

Revisiting Tuberculosis in Victorian Literature and Culture

Tuberculosis and the Victorian Literary Imagination. Katherine Byrne. New York: Cambridge University Press, 2011. 223 pp.

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<1>Susan Sontag's remarkable account of literary and popular representations of tuberculosis and cancer in nineteenth- and twentieth-century Western literature and culture, *Illness as Metaphor* (1978), has shaped most literary critics' analyses of the narratives of people afflicted with each of the two then-most prominent diseases of the nineteenth and twentieth centuries. People with tuberculosis, Sontag argued, were thought to have delicate constitutions, keenly sensitive to art, literature, and poetry; cancer patients, by contrast, were thought to be reserved, pessimistic, inexpressive loners. Recent scholars have taken up Sontag's effort to describe the cultural impact of these diseases. Siddhartha Mukherjee's *Emperor of All Maladies: A Biography of Cancer* (2010), offers a far broader geographical and historical scope than did Sontag in his study of the historical and global perceptions of cancer. Katherine Byrne's *Tuberculosis and the Victorian Literary Imagination*, rather than offering the more expansive perspective that Mukherjee does, instead fills in and complicates a large section of the rough outline Sontag provided over thirty years ago for understanding tuberculosis' cultural impact in the West. Byrne's study of tuberculosis (known also then as consumption, "wasting disease," and phthisis) in the Victorian British "Literary Imagination" offers a much needed, historically detailed and richly nuanced account of how tuberculosis was depicted in the period's art, literature, and medical writings.

<2>Byrne's first chapter analyzes key Victorian medical disputes about phthisis. Was it an inherited or a contagious disease? How was it best to be treated? While these debates preoccupied the medical professionals themselves, Byrne reveals that in their writings there was an inherent tension between the medical professionals' desire to adhere to and promote the notion of the consumptive type, identical to the one Sontag described, and their inability to account for the evidence that disease struck people from all social classes seemingly arbitrarily. Perhaps even more striking, however, is Byrne's claim that the medical professionals overwhelmingly characterized the disease as feminine, uniformly ignoring what would seem to be clear evidence that the disease struck men and women in nearly equal numbers.

<3>The book's insights about the effects of medical and other journalistic accounts of phthisis as both a feminine and feminizing disease, despite convincing medical evidence to the contrary, are a particularly valuable contribution to our understanding of the development of a "tubercular aesthetic," applied primarily to women of the upper and middle classes. Doctors complained that upper-class women in particular were damaging themselves, even bringing on the "wasting disease" by tightening corsets in an attempt to achieve the tiny waist of the consumptive. Byrne's third chapter describing the "passive domination of the [consumptive] invalid" (Sutherland qtd. in Byrne 75-6)(1) in Mrs. Humphrey Ward's *Eleanor* (1900) explains that the titular heroine's excessive passion and subsequent refusal to eat (heightening her spirituality through denial of her body, a type of "holy anorexi[a]" [Bell qtd. in Byrne 83])(2) were behaviors viewed by Victorian medical professionals as causes, not merely symptoms, of phthisis in upper-class women. Thus Ward provides her middle-class Eleanor with an upper-class woman's symptoms. Byrne's fourth chapter provides an equally provocative reading of Pre-Raphaelite artist Dante Gabriel Rossetti's preoccupation with producing this tubercular aesthetic through his renderings of real-life illness sufferer Elizabeth Siddall. Byrne raises the question of whether Rossetti and other artists of the Pre-Raphaelite Brotherhood purposefully constructed Siddall as a consumptive rather than a hysteric to enhance the marketability of their paintings of her. Descriptions of Siddall's symptoms, Byrne claims, clearly suggest to the twenty-first century reader that hysteria would have been the more likely diagnosis.

<4>Byrne offers George Du Maurier's heroine Trilby as another example of how the tubercular aesthetic was used to produce an appealing aesthetic, this time in a novel. Her discussion of *Trilby* (1894) explores the link between the tubercular aesthetic and vampirism in late nineteenth-century fiction including Bram Stoker's *Dracula* (1897). The vampire figure, she argues, functions like the contagious disease in draining its female victims of their vitality, color, and flesh, thus producing the familiar symptoms of consumption. Examining how popular and even some medical accounts linked vampirism, sometimes through vampire bats, to tuberculosis, Byrne provides evidence that in medical circles the disease was still considered a blood disease even for many years after Robert Koch's discovery of the tuberculosis bacillus in 1883. She cites diverse depictions linking vampirism and the "wasting disease" by virtue of its symptoms. Byrne also describes Stoker's own clipping and saving of a popular account of a vampire bat's draining the blood of an animal. That particular narrative reads much like a scene from *Dracula* in which the American, Quincey Morris, recounts witnessing the near-complete draining of the blood of a horse by a vampire bat during one of his expeditions in the New World. Byrne's final chapter extends her analysis of the gendered tubercular aesthetic to a fine analysis of the "compromised masculinity" (150) of the male characters, particularly Ralph Touchett in Henry James's *Portrait of a Lady* (1880-81).

<5>Byrne's deft synthesizing of medical, popular, and fictional literature about phthisis stumbles a bit in the novel's second chapter, the only one devoted to early-Victorian writing. Here Byrne addresses cases of lung disease in two Victorian Condition-of-England novels, Elizabeth Gaskell's *North and South* (1854-55) and Charles Dickens's *Dombey and Son* (1846-48). The chapter offers little insight into the actual medical writing about phthisis among the working classes; Byrne instead stresses similarities between factory worker Bessy Higgins's lung disease and the illness of wealthy businessman Paul Dombey's son. Both young characters, she argues, should be seen ultimately as victims of capitalist consumption. While this conclusion may

ultimately be sound, the effort to link the two characters' experiences of lung disease (Bessy's is almost certainly non-contagious "brown lung") seems uncharacteristically inattentive to the medical and historical situation. Even here, however, Byrne's contention that Bessy's illness results in her being afforded the same traits as the upper middle-class consumptive provides a compelling insight. Bessy does appear to become "spiritualized and even intellectualized," as Byrne argues, "by her removal from health" (64). Interestingly, though Byrne cites Sontag sparingly in the book as a whole (four times in total), in introducing her discussion of Bessy's illness Byrne relies heavily on Sontag's conclusions about the identification of tuberculosis as a "spiritual disease" and a "disease of individuals." Sontag's observations about how tuberculosis was viewed, however, drew primarily on fictions of the middle classes throughout Western Europe, the United Kingdom, and the United States. By extending Sontag's observations to the working-class character Bessy, Byrne offers an insightful reading of the metaphorical function of Bessy's illness within *North and South*. But Byrne's reading comes at the cost of her otherwise careful historicizing of her argument in reference to the relevant medical literature about tuberculosis, in this case the ample Victorian medical writings about the lung diseases associated with textile work.

<6>Byrne's epilogue offers a bridge between her analysis of tuberculosis in the Victorian literary imagination and her insights about the quite different stories the disease has inspired in the late-twentieth and twenty-first centuries. Here she makes clever connections between twentieth-century sanatorium novels and the early Victorian industrial novels she addressed in Chapter Two; in both sets of novels tuberculosis has the ability to "consume temporality" (181) for individual sufferers, although the individual is no longer, she argues, exceptional in the twentieth-century consumptive narrative. Byrne uses the epilogue to argue convincingly that while the "tubercular aesthetic" that helped sell Victorian paintings and novels may no longer be connected to tuberculosis in the twenty-first century popular imagination, today's authors, such as John Le Carré in *The Constant Gardener* (2001), still use tuberculosis as a powerful cultural metaphor for "the destructive power of capitalism" (188).

Endnotes

(1)John, Sutherland, *Eminent Victorian Pre-eminent Edwardian*. (New York: Oxford University Press, 1990), 214.(^)

(2)Byrne cites Rudolph Bell's definition of "holy anorexia" in his book by the same name. Rudolph, Bell, *Holy Anorexia*. (Chicago: Chicago University Press, 1985).(^)