Press, 1992), p. 164, the proto-feminist heroine expresses contempt for the ineffectual, cross-dressing Gregory Rose as a 'man-woman'. Grand (1894), p. 208, complains that the 'trouble is not because women are mannish, but because men grow ever more effeminate.' Yet *Ships* expresses no such anxiety; its nonchalance about Robert's femininity again illustrates Harraden's prioritisation of individual self-realisation over eugenic duty.

<sup>366</sup> Mona Caird, 'Marriage', *Westminster Review*, 130 (July 1888), 186-201 (196).

<sup>367</sup> Clementina Black, 'On Marriage: A Criticism', *Fortnightly Review*, 47: 280 (April 1890), 586-594 (593). See also Livesey, pp. 47-79.

<sup>368</sup> According to Bailin, p. 22, 'the rigid inhibition of physical and emotional exposure in the Victorian era is also suspended in the sickroom [...] while staying within the moderating decorum of social propriety and realist convention.'

Is Robert allowed to be alone with Bernadine because disabled men are assumed to be asexual? Tom Shakespeare, Kath Gillespie-Sells and Dominic Davies remark that:

Sometimes, young disabled men, because they are seen as unthreatening and asexual, may have closer relationships with women than their heterosexual peers, perhaps replicating the relationship between gay men and straight women. However, in the case of disabled heterosexual men, this enhanced communication with the opposite sex also involves denial of their sexual potential, and can be undermining. (Shakespeare, Gillespie-Sells, Davies, p. 63)

When one considers Robert's intelligence, wealth, and proximity, Bernadine's professed insensibility to seeing him 'in that light' would seem perverse – were it not for the impairment that conventionally precludes sexual success. Robert occasionally seems to assimilate a common preconception of disabled asexuality:

'Stupid old Frau Steinhart!' he said good-naturedly. 'People like myself don't get betrothed. We get buried instead!'  
 'Na, na!' she answered. 'What a thing to say – and so unlike you too!'  
 (X, p. 106)

Robert seems to identify with a group of people commonly excluded from mainstream heterosexuality by disease. Yet this attitude is immediately undermined by Frau Steinhart, who clearly shares the 'hunchback' postman's role in challenging this preconception. Thus, Harraden simultaneously acknowledges the disabled man's humiliating experience of presumed asexuality while refusing to naturalise it. After all, as Frau Steinhart observes, even Robert is not always so pessimistic. Having justified Robert's fear of rejection by representing its reality in the Reffolds's marriage, *Ships* then embraces the possibility of romantic relationships for disabled men: Bernadine states that 'I did not love him because I felt sorry for him, [...] I loved him for himself' (2. V, p. 262). Therefore, Robert's privileged intimacy must not be interpreted as an example of the 'gay best friend' status which, according to Shakespeare, Gillespie-Sells and Dominic Davies, is often accorded to heterosexual disabled men as a way of invalidating their masculinity.

Robert's status as a disabled man is shown to facilitate this companionship not because he is asexual, but because he is socially marginalised and not, therefore, a representative of the hegemonic masculinity that poses a threat to the

modern woman seeking emancipation. *Ships* is permeated by a feminist consciousness of the potential for exploitation and betrayal in any relationship between strong and weak. Schreiner's *African Farm* explored the heroine's interaction with two men representing extremes of masculine dominance and submission while, in 1897, H. E. Harvey wrote:

I think anyone who looks at social questions from a scientific point of view will admit that the only right which we really recognise is the right of the strongest. [...] And it is only by the right of the strongest that the male sex has had any ascendancy. Men, having always had the means of subsistence in their hands, have been enabled to lay down laws to dictate what women ought to be, to do, to think, and to feel. And women have always found it to their interest to conform to those laws.<sup>369</sup>

Harvey's feminist essay identifies 'the woman question' as a power imbalance analogous with class exploitation and colonialism (p. 168). The Reffolds's marriage demonstrates that consumptives, like women (or, in this case, instead of women), have been forced to submit to the demands of their stronger carers.

*Ships* is remarkably sensitive to any inequalities between Robert and Bernadine. Caird stated that the 'economic independence of women is the first condition of free marriage. She ought not to be tempted to marry, or to remain married, for the sake of bread and butter' (Caird, 198), while Black agreed 'it is a painful thing for a woman to have always to ask a male relation for money' (Black, 591).<sup>370</sup> Robert's wealth is arguably his only claim to hegemonic masculinity, and the novel certainly gives this due importance as an obstacle to equality that must be negotiated with care. Chapter X, entitled 'The Disagreeable Man is Seen in a New Light', begins:

One specially fine morning a knock came at Bernadine's door. She opened it, and found Robert Allisten standing there, trying to recover his breath.

'I am going to Loschwitz, a village about twelve miles off,' he said. 'And I have ordered a sledge. Do you care to come too?'

'If I may pay my share,' she said.

'Of course,' he answered; 'I did not suppose you would like to be paid for any better than I should like to pay for you.'

Bernadine laughed.

'When do we start?' she asked. (X, p. 87)

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<sup>369</sup> H.E. Harvey, 'Science and the Rights of Women', *Westminster Review*, 148 (1897), 205-207; (repr. in *A New Woman Reader*, ed. by Carolyn Christensen Nelson (Toronto: Broadview, 2001), p.168).

<sup>370</sup> See also Schreiner (1911) on 'sex parasitism'.

They agree not to bring 'Mrs Grundy' – 'And so they settled it' (p. 87). The scene commences with an indicator of Robert's weakness and impairment – 'trying to recover his breath' – reminding the reader that this exchange involves a disabled consumptive man; this reminder is then buried as mainstream gender politics come to the fore. Arguably, it is the assumption of Bernadine's self-sufficiency, as much as Robert's impairment, that ensures an equal balance of power, thus enabling them to dispense with the presence of a conservative, suspicious 'Mrs Grundy' (literally or figuratively). By commencing with the 'specially fine morning', Harraden creates a pleasant context for the subsequent conversation, while the short, straightforward sentences ('and so they settled it') and easy banter promote this as an easy arrangement. Harraden does not stop at criticising unsatisfactory relationships between the sexes; rather, she also naturalises this workable prototype for improvement.

As the Reffolds's marriage demonstrates, the equality needed for true intimacy is not only material, but also emotional, established through reciprocal dialogue and constant sensitivity to each other's responses. Bernadine gives Robert:

little bits of stray information about herself, and she received everything he had to say with a kind of forbearance which chivalry bids us show to the weak and ailing. She made allowances for him; but she did more than that for him: she did not let him see that she made allowances. (VII, p. 62)

Bernadine's display of chivalry towards Robert not only reverses traditional gender conventions, making the man the recipient of chivalry; it also exposes chivalry as an expression of a power relation, where the strong – 'us' – is the dominant, assumed viewpoint, like the supposedly 'neutral citizen'. In giving 'stray little bits of information about herself', Bernadine initiates the exchange of opinion and feeling that characterises this passage, in which Bernadine's nondisabled concessions to Robert's 'ailing' state blend into his concessions to her feminist need for equal social intercourse with men, and back into her nondisabled concessions to his resentment of pity. The New Woman and disabled man become partners in a reciprocation of intense sensitivity to and vigilance against exploitation and betrayal.

The need for extreme vigilance is clear: Bernadine is mistaken if she thinks that 'she did not let him see that she made allowances' (VII, p. 62). In what may, admittedly, be a continuity error by an inexperienced novelist, Robert's love letter asserts that:

'your good temper provoked me, because I knew that you made allowances for me being a Petershof invalid. You would never have suffered a strong man to criticise you as I did [...]. At first I was wild that you should make allowances for me. And then I gave in, as weak men are obliged.' (XX, p. 228)

Robert politicises his submission as something done under oppression 'as weak men are obliged' in an unbalanced power relation. Can this angry, politicised response to Bernadine's chivalry become romantic love without destroying Robert's integrity as an indignant disabled person?

Firstly, Robert's bitter assertion that 'I gave in, as weak men are obliged' is made in the context of a relationship that is in fact highly sensitive to power inequalities and actively seeks to eliminate potential for exploitation. The fact that he is allowed to express such bitterness is significant in itself: as I suggested in Chapter 3, Smike in *Nicholas Nickleby* would be incapable of doing so, and the ability would surely render him repulsive to sentimental novelist and readers alike.

Secondly, her love validates Robert's identity and so diminishes the disabling dangers for him becoming involved in social and emotional interaction – the dark shadow cast by the spectacle of the abusive sentimental sickroom. Loved by Bernadine, perhaps Robert can risk communication and even (occasional) condescension. At the end of his love letter, Robert writes:

'I do love you, no one can take that from me: it is my own dignity, the crown of my life. Such a poor life.... no, no, I won't say that now. I cannot pity myself now.... no, I cannot....'

The Disagreeable Man stopped writing, and the pen dropped on the table.

He buried his tear-stained face in his hands. He cried his heart out, this Disagreeable Man.

Then he took the letter which he had just been writing, and he tore it into fragments. (XX, pp. 232-233)

Whether we believe – or he really believes – that he cannot pity himself now, the statement certainly establishes romantic love as a disruption of sentimental

disabled identity based on pity. Bernadine's much-resented 'allowances' will not necessarily undermine this new 'dignity'.

Is the fact that Robert now feels able to express love more significant than the fact that he still feels obliged to destroy the evidence? Robert's decision to destroy his confession initially seems to indicate that Bernadine's absence has caused his regression to emotionally disturbed vacillation. The narrator's observation that 'he cried his heart out, this Disagreeable Man' suggests that the old incongruity between facetious emotional distancing and intense emotional involvement (an incongruity that characterises Robert throughout the novel) persists unchanged. However, in combining the facetious 'Disagreeable Man' nickname so jarringly with depictions of visceral agony – Robert's heart forcibly cried out of his body – the narrator plunges the reader more deeply than ever into the discomfort and confusion underlying Robert's painful vacillations. Perhaps some new level of emotional engagement has been reached after all – if only between Robert and the reader.

Robert's new ideal of love not only absorbs Bernadine's ideals in content, but also demonstrates their efficacy in overcoming his fear of intimacy: it is when Robert experiences Harraden's vision of feminist New Woman love that his mind opens to the narrator and reader for the first time. Robert's mother has died and, although he feels free to leave Petershof and commit suicide, he follows Bernadine to London, risking his fragile health. Bernadine orders him to go back to Petershof and live for her sake:

He still did not speak. Was it that he could not trust himself to words? But in that brief time, the thoughts which passed through his mind were such as to overwhelm him: a picture of a man and a woman leading their lives together, each happy in the other's love; not a love born of fancy, but a love based on comradeship and true understanding of the soul. The picture faded, and the Disagreeable Man raised his eyes and looked at the little figure standing near him.

'Little child, little child,' he said wearily, 'since it is your wish, I will go back to the mountains.'

Then he bent over the counter, and put his hand on hers.

'I will come and see you tomorrow,' he said. 'I think there are one or two things I want to say to you.' (2. IV, pp. 257-258)

At last the narrator engages in meaningful intimacy with Robert, relaying the picture in Robert's mind. This assimilation of Bernadine's ideals as his own proves in content and in principle that his is indeed a love generated by real

intimacy and sensitivity. Bernadine cares for Robert ‘with all my heart’ (p. 256), but this relationship’s wholehearted validity does not depend on full-time physical proximity or conventional marriage; indeed, as the Reffolds demonstrate, conventional marriage has little to do with wholehearted connection. Furthermore, we may suppose that Robert’s confession tomorrow, and their future summers together, would have offered potential for negotiation to satisfy the needs of both partners – had not the runaway wagon intervened.

### Conclusion

*Ships That Pass in the Night* makes a significant contribution to disability studies in exposing the damaging consequences of suffering, social marginalisation and emotional abuse for disabled identities – without dismissing the identities so formed as hopelessly spoiled and illegitimate. Indeed, *Ships* manages to present acknowledgement of this damage as the foundation of a resilient and fertile disabled identity. In this respect, *Ships* differs from *Wuthering Heights*, *Jude* and *The Idiot*, in which the consequence of such damage is dehumanisation or extinction. *Ships* resembles more closely Beardsley’s assertive public redefinition of the ‘tragic’ consumptive life as one capable of self-realisation and pleasure despite the worst depredations of unexpected impairments and runaway wagons.<sup>371</sup>

Harraden’s suggestion that the New Woman and disabled man share a common interest in the renegotiation of emotional intimacy also allows the novel to offer hope for Robert beyond that deemed possible by the other novels in this thesis. *Ships* provides a highly illuminating representation of invalid/ carer relationships as analogous with conventional heterosexual marriage, where the weak live in fear of coercion, humiliation and abandonment by the strong. While suggesting that identities generated by social interaction can only be validated by social interaction, *Ships* exposes the inherent dangers of these processes for the weak and vulnerable, and the need to explore a new form of intimacy that can give validation without exploitation. In its assertion that true intimacy can be achieved only through constant vigilance and sensitivity to power inequalities,

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<sup>371</sup> According to Gertrude Atherton, *Adventures of a Novelist* (1932), quoted in Weintraub, p. 117, Beatrice Harraden and Aubrey Beardsley attended the same garden party in 1894. I am not aware of any friendship between Beardsley and Harraden, but it is possible they were introduced there. Beardsley apparently disliked contemporary English novels, so probably never read *Ships*.

*Ships* demonstrates the necessity for, and qualities of, a sharply politicised 'disability consciousness' for disabled and nondisabled participants alike.



## Conclusion

Regarding the presence of disruptive demonic forces in Dostoevsky's fiction, W. J. Leatherbarrow remarks that, in Russian folk culture, the devil tends to infiltrate 'liminal phenomena' (pp. 7-8) like doorways, crossroads, solstices and equinoxes. My thesis has demonstrated that disruptive, subversive, radically politicised representations of disabled identities can emerge in the same way, exploiting brief windows of opportunity that open as one powerful model of disability gives way to the next.

The nineteenth-century emergence of consumption-as-tuberculosis – clarified by Laënnec's *Treatise* (1819; trans. 1821) and consolidated by the pervasive 'scientization' (Klages, p. 4) of the individual and the social organism, especially in the wake of Darwinism – provided just such an opportunity for representations of consumptive identity. Harraden's *Ships That Pass in the Night* (1893) exemplifies this literary opportunism in its additional exploitation of new but well-established feminist discourses in its exploration of the potential for evolving disabled identities. The disabled identities offered by Beardsley and by the novels examined in my thesis represent a devilish opposition to the omnipotent nineteenth-century sentimental monolith by the mere fact of asserting alternative ways of doing disabled masculinity. If the oppressive potential of essentialist sentimental and biomedical models originates in their claim to exclusive interpretation of impaired bodies, then the emergence of 'drag' consumptive identities that expose and exploit the 'liminal' moment inevitably undermines this oppressive power.

The politicised representation of consumptive identities achieved in these nineteenth-century texts – whether in the public personas of consumptive artists or in novels – had the potential to make a significant impact on disability culture: as Susan Sontag (1979) pointed out, consumption surely had a more complex and pervasive social impact and symbolic significance than any single physical impairment in nineteenth-century Britain, with syphilis and cholera as distant runners-up. Dramatic transformations in the cultural conceptualisation of

consumption might therefore have transformed representation of disabled identities associated with other impairments.

This second transformation did not in fact take place. With the introduction of compulsory notification and Sanatorium Benefit in 1912, discourses of tuberculosis were increasingly conducted in the long shadow of biomedical institutionalisation. In the 1950s, tuberculosis became a predictably curable disease and discourses of tuberculosis became preoccupied with the accessibility of effective medical services. Understandably, given biomedicine's dramatic success, biomedical models of consumptive identity triumphed. Furthermore, the overwhelming spectacle of injured troops, generated by two World Wars, contributed inevitably to the prioritisation of healthy men with mobility and limb deficiencies in twentieth-century disability discourses. In 1955, Wittkower (p. 85) observed that this popular profile of 'the disabled' as healthy men with visible impairments left consumptives' needs marginalised and misunderstood. The Victorian consumptive identities discussed in my thesis, radicalised by their delicate negotiation between the old sentimental and the fresh new biomedical model of disability, became insignificant and obsolete.

Can their relevance be rediscovered? In recent years, the UK TB Action Group (TBAG) has evidently adopted a socio-medical model of disabled identity in its use of the term 'people affected by TB' (rather than the crudely biomedical term 'TB patients') to offer mentoring, advocacy and information to current and former patients and their families. This change of terminology and focus acknowledges that the significance of illness extends far beyond the impaired body itself. Worldwide, the TB Survival Project offers an online forum for people to record and share their experiences of TB.<sup>372</sup> The charity TB Alert has adopted what it calls the 'Social model of health' (i.e. social explanations of impairment, though not necessarily of disability) and takes care to explain that 'we are supporting TBAG in its early stages of development, but its members decide on TBAG's focus, strategies and activities'.<sup>373</sup> This suggests the charity organisation's rejection of a sentimental or otherwise paternalistic approach towards its beneficiaries. The assertion of autonomy for 'people affected by TB' is apparently influenced by the assertive self-determining activism of 'people

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<sup>372</sup> *TB Alert 10<sup>th</sup> Anniversary Review* (2009), 11.

<sup>373</sup> *TB Alert News*, 20 (Autumn 2009), 3.

living with HIV' (PLHIV) in particular – if not by the modern disability movement more generally.<sup>374</sup>

While these developments are highly significant in demonstrating the re-emerging validity of consumptive identities, any supposed continuity between these new identities and their Victorian predecessors must be called into question by the drastic differences in their experiences. Rather than being obliged to construct a long-term disabled identity ended only by death, consumptives in the developed world can usually expect to be absolutely cured within months of diagnosis. It is still too early to evaluate whether the emergence of rare drug resistant strains of TB in Britain will generate a new population of incurable chronic consumptives, but I would suggest that public fear of contagion, the modern welfare state, and the changing demographic of TB patients in modern multicultural Britain, makes reversion to Victorian consumptive identities impossible.<sup>375</sup>

Nevertheless, the need for new cultural engagement with the nineteenth-century texts discussed in my thesis may be demonstrated by the modern disability movement's incoherent and incomprehensive theorisation of representing chronic and terminal illness.<sup>376</sup> This incoherence is evinced by the failure (so far) of disability studies to recognise the radical disability critique inherent in some Victorian representations of consumptive identity, or even to recognise Victorian consumptives as disabled people.

My thesis offers the potential to redefine 'positive' representation of disabled identity according to criteria more coherently theorised than elsewhere in disability studies. Many of the texts explored in my thesis expose and undermine

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<sup>374</sup> See *TB Alert News*, 19 (Autumn 2008), 7, on the influence of PLHIV on TB activists.

<sup>375</sup> Christopher Dye, 'Epidemiology', in *Clinical Tuberculosis*, ed. P. D. O. Davies, 3<sup>rd</sup> edn (London: Arnold, 2003), pp. 21-42, argues that the spread of drug-resistant TB should be manageable in developed countries. Existing studies of the social impact of drug-resistant TB in developing countries, like Sonya Shin, Jamie Bayona and Paul Farmer, 'DOTS and DOTS-Plus: not the only answer' in *Clinical Tuberculosis*, ed. P. D. O. Davies, 3<sup>rd</sup> edn (London: Arnold, 2003), pp. 211-223, are not relevant to my thesis.

<sup>376</sup> According to 'BBC and Channel 4 Listen to Disabled Audiences', [http://www.bbc.co.uk/radio4/youandyours/items/05/2009\\_03\\_fri.shtml](http://www.bbc.co.uk/radio4/youandyours/items/05/2009_03_fri.shtml) (accessed 19<sup>th</sup> September 2009), 500 disabled adults surveyed on accessibility to and content of media services requested that 'disabled people should (generally) play disabled characters; broadcasters should not be afraid to portray disabled people in unsympathetic ways (warts and all)'. The disabled people surveyed suggested that 'unsympathetic' representations should replace sentimentality with 'authenticity' and 'realism', but this article did not clarify or theorise what they meant by 'authenticity' or what they thought it would achieve.

disabling cultural structures not by presenting flattering or 'realistic' images of disability, but by presenting disruptive ways of performing the negative, unrealistic and clichéd consumptive identities available in nineteenth-century culture. My focus on deployment rather than content of cultural identities has allowed this thesis to redefine the political radicalism of nineteenth-century texts – and people – hitherto ignored by the modern disability movement.

The disabled identities discussed in my thesis are disruptive not only as an unwelcome extraneous presence that undermines sentimental or biomedical hegemony, but also in their relentless commitment to mockery, opposition, subversion, perversity, ingratitude and self-assertion. These devilish qualities seem to be the founding principle of their interaction with disabling structures of authority. These ostensibly 'negative' consumptive identities have far more critical value than 'positive' or ill-conceived 'realistic' disabled identities favoured by some speakers and delegates at a 2009 conference on representations of disability in popular culture (discussed in my Introduction). These 'negative' nineteenth-century consumptive identities are not randomly obnoxious; rather, they assert themselves as more-or-less coherent responses to social injustice, demonstrating that damaging social interactions can and do produce damaged individuals, and that relentless, unjustified sentimental demands for gratitude and docility may, in the right circumstances, provoke venomous indignation and rebellion. Exploiting historical and moral chinks in the armour of traditional essentialist models of disability, these 'negative' identities demonstrate a degree of socio-political consciousness that would only re-emerge in disability criticism at the end of the twentieth century.

## Appendix

### Violence Involving Consumptive Men

In the Introduction and Chapter 3, I suggested that disabling cultures conceal actual or potential violence against people with impairment, and that the threat of physical danger constitutes an effective disciplining of disabled identities.

Some instances of violence were purely linguistic and, in context, may not indicate a wider culture of aggression against consumptive men. In the later nineteenth century a high proportion of readers of Colorado's *Rocky Mountain News* would have been consumptive; Colorado was a major destination for American consumptive pioneers (see Rothman, 1995; Roberts, 2006). An 1895 article on Aubrey Beardsley stated:

In physique he is almost incredibly frail. His cheeks are white, his big eyes are hollow and blue-ringed, and the smooth thatch of dark red hair (which is one of the affectations that makes you angry) is combed down on his forehead, so that it exaggerates the excessive pallor and thinness of his features. At times you feel as if you could – pouf! – blow him away with a good hard breath; but a moment later he says a thing so thoughtful and so brilliant that you give up the idea, and forget his bodily lightness in your admiration of his mental weight.<sup>377</sup>

The reporter finds Beardsley's sick body 'excessive' and 'incredible'; the consumptive's deliberate or accidental exaggeration of his sick appearance 'makes you angry'. The reporter's impulse to 'blow him away' asserts a disparaging comparison between his 'good hard breath' and the consumptive's presumably feeble, sick breath. The presence of such aggression in an otherwise favourable, sympathetic article is somewhat baffling.<sup>378</sup>

The few representations I have been able to locate of actual physical violence involving consumptive men all depict a peculiar juxtaposition of a chivalrous desire to protect and an impatient desire to punish consumptive men who take an aggressive stance in homosocial confrontation or simply attempt to assert some kind of public masculine identity among nondisabled men.

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<sup>377</sup> 'Beardsley and His Fad: A Clever Young Chap and His Black and White Sketches', *Rocky Mountain News*, 21<sup>st</sup> April 1895, p. 19.

<sup>378</sup> This article was printed in other American newspapers that year. I cannot identify the reporter, who appears to have visited Beardsley at his home in Pimlico.

Jad Adams discusses two violent incidents in 1890's London involving consumptive poet Ernest Dowson (1867-1900). In one incident, Dowson slapped a Guardsman on an omnibus; 'the Guardsman gallantly attempted to back out of what was clearly a contest unequal in his favour' (p. 102). In the second incident, Dowson ran out into the streets around Limehouse and returned with a stab-wound in his head; a friend remarked that 'the striker's purpose had obviously been to stab him in the eye' (pp. 102-103, quoting Robert Harborough Sherard's *Twenty Years in Paris* (London, 1905), p. 401). It is of course unrecorded why the Guardsman responded to the consumptive's provocation so chivalrously while the Limehouse 'ruffian' (p. 102) responded so viciously.

A story in the *Hampshire Telegraph and Sussex Chronicle* in 1890, probably reprinted from an American newspaper, describes a fight between an apparently dying consumptive and 'a hulking big fellow, with a bullet head and lots of wind and fat' at an Alabama railway station.<sup>379</sup> The bully declares:

'if you were only a well man I'd make you eat mud. As it is, don't give me too much sass, or I'll teach you manners. [...] I never strike a sick man [...], but I will tweak your nose just once to reduce your temperature. Now come –' He reached out with thumb and finger, but he didn't get the nose. Instead of it he got it biff! bang! in the face with the right and left, and as he went down the consumptive kicked him to his feet and knocked him over a baggage truck. ('Consumptive Strikes Out', p. 17 [?])

The 'consumptive' later reveals that he is in fact a healthy professional contortionist: 'I saw that duffer sizing me up, and so I played to catch him.' There is undoubtedly some significance in the contradiction between the bully's repeated assertions that he never hits a sick man, and the contortionist's notion that the bully will be more likely to hit him if he pretends to be sick. However, the tone and uncertain provenance of this tale make it difficult to interpret.

American newspapers seem to be a surprisingly rich source for tales of consumptive violence. Reportage of the 1884 court hearing for American consumptive Dr John Henry Holliday (1851-1887), accused of the attempted murder of William Allen in Leadville, Colorado, generated rare documentary evidence of the peculiar ways in which social structures could marginalise the

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<sup>379</sup> 'A Consumptive Strikes Out', *Hampshire Telegraph and Sussex Chronicle*, 10<sup>th</sup> May 1890, p. 17[?].

endangered consumptive body, and the terms under which some consumptives could reinsert themselves into these structures – if only as pitiable victims or obnoxious deviants.

In 1884, Allen, a fitness instructor for the Leadville fire-brigade, threatened to ‘knock [Holliday] down and kick his d--n brains out’ if the destitute and (apparently) dying Holliday did not repay a \$5 loan.<sup>380</sup> Tearfully, Holliday told a journalist that ‘I am afraid to defend myself and these cowards kick me because they know I am down.’<sup>381</sup> As Allen was a ‘special policeman’ and fireman, we may recal Wykes’s and Welsh’s discussion of men:

physically aggrandising themselves through the violent subordination of an ‘other’ man on a public street, but also legitimately protecting dominant white masculinity through cop culture and the legal system. (p. 136)

When Allen came to collect the debt, Holliday shot him twice – probably with intent to kill – before Allen could touch him. Contemporary newspapers reveal a remarkable conflict between legal disregard of and public sympathy with the consumptive’s predicament. The judge initially ignored Holliday’s severe impairment, remanding him into custody and stating:<sup>382</sup>

that he [the judge] had nothing to do with anything but the law in that case, whatever his opinion might be as to Holliday’s moral guile. The evidence was clear that he had shot Allen, and that it was not in self-defense, for Allen had made no break for him, and until he did so, Holliday was not legally justified in shooting, whatever previous provocation he may have had in the way of insult or even threats, so long as no move was made to execute the latter.

The public sentiment, however, which has nothing to do with the law, is largely in favour of Holliday. [...] Holliday had reasons, whether or not they are good in law, for believing that past persecutions would be concluded by a violent assault. (*Leadville Daily Democrat*, 26<sup>th</sup> August 1884, quoted in Roberts, pp. 354-355)

The newspaper presents the two viewpoints – ‘neutral’ judiciary and ‘special’ subjectivity – in two separate paragraphs, implying that they are not wholly compatible. Public opinion seems to observe something amiss in the judge’s

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<sup>380</sup> Testimony of Pat Sweeney, in *Leadville Daily Herald*, 26<sup>th</sup> August, p. 4.

<sup>381</sup> *Leadville Daily Democrat*, 20<sup>th</sup> August 1884, quoted in Roberts, p. 344.

<sup>382</sup> As the *Democrat*, 26<sup>th</sup> August 1884, quoted in Roberts, p. 355, observed, ‘should Holliday be obliged to remain behind bars up to the day of his trial it would probably go very hard with him, as his constitution is badly broken and he has been really sick for a long time past’.

assumption that both participants were able-bodied males: three witnesses emphasised that Allen was ‘a powerful man – much stronger than Holliday’, who is repeatedly described as ‘delicate’ (*Herald*, p. 4). Crucially, there was also public criticism of the judge’s decision to treat this as an incident of violence inflicted in one direction rather than as self-defence. By contrast, the consumptive described an incident of reciprocal violence, one side of which (i.e. Allen’s threat) had been concealed by the judiciary’s institutional disregard of the consumptive body’s peculiar vulnerability:

I knew that I would be a child in his hands if he got hold of me; I weigh 122 pounds; I think Allen weighs 170 pounds; I have had the pneumonia three or four times; I don’t think I was able to protect myself against him. (*Leadville Daily Herald*, 26<sup>th</sup> August 1884, p. 4)

Through numerical precision, exploiting the hard biomedical facts of bodily difference, Holliday asserts the social presence of his impaired body in a social discourse that has so far feigned ignorance of his impairment and consequent victimhood.<sup>383</sup>

Since 2005, English law has distinguished between ‘disability hate crimes’, defined as those ‘motivated by hostility based on the victim’s disability’, and ‘crime committed against a disabled person because of his/ her perceived vulnerability’.<sup>384</sup> In the latter, English law does take into account the victim’s ‘vulnerability’ in assessing the perpetrator’s culpability and the ‘degree of harm’ done (p. 10). However, analysis of the nineteenth-century texts discussed in this Appendix may suggest that the distinction between ‘hate crimes’ and crimes in which victims are selected for their special vulnerability is misguided – or, indeed, that the special category of ‘disability hate crime’ is meaningless. Under a social model of disability, the weak body is supposedly disabled by an unjust social structure: any violence directed at the weak body can be regarded as simply another aspect of the same disabling social structure that marginalises, discriminates against and endangers impaired bodies.

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<sup>383</sup> See Burdett, p. 204, on the increasing importance of precise figures in Government decision-making in nineteenth-century Britain.

<sup>384</sup> Equality and Diversity Unit, *CPS Policy for Presenting Cases of Disability Hate Crime* (Bolton: Blackburns, 2007), p. 9.



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