

5-2012

“Half in Love with Easeful Death:” Tuberculosis in Literature

Ashley M. Wilsey
Pacific University

Follow this and additional works at: <http://commons.pacificu.edu/cashu>



Part of the [English Language and Literature Commons](#)

Recommended Citation

Wilsey, Ashley M., “Half in Love with Easeful Death:” Tuberculosis in Literature” (2012). *Humanities Capstone Projects*. Paper 11.

This Capstone Project is brought to you for free and open access by the College of Arts and Sciences at CommonKnowledge. It has been accepted for inclusion in Humanities Capstone Projects by an authorized administrator of CommonKnowledge. For more information, please contact CommonKnowledge@pacificu.edu.

“Half in Love with Easeful Death:” Tuberculosis in Literature

Abstract

[From the introduction]

Within the history of literature no other disease is as complex and enigmatic as tuberculosis. The disease has known many names, including the Great White Plague, Phthisis, and, most famously, Consumption, before receiving the decidedly unromantic name tuberculosis in the mid-Nineteenth Century (Dubos and Dubos 10). Tuberculosis stands unique within the realm of literature against other diseases due mainly to its commonality: the disease was, and remains today, one of the most prolific killers of human beings all over the globe. In his book *The White Death: A History of Tuberculosis*, Thomas Dormandy writes that, unlike other plagues such as scarlet fever or measles, tuberculosis “transformed the lives as well as causing the deaths of its victims” (xiii). For centuries, tuberculosis was a disease that was believed to be linked with special poetic and aesthetic qualities, and these beliefs were reflected not just in literature, but in medicine as well. As science progressed, so did the literature of tuberculosis – the disease changed in literature and in medicine from something romantic and mysterious but a disease caused by an agent (the tuberculosis bacillus) which could be conquered. As Clark Lawlor points out in his book *Consumption and Literature*: “literature affected consumption’s reality, just as consumption shaped literature to a hitherto unrecognized extent” (190).

The literary portrayal of tuberculosis from the early nineteenth to the early twentieth century contrasts with the scientific reality of the disease with the oft-romanticized portrayal in fiction. An examination of a selection of the major works of John Keats, Edgar Allan Poe, Charlotte Brontë, Fyodor Dostoevsky, and Thomas Mann reveals that these writers had firsthand experience with tuberculosis – they either suffered from the disease themselves or were surrounded by those who did. Tuberculosis and the aestheticization of the disease play a major role in many of their works.

Document Type

Capstone Project

Degree Name

Bachelor of Arts

Department

English

First Advisor

Pauline Beard, PhD

Subject Categories

Arts and Humanities | English Language and Literature

Rights

[Terms of use for work posted in CommonKnowledge.](#)



“Half in Love with Easeful Death.”
Tuberculosis in Literature

Presented By
Ashley M. Wilsey

In partial fulfilment for the degree
of Bachelor of Arts at Pacific University

May 2012

Pauline Beard (Ph.D.)
First Reader and Advisor

Lorelle Browning (Ph.D.)
Department Chair

Table of Contents

1. Introduction	1
2. Tuberculosis	2
3. The Aesthetics of Tuberculosis	4
4. Romantic Consumption	9
4.1. John Keats	9
4.2. Keats's Poetry	12
5. Mid-Nineteenth Century Literature and Tuberculosis	15
5.1. Edgar Allan Poe	15
5.2. Poe's Romanticized Consumption and "The Masque of the Red Death"	18
5.3. Death by TB: <i>Jane Eyre</i> and <i>Crime and Punishment</i>	22
6. Science Marches On	28
6.1. Robert Koch and Literary Response to the Discovery of the TB Bacillus	28
6.2. <i>The Magic Mountain</i>	29
7. Conclusion	32
7.1. Modern Tuberculosis	32
7.2. "Half in Love with Easeful Death"	33
Bibliography	35

1. Introduction

“Yet the captain of all these men of death that came against him to take him away was the consumption, for it was that that brought him down to the grave”

John Bunyon, *The Life and Death of Mr. Badman*, 1680

Within the history of literature no other disease is as complex and enigmatic as tuberculosis. The disease has known many names, including the Great White Plague, Phthisis, and, most famously, Consumption, before receiving the decidedly unromantic name tuberculosis in the mid-Nineteenth Century (Dubos and Dubos 10). Tuberculosis stands unique within the realm of literature against other diseases due mainly to its commonality: the disease was, and remains today, one of the most prolific killers of human beings all over the globe. In his book *The White Death: A History of Tuberculosis*, Thomas Dormandy writes that, unlike other plagues such as scarlet fever or measles, tuberculosis “transformed the lives as well as causing the deaths of its victims” (xiii). For centuries, tuberculosis was a disease that was believed to be linked with special poetic and aesthetic qualities, and these beliefs were reflected not just in literature, but in medicine as well. As science progressed, so did the literature of tuberculosis – the disease changed in literature and in medicine from something romantic and mysterious but a disease caused by an agent (the tuberculosis bacillus) which could be conquered. As Clark Lawlor points out in his book *Consumption and Literature*: “literature affected consumption’s reality, just as consumption shaped literature to a hitherto unrecognized extent” (190).

The literary portrayal of tuberculosis from the early nineteenth to the early twentieth century contrasts with the scientific reality of the disease with the oft-romanticized portrayal in fiction. An examination of a selection of the major works of John Keats, Edgar Allan Poe, Charlotte Brontë, Fyodor Dostoevsky, and Thomas Mann reveals that these writers had firsthand

experience with tuberculosis – they either suffered from the disease themselves or were surrounded by those who did. Tuberculosis and the aestheticization of the disease play a major role in many of their works.

2. Tuberculosis

The World Health Organization defines Tuberculosis (or TB) as “an infectious disease caused by the bacillus *Mycobacterium tuberculosis*” (*WHO Report 3*). The disease generally affects the lungs (known as pulmonary tuberculosis), but *M. tuberculosis* can infect any organ within the body (Ringold et al. 464). (Some major forms of non-pulmonary tuberculosis include: “tuberculosis of the bones and joints, the lymph nodes... the abdomen, the meninges and central nervous system, and the skin”) (Bryder 3). Pulmonary TB is the most common form of the disease, with 80-85% of all deaths from TB in the twentieth century caused by the pulmonary TB (3). TB is an airborne disease, and when those with an active TB infection “cough, sneeze, talk or spit, they propel [TB bacilli in water droplets] into the air. A person needs only to inhale a small number of these to be infected.” If left untreated someone with an active TB disease will infect “between 10 and 15 people every year.” However, only 5-10% of those infected with the TB bacilli will develop an active infection – the immune system “walls off” the bacteria, which can lay dormant for years (“Tuberculosis”). Symptoms of an active pulmonary tuberculosis infection include fever, night sweats, weight loss, fatigue, and a “persistent cough that may be associated with bloody sputum” as well as “difficulty breathing or chest pain with breathing” (Ringold et al. 464). According to the World Health Organization’s 2011 report on the disease, TB is “more common among men than women, and affects mostly adults in the economically productive age groups; around two-thirds of cases are estimated to occur among people aged 15–59 years” (*WHO Report 3*).

Treatment for the disease normally requires “a regimen of 3 to 4 antibiotics taken daily for a minimum of 6 to 9 months” (Ringold et al. 464) Treatment takes a long time because the bacteria are difficult to kill – *M. tuberculosis* bacteria have “hard waxy coats that are difficult to penetrate,” and, while bacteria are “most vulnerable when they are in the act of multiplying...*M. tuberculosis* multiplies very slowly” (Reichman and Tanne 13). The body responds to an *M. Tuberculosis* infection in the lungs by forming “a wall of white blood cells, calcium salts, and other fibrous materials around [the bacteria]” (Weeks and Alcamo 433). As all of these materials accumulate, they form a “hard nodule” known as a tubercule (these nodules are visible on x-rays). While *M. Tuberculosis* itself does not produce any known toxins, these tubercule growths are “so unrelenting that the tissues [surrounding the tubercules] are literally consumed” – this “consuming” action, along with those suffering from TB appearing to waste away is what gave rise to the disease’s most common nickname: “consumption” (433). The cavities resulting from the consumed lung tissue cause one of TB’s most iconic symptoms: haemoptysis, or coughing up blood. This usually occurs only with advanced pulmonary TB and is “usually mild. The typical presentation is blood-streaked sputum.” Massive, fatal hemorrhages are rare, but when they do occur it is usually due to “erosion into a bronchial artery or [of a] rupture of an aneurysm...within the TB cavity” (Hoffmann and Churchyard 338).

Historically, tuberculosis is one of the oldest diseases known to man, as there “is good palaeopathological evidence” that the disease has “been common in human societies for millennia” (Bynum 57). In fact, Thomas Dormandy points out that “characteristic lesions in prehistoric skeletons and in Egyptian Mummies” attributed to tuberculosis (1-2). Historians believe that the human strain of the tuberculosis bacillus “originally spread from animals to humans...it probably leapt from cows to humans about 8,000 to 10,000 years ago” (Reichman

and Tanne 2002: 11). The ancient Greeks used the term *phthisis* - which literally translates to “wasting” - to describe the disease (Dormandy 2). The disease was known to Hippocrates and his circle; however, it must be observed that the further one goes back in history, “the more difficult it is to be absolutely certain of the diagnosis, and it is no doubt that many great men have been labeled tuberculous on rather slender grounds” (Wilson 161). It is reasonable to assume that, after the Eighteenth Century, “most cases of ‘*phthisis*’ would today be diagnosed as tuberculosis” (Bynum 57). Throughout history, tuberculosis was one of the world’s deadliest diseases: in the Nineteenth Century, Tuberculosis was “the leading cause of death throughout Europe” (Bynum 56). From the seventeenth century through the Nineteenth Century tuberculosis “killed as many as one in four people in Western Europe and America” (Lawlor 5). On the east coast of the United States, the estimated annual tuberculosis rate was “as high as 400 per 100,000 population” (Carpenter 60). Between 1838 and 1843 the disease killed more than 60,000 people in Britain and “ultimately wiped out more Britons in the 1800s than did smallpox, measles, typhus, whooping cough, and scarlet fever all combined” (Pool 247).

3. The Aesthetics of Tuberculosis

In literature as well as life tuberculosis became more than just a disease: it became an art. In his 1966 article “Tuberculosis and the Creative Writer” John Wilson argues that “all art is forged out of human experience, and pulmonary tuberculosis is one of the deepest and most testing experiences that a man [or woman] can undergo” (Wilson 161). The disease affected not just the victims, but the victims’ immediate family, their friends, and their lovers. Tuberculosis also, according to Thomas Dormandy, became for over a century a major influence on nearly all forms of art: “this was not only because the list of tuberculous artists, poets, philosophers and musicians still reads like a roll-call of genius; the disease also imprinted itself on the creations of

the non-tuberculous majority” (xiii). Though the disease was extremely destructive and painful there emerged in both literature and contemporary medical discourse a belief that the disease could cause one to possess special creative qualities. While medical discourse on tuberculosis in the seventeenth and eighteenth centuries “employed extremely gruesome images of decay, putrefaction, and stinking effluvia.” By the early Eighteenth Century there also existed “alongside the horrible pathology... a tradition of the art of living well with, and dying a good death from, consumption” (Lawlor and Suzuki 463). As the Eighteenth century progressed, having tuberculosis, as well as “being treated for the disease became an experience associated with refined cultural values and aesthetic pleasures” (475). The Nineteenth Century “developed and transformed, rather than denied, the culture of aestheticized consumption” that developed in the previous century (462).

The aestheticization of tuberculosis can be seen in all forms of art, but it is especially present in literature. In her book *Tuberculosis and the Victorian Literary Imagination*, Katherine Byrne describes the numerous subject types that tuberculosis became associated with in literature:

[Tuberculosis] has been associated simultaneously, though not always congruously, with youth and purity, with genius, with heightened sensibility and with increased sexual appetites. The resulting images have become famous textual tropes: the languishing consumptive poet whose thwarted desires and personal frustrations seem to have brought about his illness; the Christlike [sic] innocence of the child who dies because they are too pure for the world; the beautiful but wan and pining girl whose decline owes much to her broken heart... (Byrne 3)

Many of these literary tropes existed in literature long before the Eighteenth and Nineteenth centuries. Consumption was considered closely linked to one’s emotions, particularly love and

desire. As Susan Sontag explains in her essay *Illness as Metaphor*, the fever associated with tuberculosis was a sign of “inward burning,” and someone with tuberculosis was “‘consumed’ by ardour...leading to the dissolution of the body” (20). Metaphors taken from tuberculosis “to describe love” were the “the image[s] of a diseased love...long antedates the Romantic movement. Starting with the Romantics, the image was inverted, and TB was conceived as a variant of the disease of love” (Sontag 20). Tuberculosis as a disease of love and desire was considered enough of a “literary cliché and a cultural given” in Shakespeare’s time to elicit parody (Lawlor 15). In *Much Ado About Nothing*, Beatrice claims she is only accepting Benedick’s proposal in order to save him:

Benedick: Come, I will have thee, but by this light I take thee for pity.

Beatrice: I would not deny you, but by this good day I yield upon great persuasion, and partly to save your life, for I was told you were in a consumption. (V.IV.96-101).

According to Lawlor, this exchange “illustrates in comic miniature the logic of consumptive love: pining lovers fall into consumptions which can only be cured by possessing the object of their desire” (15).

The belief in tuberculosis as a disease of emotion and aesthetics was not just the opinion of the poets – long before germ theory and antibiotics, medical professionals (along with the public) believed in what Susan Sontag called “a TB character type”: “the TB prone character that haunted imaginations in the Nineteenth Century was an amalgam of two different fantasies: someone both passionate and repressed” (39). According to Sontag, this “melancholy character – or the tubercular – was a superior one: sensitive, creative, a being apart” (32). However, the actual link between tuberculosis and genius is rather tenuous: according to Clark Lawlor, “so many people had consumption that it is statistically likely that many creative people would suffer

from the condition” (121). Despite this, an “enduring bond” was created between the disease and “the poets, artists and musicians of the late eighteenth and early nineteenth centuries” (Byrne 93). In his book *What Jane Austen Ate and Charles Dickens Knew*, a description of daily life in Nineteenth Century England, Daniel Pool offers an explanation for the creative association with consumption: “The latter stages of the disease were often accompanied by a sudden burst of energy, glittering eyes, and a mania that sometimes produced a frenzied outpouring of creative work and so lent currency to the belief that the disease was somehow associated with artistic productivity or genius” (247). Through all of the gifted people who happened to have the disease, TB became “identified with youth, genius and tragedy and glamorised [sic] by these associations” (Byrne 94). Having consumption was “both a sign and a cause” of poetic and creative talent – a type of “physicality” that made the poet, the writer, and the artist in general more “sensitive to nature, more poetically productive, yet doomed to die from that very physicality” (Lawlor 178).

During this time, medical opinion and literary opinion were often reflections of each other. Consumption was not just a “the physical disease of sensibility” in literature, but in medicine as well (Lawlor 9). Medicine during the time of the Romantics “was happy to reflect and indeed encourage – the general idea that male consumptives were in some way blessed with special qualities linked specifically to their disease” (Lawlor 122). Treatment for tuberculosis in the days of the Romantics only added, according to Dormandy, “its quota to the suffering. It was rooted in ignorance. Despite the achievements of earlier centuries, there was... still a yawning gap in the minds of doctors between the clinical symptoms and signs on the one hand and the underlying pathology on the other” (25). The popular medical belief that a person’s behavior and situation in life stood in the way of curing tuberculosis was useful for medical professionals at the time; it

acted as a method for disguising the lack of “scientific evidence about the true cause of the disease” (Byrne 26). This shift in blame from the disease to the patient downplayed the general ignorance of medicine and those who practiced it – the fault, therefore, was with the patient for having the disease not with the physician for being unable to provide a cure (26).

Dying of tuberculosis, according to Susan Sontag, was at this time “still mysterious and (often) edifying, and remained so until practically nobody in Western Europe and North America died of it anymore” (35). In literature, fatal illness was “a test of moral character” and, throughout the Nineteenth Century there was, as Sontag writes, a “great reluctance to let anybody flunk the test” (41). Literary tuberculosis provided “a redemptive death for the fallen...or a sacrificial death for the virtuous...even the ultra-virtuous, when dying of this disease, boost themselves to new moral heights” (41-42). This, according to Sontag, is the “standard achievement for TB deaths in fiction, and goes with the inveterate spiritualizing of TB and the sentimentalizing of its horrors” (41).

Not everyone, however, believed in such romantic constructions of tuberculosis. In response to the contemporary romanticization of the disease, Dr. Thomas Beddoes wrote in 1799:

Writers of romance (whether from ignorance or because it suits the tone of their narrative) exhibit the slow decline of the consumptive, as a state on which the fancy may agreeably repose and in which not much more misery is felt, than is expressed by a blossom, nipped by untimely frosts...I have heard many persons thus prepossessed, after closely attending a sick friend, declare their surprise not less than their horror, at the unexpected scenes of varied and protracted misery. (Qtd. by Lawlor 1)

Despite its portrayal in literature, the reality was that the symptoms of tuberculosis most likely hindered more artistic effort than it helped produce (Lawlor 121). Yet this belief in creative consumption, of an idealized, romanticized, and aestheticized disease, persisted for centuries.

4. Romantic Consumption

4.1 John Keats

As René and Jean Dubos point out in their classic 1952 study *The White Plague: Tuberculosis, Man and Society*, “all of the tragedy of consumption, the perverted attitude of the romantic era toward the disease and the ignorance of Nineteenth Century medicine...are exemplified in the story of John Keats” (11). In fact, according to Clark Lawlor the entirety of “Masculine consumptive mythology centres [sic] around Keats as the primary symbolic figure of the consumptive poet” (9). Born in October 1795, Keats’s mother died of tuberculosis when he was fourteen years old (Dubos and Dubos 12). After his mother’s death, Keats was apprenticed to an apothecary surgeon and eventually enrolled at Guy’s Hospital in London to study medicine (12). Keats would “stay in medical training long enough to earn his license as an apothecary” but he could not let go of his “love of literature” (Wolfson xxiii). He wrote his first poem in 1814, and “when he came of age in 1817, he gave up medicine to seek a career as a poet” (xxiii). As his literary career was beginning, Keats was caring for his younger brother, Tom, who, like their mother, was also suffering from tuberculosis. Keats himself was, as Dormandy notes, probably showing “advanced warnings of the disease” himself. While on a walking tour of Scotland with his friend, Charles Armitage Brown, Keats “developed a sore throat from which he never completely recovered: it was probably tuberculosis laryngitis” (Dormandy 14). The sore throat forced Keats to return to England, where he found Tom extremely ill. Keats “faithfully cared” for Tom during the last stages of his illness, and towards the end Keats “scarcely left [Tom’s]

bedside” (Walsh 30). Tom died in December of 1818, at the age of nineteen (Dubos and Dubos 14).

In October of 1818, Keats was introduced to Fanny Brawne – the woman who would become his next door neighbor, his literary muse and the love of his life. Several of his poems, including “Bright Star” and “To Fanny” were written for her. They would only be together for a short time, however, as Keats soon became ill with the same disease that killed his brother. On the night of February 3, 1820, Keats returned to the home he shared with his friend Charles Brown in Hampstead, after having ridden home on the outside of the stagecoach without a coat. Keats came into the house and was ushered immediately to bed. In his biography of Keats, Brown recalls the events of that night:

Before his head was on the pillow, he slightly coughed, and I heard him say, ‘that is blood from my mouth.’ I went towards him; he was examining a single drop of blood upon the sheet. ‘Bring me the candle, Brown; and let me see this blood.’ After regarding it steadfastly, he looked up in my face, with a calmness of countenance that I can never forget, and said – ‘I know the colour [sic] of that blood; - It is arterial blood; I cannot be deceived in that colour [sic] – that drop of blood is my death warrant. I must die.’ (Brown 64)

Unfortunately, Keats’s dramatic declaration would eventually be proven correct. Perhaps worse than the disease itself were the methods which Keats’s doctors used in their attempts to save him. Immediately after proclaiming the drop of blood to be his death warrant, Brown summoned a surgeon, and Keats was bled – “his surgeon and physician both unhesitatingly declared that his lungs were uninjured. This satisfied me, but not him” (Brown 65). Keats’s doctors believed that his illness was “as much mental as physical.” “Nervous over-excitement”

was considered to be a great danger to “a young man of consumptive and creative disposition” (Lawlor 135). Keats’s condition required him to be as calm as possible. Writing was considered to be too excitable for Keats’s supposed consumptive disposition, so he was forbidden to write. He was also forbidden to see Fanny Brawne, as “love was quite capable of burning out the poet’s vital energies” (Lawlor 136). In fact, some would even claim that Brawne brought on Keats’s illness (Latimer 1019). By all accounts Keats loved Brawne dearly - in a letter to her, Keats wrote: “On the night I was taken ill – when so violent a rush of blood came to my Lungs that I felt nearly suffocated – I assure you I felt it possible I might not survive, and at that moment thought of nothing but you” (Keats *Bright Star* 28). In an 1820 letter to Charles Brown, Keats, reflecting the romantic medical opinion that tuberculosis was the result of repressed longing, wrote that he “should have had her [slept with Fanny] when I was in health, and I should have remained well. I can bear to die. I cannot bear to leave her” (Scott 480).

Keats did, however, have to leave Fanny – and England altogether. Following yet another Nineteenth Century medical folly, it was decided in the summer of 1820 that Keats should travel to Italy, in the belief that the warmer climate would be beneficial for his health, his doctors having informed him that “he could not survive another English winter” (Wolfson xxv). In September of 1820 Keats left England for Rome with his companion, Joseph Severen. In Rome Keats was under the care of Dr. James Clark, a Scotsman residing in Italy. Though he was a “kindly and cultivated man” Clark was, unfortunately, “a lamentable doctor” and “arguably the worst in a competitive field” (Dormandy 19). After examining Keats, Clark declared that his ailment “was not consumption” and that Keats’s problem appeared to be “seated in his stomach” or quite possibly in his heart (Walsh 81). This belief led Clark to put Keats on a near-starvation diet. In fact, in a letter to one of his medical friends in London, Clark wrote of Keats’s illness,

stating: "...the chief part of the disease seems to be in the stomach and I have some suspicion of disease of the heart...the lungs appear to be fairly sound" (Dormandy 19). Reflecting the popular belief at the time, Clark also wrote of his belief that "[Keats's] mental exertions and application have I think been the source of his complaints. If I can put his mind at ease, I think he'll do well" (Scott 484). Clark declared that Keats, who "was by then barely strong enough to stand," needed exercise, and "the best exercise was [horseback] riding" (Dormandy 19). Such cures did nothing to help Keats. He grew extremely weak, and could no longer write. During his last days he was "unconscious most of the time but sobbed and groaned whenever he regained consciousness" and discovered that he was still alive (Dormandy 20). Keats died on February 23, 1821, just a few months after his twenty-fifth birthday. Joseph Severn, writing to John Taylor in March of 1821 wrote "Dr. Clark and Dr. Luby with an Italian Surgeon opened [Keats's] body. They thought it the worst possible Consumption. The lungs were entirely destroyed. The cells were quite gone" (Scott 511). They wondered at how Keats managed to survive the past few months (Dubos and Dubos 17). Dr. Clark would later "return to London...to become a royal physician" and would "end his long life a baronet" (Dormandy 19)

4.2 Keats's Poetry

Keats's experience with his illness had a profound effect on his writings – many of his poems reference death or dying young. Each of Keats's odes, including "On a Grecian Urn," "On Melancholy," and "Ode to a Nightingale," are, according to John Evangelist Walsh, each a "muffled cry from the very depths of the heart over what appears the cruel transience and shortness of life, and the heartbreak of its close" (36). Written in 1819, "Ode to a Nightingale" contains some of Keats's most poignant allusions to death – the first half of the ode is comprised of the narrator's desire "to escape the self and its human condition" (Sheats 91). The narrator,

overcome by “a drowsy numbness” as though he’d been poisoned, realizes the source of this feeling is the singing of the nightingale “in full-throated ease.” The narrator wishes to escape into the reality of the nightingale (“leave the world unseen, / And with thee fade away into the forest dim”) because to “fade far away, dissolve and quite forget” is far better than the human condition (“which thou [the nightingale] in the leaves hast never known”). The world of “weariness, the fever and the fret,” where “but to think is to be full of sorrow / And leaded eyed despairs” is far too overwhelming for the narrator. He tells the nightingale that he will “fly” to it – however, as Paul D. Sheats points out, this “imaginative union with the bird already portends the self-annihilation that becomes temptingly explicit in stanza six” (90-91). In Stanza VI the narrator conceives of death as an “eternal present” and the “prolongation of the ecstatic moment” (Sperry 265):

Darkling I listen; and, for many a time
 I have been half in love with easeful Death,
 Call'd him soft names in many a mused rhyme
 To take into the air my quiet breath;
 Now more than ever seems it rich to die,
 To cease upon the midnight with no pain,
 While thou art pouring forth thy soul abroad
 In such an ecstasy!
 Still wouldst thou sing, and I have ears in vain –
 To thy high requiem become a sod.

The narrator, “half in love” with the notion of the “easeful” painless death, associates it with the “ecstasy” of the nightingale’s song, to the point where it seems “rich” to die, rather than frightening or painful, as described in Stanza III. Here, the physical world has vanished, and the narrator imagines himself as “a sod” over which the nightingale would sing for all eternity. However, this reverie of death does not last long, as the narrator realizes that “the fancy” of an escape with the nightingale “cannot cheat so well” – the “immortal” nightingale, unlike humanity, “was not born for death.” The narrator cannot escape into its world, and, as Stuart

Sperry points out, the nightingale ceases to unite the “earthly and the eternal” but now “serves to emphasize the gap between them” (265).

Although “Ode to a Nightingale” makes no explicit reference to tuberculosis, critics believe that the line from Stanza III “where youth grows pale, and spectre-thin, and dies” is a direct reference to the death of Keats’s brother, Tom (Lawlor 112). The description of youth growing “pale...spectre thin” and then dying can easily be read as a reference to the wasting symptoms of tuberculosis.

Death in general is a popular theme in much of Keats’s poetry. In the sonnet “When I have Fears that I may cease to be” written in either 1817 or 1818, Keats writes of his fear of death – especially that he will die before he may be able to write and publish the poems in his head. “When I have fears that I may cease to be” is far less complex than “Ode to a Nightingale” in its exploration of death and though it has no explicit references to tuberculosis, it does provide some insight to Keats’s thoughts on dying:

When I have fears that I may cease to be
 Before my pencil has gleaned my teeming brain,
 Before high piled books, in charact'ry,
 Hold like rich garners the full-ripen'd grain;
 When I behold, upon the night's starr'd face,
 Huge cloudy symbols of a high romance,
 And think that I may never live to trace
 Their shadows, with the magic hand of chance;
 And when I feel, fair creature of an hour,
 That I shall never look upon thee more,
 Never have relish in the faery power
 Of unreflecting love!—then on the shore
 Of the wide world I stand alone, and think
 Till Love and Fame to Nothingness do sink.

First the narrator mentions his fear that he will die before he can commit to paper and publish all the poems he has stored in his “teeming brain” – a fear to which nearly all writers and artists can relate. From there, the narrator moves from his fear of not fulfilling his life’s work to his fear of

losing the chance to experience love. Both work and love are strong themes within this sonnet – the loss of both being the primary fear. The action of tracing the shadows of the “huge cloudy symbols of high romance” with the “magic hand of chance” refers to the action of writing poetry – of capturing the beauty of “the night’s starr’d face” in poetry with the “magic hand of chance” – meaning through the use of his own words. From this description of the fear of losing his work, the narrator moves on to love. It is possible that the “fair creature of the hour” is a reference to Fanny Brawne, and the poem reflects Keats’s fears that he shall “never look upon” her again. However, it is more likely that Keats was referring to love in general, and his fear that he will never again “relish” in “unreflecting” (meaning without thought or reflection) love. The narrator continues to think of death, until both love and fame “to Nothingness do sink” – the continual thought of death causing both to become meaningless. Throughout the sonnet the word “when” is repeated several times, along with the word “never” – stressing both the inevitability and finality of death.

It is nearly impossible to view a sonnet such as “When I have Fears that I may cease to be” or the reflections on dying in “Ode to a Nightingale” without the knowledge that Keats himself died so young of a disease that decimated his lungs, in a land far away from his family and friends. Nearly every trope associated with the sickly poet is exemplified in Keats’s biography – many of the tropes began with him. The disease which killed Keats’s mother, brother, and eventually himself is exemplified in his poetry combined with a representation of death. Though the romantic ideas surrounding tuberculosis contributed greatly to Keats’s suffering, Keats himself became a figure in the larger romantic idea of the consumptive poet.

5. Mid-Nineteenth Century Literature and Tuberculosis

5.1 Edgar Allan Poe

Within Nineteenth Century American literature, no writer is as dark, enigmatic, or as tragic as Edgar Allan Poe. Perhaps best known for his tales of mystery, horror and the macabre, Poe also wrote satire, literary criticism, and is also widely credited for inventing the detective genre. Poe is also known for his poetry, “The Raven” being his most famous poem. Poe’s life was a rather depressing record of poverty and loss, and his life greatly influenced his writing. He often wrote of idyllic love that ultimately ends in death, as “the death and loss of the woman he loved was one of the most constant factors in Poe’s life” (Galloway 33). One of the major influences in Poe’s life was the prolonged illness and eventual death of his wife and first cousin, Virginia Clemm, from tuberculosis. Poe was, by all accounts, devoted to Virginia, and her illness influenced his moods and his ability to write (Harris 869). It was not just Virginia’s death that influenced Poe – the disease that killed her, tuberculosis, is also frequently seen and referenced in Poe’s works. The disease figures prominently in a great deal of Poe’s works, often referred to by name: other times its presence is alluded to, such as in the short story “The Masque of the Red Death.” In stories such as “Metzengerstein” the disease is heavily romanticized – it is portrayed as an easy and glorious death that the narrator wishes all his friends to experience (Poe 97). “The Masque of the Red Death,” however, presents a different image – an image of a terrifying and painful disease. While his wife’s illness had a profound effect on Poe’s life and work, his portrayal of the disease often wavers between the image of a romantic death, and an image of terror.

Edgar Poe was born in Boston, Massachusetts on October 7, 1809. His mother died of tuberculosis when Edgar was barely three years old. Edgar became the foster child of the wealthy Allan family. He attended school in England, then, eventually at the University of Virginia, where, after one semester, he was “compelled to withdraw because of debt” (Galloway 28). After

John Allan refused to pay his debts, Poe joined the army, and went to West Point. However, he disliked it so he “got himself court-martialed and expelled” (Fisher 3). Poe then went to New York to pursue a literary career, eventually moving in with his aunt, Maria Poe Clemm, and her daughter Virginia. They lived together in extreme poverty, and, in 1836, Poe married his young cousin. He was twenty-seven, and she was barely fourteen. “It was a most unlikely union. It was not exactly illegal, but it was unusual” (Ackroyd 62). Unusual as it was, very little is actually known about the relationship between Poe and Virginia, whom he nicknamed “Sissy” (Silverman 105) – Poe loved her dearly, but it is very likely that their marriage was never actually consummated (Galloway 32). Poe “characteristically regarded his relationships with his chosen women as ideal or spiritual in temper...[and] we can only speculate that physical intimacy with his child bride, if it occurred at all, came at a subsequent date” (Ackroyd 62).

In January of 1842, Virginia Poe suffered a pulmonary hemorrhage while singing, and spent weeks in bed afterwards (Ackroyd 81). Friends noted that Poe would “hover about his wife’s bed, alert to every tremor and cough” (81-82) and “would not allow a word about the danger of her dying – the mention of it drove him wild” (Thomas and Jackson 358). Virginia’s illness “waxed and waned until her death in 1847” (Harris 869). In an 1848 letter to George Eveleth, Poe described how Virginia’s illness affected him:

Six years ago a wife, whom I loved as no man ever loved before, ruptured a blood-vessel in singing. Her life was despaired of. I took leave of her forever and underwent all the agonies of her death. She recovered partially and I again hoped. At the end of a year the vessel broke again – I went through precisely the same scene...Each time I felt all the agonies of her death – and at each accession of the disorder I loved her more dearly & clung to her life with more desperate pertinacity. (Thomas and Jackson 716)

In the same letter Poe wrote that the time of Virginia's illness was a "horrible never ending oscillation between hope and despair" (Harris 868). During the last months of Virginia's life, friends "found him 'lost in a stupor, not living or suffering, but existing merely.' Maria Clemm recalled that Poe 'was devoted to [Virginia] till the last hour of her life'" (Ackroyd 128).

Virginia Poe died on January 30, 1847 (Fisher 9). Poe's life after Virginia's death was, according to Lorine Purette,

Sadder than any of his stories. The last two years before [Poe's death] in 1849 are a miserable record of alternating hope and despair, of a body and mind on the downward grade of deterioration, checked now and again before its approaching dissolution to turn and attempt a struggle back to sanity and health, yet never quite succeeding. (394-5)

Poe died two years after Virginia, under mysterious circumstances in Baltimore on October 7, 1849. The precise cause of his death has never been determined (Fisher 10).

5.2 Poe's Romanticized Consumption and "The Masque of the Red Death"

In his works Poe, more often than not, portrays consumption as "the disease of an easy and beautiful death. In the Romantic formulation, consumption was aestheticised in a positive manner as a sign of passion, spirituality and genius" (Lawlor 1-2). However, it can easily be seen that Poe's romanticization of the disease stems not from ignorance, but rather that, as Beddoes comments, suits his narrative. Poe may have witnessed first-hand his wife's slow and terrible decline, but "unique as he was in so many ways, Poe was close to cultural norms in his attitude to consumption" (3). One of the most extreme examples of Poe's romanticization of tuberculosis lies in a single paragraph in one of his first short-stories, "Metzengerstein," a story in which the young Baron Fredrick's mother, Lady Mary, dies of consumption. The narrator describes the disease as "gentle," where the end is neither painful nor gross, but "glorious." The

narrator even breaks away from the story and wishes all those he loves would die of consumption:

The beautiful Lady Mary! — how could she die? — and of consumption! But it is a path I have prayed to follow. I would wish all I love to perish of that gentle disease. How glorious! To depart in the hey-day of the young blood — the heart of all passion — the imagination all fire — amid the remembrances of happier days — in the fall of the year, and so be buried up forever in the gorgeous, autumnal leaves. Thus died the Lady Mary.
(Poe 97)

While “Metzengerstein” was originally published in 1831, Poe made several changes to the story over the years: The passage concerning the nature of Lady Mary’s death and the narrator’s wishing all he loved to perish from the disease was “preserved as far as the edition of 1840” but was “afterwards omitted” (Quinn 193).

The mention of the “gorgeous autumnal leaves” in the paragraph about Lady Mary solidifies the romantic image of consumption: “autumn was traditionally the time for consumptive death but also the most visually poetic of seasons” (Lawlor 2). The image of falling leaves was, according to Dormandy, a metaphor in tuberculosis literature for “failing hopes [and] the destruction of young lives” (85). Poe, like many of his contemporaries, reveled in “the terrible beauty of consumption” despite being frequently exposed to the devastating reality of the disease (93). However, “Metzengerstein” presents not a disease that is painful or terrible, but easy and painless. The consumption in “Metzengerstein” is the romantic consumption – a disease that is close to the cultural norm at the time.

According to Kenneth Silverman’s biography *Edgar A. Poe: Mournful and Neverending Remembrance*, Poe “could not conceal himself from...his alarm [of Virginia’s illness]” (180).

His reactions to Virginia's struggle with tuberculosis "penetrate[s] two brief, intense Gothic tales he wrote in the wake of [Virginia's] haemorrhaging," one of which is entitled "The Mask of the Red Death" (renamed "The Masque of the Red Death" in 1845). This narrative presents an entirely opposite image of disease than that presented in "Metzengerstein." Published just months after Virginia's first hemorrhage, the text introduces the eponymous Red Death, a particularly horrifying disease:

No pestilence had ever been so fatal, or so hideous. Blood was its Avatar and its seal – the redness and horror of blood. There were sharp pains, and sudden dizziness, and then profuse bleeding at the pores with dissolution. The scarlet stains upon the body and especially upon the face of the victim, were the pest ban which shut him out from the aid and from the sympathy of his fellow-men. And the whole seizure, progress and termination of the disease, were the incidents of half an hour. (442)

One can easily draw a parallel between the mysterious "Red Death" and tuberculosis – Silverman even refers to the Red Death as a "Virginia-like pestilence" (180). However, Poe obviously took creative liberties in the creation of his disease: tuberculosis does not cause blood to seep out of the pores, nor does it kill in only half an hour, but one can see similarities between tuberculosis (such as the blood upon the face, the pain and dizziness that comes with not being able to breathe) and the Red Death. However, Poe has put his own spin upon it. In the story, the "happy and dauntless" Prince Prospero hides away in his abbey to escape the Red Death while it decimates the country (Poe 442). The prince throws a costume party for a thousand of his friends "while the petulance raged most furiously abroad" (442). In Prospero's abbey, the various chambers are all decorated in different colors: one blue, one purple, one green, etc. The seventh chamber, however, is "shrouded in black velvet tapestries" with windows tinted blood-red (443).

During the party, a tall gaunt figure appears, “shrouded from head to foot in the habiliments of the grave” wearing a mask designed to resemble that of the face of a victim of the Red Death (445). The figure’s appearance enrages Prospero, and he chases it through the chambers into the black and blood-red seventh chamber. He tries to attack it with a dagger, but the figure confronts him, and Prospero falls dead. The guests seize the figure, but, unmasking it, find nothing underneath. The guests realize that the figure is in fact “the presence of the Red Death...come like a thief in the night” (446). One by one each of the “revelers in the blood-bedewed halls” succumbs to the Red Death, and “the Darkness and Decay of the Red Death held illimitable dominion over all” (446).

“The Masque of the Red Death” can be seen as an allegory for the desire to escape death, particularly death at the hands of the Red Death – i.e. tuberculosis. While Poe “professed a dislike for allegory” “The Masque of the Red Death” is steeped in “allegorical imagery and leads readers something very much like a moral about the inevitability of death” (Peeples 104). Prospero wishes to escape death by hiding away – yet the Red Death, comes for him anyway, and despite Prospero’s attempt to corner and attack it, he dies nevertheless. “The Masque of the Red Death” was first published in May of 1842 – just months after Virginia Poe suffered her first hemorrhage while singing. Just as Poe wished to avoid hearing of the fatality of tuberculosis, Prospero shuts himself away from the disease that is ravaging the land, and tries to ignore it, resolving that “the external world could take care of itself” and that, “in the meantime it was folly to grieve, or to think” (442). According to J. Gerald Kennedy, Poe, “obsessed [with] his wife’s subjugation to a fatal disease” produced “The Masque of the Red Death” as a “shocking allegory of contagion” (46). The ending to “The Masque of the Red Death” acknowledges “as [Poe] rarely did, that there can be no barrier against the fear of death.” The story seems to “play

out Poe's refusal to hear anything about the danger of [Virginia's] condition" and perhaps also suggest "why the mention of it, as his neighbour [sic] said 'drove him wild'" (181). Unlike "Metzengerstein," where the death of Lady Mary is described as gentle and ideal, dying of the Red Death is not pleasant: it is quick, but painful and frightening, and involving a great deal of blood. One can understand Prospero's desire to shut himself away from the effects of such a disease – and yet his efforts prove to be in vain. The Red Death prevails.

"Metzengerstein" and "The Masque of The Red Death" represent the two extremes of Poe's portrayal of tuberculosis. On the one side, he presents a disease that is "glorious" and "gentle" and on the other the horror of the Red Death. Despite his frequent exposure to the horror and tragic consequences of the disease, Poe's romanticization of tuberculosis in his works reflects the attitude of most writers toward the disease at the time. The narrator of "Metzengerstein" describes the death of "the beautiful lady Mary," from consumption as "glorious," and subsequently wishes "all [he] love[s] to perish of that gentle disease" (Poe 97). However, in "The Masque of the Red Death" – the Red Death, a fictional disease inspired by tuberculosis, causes terror, pain and torrents of blood, and, worse, there is no escaping it. Poe must have been aware of this, as he watched his wife (and cousin), Virginia, slowly succumb to tuberculosis. Her illness had a profound effect on him, an effect that can clearly be seen in some of Poe's most brilliant works.

5.3 Death by TB: *Jane Eyre* and *Crime and Punishment*

Throughout most of Nineteenth Century literature, the prevailing representation of a consumptive death is that of an easy, painless death. Accurate representations of the suffering caused by tuberculosis were few and far between, as writers such as Poe chose to aestheticize the disease rather than portray it faithfully. A writer could have intimate knowledge of the disease,

yet still ascribe to the literary tropes of the day. Like Poe, Charlotte Brontë had numerous first-hand experiences with the disease; in fact The Brontë family history with tuberculosis is one of the most tragic instances of what was, in Victorian England, called “familial phthisis”: “a terrible susceptibility to consumption (tuberculosis) seen in the members of a single family that seemed to prove that the disease or a predisposition to it was inherited” (Carpenter 55). All of the Reverend Patrick Brontë’s six children would die of consumption: Branwell in September of 1848 and Emily only a few months later in December. Anne Brontë would die of consumption shortly after her siblings in May of 1849. Nearly twenty-five years earlier, the eldest Brontë daughters, Maria and Elizabeth, died of consumption in May and June of 1825 (54). Charlotte Brontë outlived each of her siblings – she died March 31, 1855 at the age of thirty-nine. Although she undoubtedly had consumption like her siblings, scholars argue whether or not Charlotte’s death was caused by consumption or complications due to pregnancy, or both (Gordon 60).

Despite her first-hand knowledge of the disease, Charlotte Brontë’s most famous novel, *Jane Eyre* features one of the archetypal consumptive characters – that of the angelic consumptive child. Helen Burns represents the archetypal tuberculous (female) child, that of the almost divine being, who is too good, too pure, too innocent, and too good for this sinful Earth. In fact, from the mid-eighteenth until the end of the Nineteenth Century “the dying tubercular maiden would be represented commonly in all media and genres as a beautiful bride of heaven, an angel too pure and spiritualized to abide long in the material world of the crude body and less-refined minds” (Lawlor and Suzuki 479). This character’s death from TB is almost never portrayed as being painful. The line between the deaths of children and young women from tuberculosis in literature is “a hazy one in this period, but the Victorians relished the uncorrupted

innocence of children taken to heaven” (Lawlor 167). The character of Helen exists as a foil to the young Jane, who has a fiery, unforgiving temper, and she is not at all spiritual (when asked how she would avoid hell, Jane replies: “I must keep in good health, and not die”) (Brontë 41). Helen is mild, passive, and very religious, telling Jane “...the Bible bids us return good for evil” (67) and that Jane must “observe what Christ says, and how he acts – make his word your rule, and his conduct your example” (70). Unlike Jane, Helen bears the cruel treatment she receives at Lowood School with patience and reserve, considering the punishments she receives to be just. For example, when Helen forgets to organize her drawer one evening, she is punished by one of the teachers, as Jane describes:

Miss Scatcherd wrote in conspicuous characters on a piece of pasteboard the word ‘Slattern,’ and bound it like a phylactery round Helen's large, mild, intelligent, and benign-looking forehead. She wore it till evening, patient, unresentful, regarding it as a deserved punishment. The moment Miss Scatcherd withdrew after afternoon school, I ran to Helen, tore it off, and thrust it into the fire; the fury of which she was incapable had been burning in my soul all day, and tears, hot and large, had continually been scalding my cheek; for the spectacle of her sad resignation gave me an intolerable pain at the heart. (88)

When a typhus outbreak occurs at the school, Jane notices that Helen is absent – she has been placed in a different room, away from the other girls. It is then that Jane learns Helen has consumption: “...by consumption I, in my ignorance, understood something mild, which time and care would be sure to alleviate” (93). Jane goes to be with Helen as she dies, and Helen tells Jane:

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. I leave no one to regret me much; I have only a father; and he is lately married, and will not miss me. 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. (97)

Helen is not presented as being in any pain — she is described as having “a fit of coughing” that causes her to “lay some minutes exhausted” (97) but aside from that, Helen’s death is very calm and peaceful — the typical death ascribed to consumptive children. Helen is, as Katherine Bryne describes “a Christlike portrait of resigned, uncomplaining suffering, and it is notable that her death, from consumption has more meaning...than those of dozens of others who die around her in the typhoid epidemic” (16). Helen is among the numerous “angelic, too-good-to-live child heroes” common throughout Nineteenth Century literature (16). In fact, according to Alan Tankard in his article “The Victorian Consumptive in Disability Studies,” Helen, by “willingly offering up her consumptive body as a sign to be read” she is “shown to collude wholeheartedly in the early modern and Victorian Christian legitimation [sic] of the consumptive’s identity as ‘exemplary sufferer’” (26).

While *Jane Eyre* was published in England in 1847, nearly twenty years later in Russia, Fyodor Dostoyevsky in *Crime and Punishment* described the polar opposite of the pure tubercular death. The death of Katerina Ivanovna’s is anything but pure or calm, nor is her disease a means of spiriting her away from the sinful world. Her disease is seen, rather, as a result of the drudgery and degradation of poverty. Katerina Ivanovna was originally born into a family of means – she is described as being “a person of education and an officer’s daughter”

(16). After her husband, the drunkard Marmeladov, loses his job the family sinks into poverty, and they must live together in one tiny squalid room. As Marmeladov relates his family's story to Raskolnikov in a bar, he says that Katerina Ivanovna "was educated in a high-class school for the daughters of noblemen...the one thing left her [now] is recollection of the past, and the rest is dust and ashes" (17-18). According to Marmeladov, Katerina Ivanovna's consumption is a result of their poor living space — "we live in a cold room and she caught cold this winter and has begun coughing and spitting blood too...her chest is weak and she has a tendency to consumption" (17). When Raskolnikov meets Katerina Ivanovna she is described as:

A rather tall, slim and graceful woman, terribly emaciated, with magnificent dark brown hair and with a hectic flush in her cheeks. She was pacing up and down in her little room, pressing her hands against her chest; her lips were parched and her breathing came in nervous broken gasps. Her eyes glittered as in fever and looked about with a harsh, immovable stare. And that consumptive and excited face with the last flickering light of the candle-end playing upon it made a sickening impression. (29)

Katerina Ivanovna's disease is neither spiritual nor glamorous, and her death is the exact opposite of the easy death experienced by the Christ-like consumptive children. Her disease is not aesthetic, nor is it intended to be seen as such. The Marmeladov family's situation is, according to Edward Wasiolek, "a paradigm of the sentimental situation" common in Dostoevsky's novels, but in *Crime and Punishment* this "sentimental situation takes on a new significance; it becomes a tool of moral perception" (Wasiolek 52). The scene in first describing Katerina Ivanovna is "classically sentimental" but the difference is that Katerina actively seeks misery, and "derives some strange satisfaction from displaying and even exaggerating" that misery (Wasiolek 54). When Katerina Ivanovna is introduced, her environment is obviously

aggravating her illness, but though “the room was close [stuffy] ... she had not opened the window; a stench rose from the staircase, but the door on the stairs was not closed. From the inner rooms clouds of tobacco smoke floated in, she kept coughing, but did not close the door” (Dostoevsky 29). Katerina Ivanovna in this scene, according to Wasiolek, “wants to irritate her coughing and feels satisfaction in coughing up her blood” (53). She wishes to be the “exemplary sufferer” like Helen Burns in *Jane Eyre* (Tankard 26). Rather than using tuberculosis as a means of demonstrating one’s spiritual purity and goodness, Dostoevsky here uses it as an expression of Katerina Ivanovna’s moral degradation in poverty. Illness in general is present throughout the whole of the novel – Raskolnikov himself constantly suffers from a fever which coincides with his mental anguish. In *Crime and Punishment*, fever and illness are “badge[s] of alienation, poverty, [and] malnutrition” rather than a mark of angelic goodness (Fanger 76). Unlike the good, pure Helen Burns, Katerina Ivanovna does not suffer uncomplaining. In fact, nearly all of her appearances feature her complaining about her lot in life – she especially likes to complain about her drunken husband Marmaladov and the poverty of her surroundings compared to the life she used to lead. Despite the family’s destitution, she remains haughty and overly proud of her minor aristocratic roots, thinking herself too good for her situation, and perhaps, also, too good for her illness.

By the end of the novel, Katerina Ivanovna descends into madness. With her husband dead, and desperate for money, she sends her children out into the streets to beg. As she forces them to sing for a small crowd, making a spectacle of herself and her children, Lebeziatnikov cites consumption as a possible cause for her madness: “they say that in consumption the tubercles sometimes occur in the brain” he tells Raskolnikov (495-496). As Katerina Ivanovna chases after her children in the street she suffers a haemorrhage and is helped by Sonia and

Raskolnikov into Sonia's apartment. Once there she lapses into delirium and, eventually: "she sank back into unconsciousness again, but this time it did not last long. Her pale, yellow, wasted face dropped back, her mouth fell open, her leg moved convulsively, she gave a deep, deep sigh and died" (Dostoevsky 508). Katerina Ivanovna's death, in its description, is neither beautiful nor something to be sought after – she is not spirited away to heaven to meet her Maker, nor does she die without pain – her death is ugly, not ideal or romantic in the least. In his novels, Dostoevsky's characters regularly suffer from illness, and illness is "the product of poverty and climate, as well as an emblem of [characters'] spiritual states" (Fanger 74). Katerina Ivanovna's spiritual state is one of suffering – not the glorious, pious suffering seen in *Jane Eyre*, but suffering brought on by both moral and financial poverty.

6. Science Marches On

6.1 Robert Koch and the Literary Response to the Discovery of the TB Bacillus

The first nail in the coffin of the notion of romantic consumption came in 1882 when German bacteriologist Robert Koch isolated and identified the causative agent of tuberculosis: the *Mycobacterium tuberculosis*. Following this discovery it was proven that "tuberculosis was not hereditary as formerly believed but an infectious disease caused by the tubercle bacillus" (Bryder 3). Koch's work "produced such a phenomenal sensation among the lay public and in medical circles that it was immediately regarded as...heralding a new era in the study and control of disease" (Dubos and Dubos 102). Tuberculosis was, after Koch's discovery, "no longer a vague phantom. The heretofore unseen killer was now visible as a living object and its assailants at last had a target for their blows" (102). The tuberculosis bacillus was merely a germ which could be contracted by anyone (Lawlor 186-187). Koch's methods and findings flew in the face of traditional medicine, and his findings remained "to most practising [sic] doctors outside

Mediterranean countries...a difficult concept to swallow” (Dormandy 135). Koch’s findings were met with some resistance – some refused to believe Koch entirely, and set out to prove him wrong. However, these “unbelievers were fighting a losing battle” (Dormandy 136)

After Koch, science now “understood what tuberculosis was” but there was still no cure for the disease - “effectible respite would not be available until the mid-twentieth century” (Lawlor 187). While it was a pivotal discovery, it by no means killed the consumptive narrative. As Susan Sontag points out, “[t]he TB myth survived irrefutable human experience and accumulating medical knowledge for nearly two hundred years” (34). Many myths surrounding tuberculosis continued to persist even after Koch – but portrayals of an idealized, romantic consumption began to wane and all but disappeared by the mid-twentieth century. The mythology of the disease, as Clark Lawlor points out, began at this point in history to “shift” – old genres, such as consumptive poetry disappeared completely. “The praise of the spiritualised [sic] women fading into God’s glory [such as Helen Burns] is rarely, if at all, to be found after the 1880s.” Literature, as the Nineteenth century turned to the Twentieth, “embraced illness as a sign of the outsider.” Tuberculosis was no longer “a disease of the Self, but a disease of the Other” (Lawlor 189).

6.2 *The Magic Mountain*

Thomas Mann’s magnum opus *The Magic Mountain*, though more a novel of philosophy than of illness, features a rather curious literary portrayal of tuberculosis. The novel concerns Hans Castrop, a native of Hamburg who journeys to a tuberculosis sanatorium in Davos, Switzerland, for a three week visit. He is diagnosed with tuberculosis and remains in Davos for seven years. Mann took his tuberculous wife to Davos in 1912, and though *The Magic Mountain* was written in the early 1920s it was supposed to “portray Davos in about 1912, the time of

Mann's visit" (Dormandy 154, see note 23). "Upper-class sanatoria" like the one portrayed in Mann's novel "generated a particular hothouse culture of refined decadence...this was a more group phenomenon than the individualized Victorian Sickroom" (Lawlor 189). The prescribed cure for tuberculosis at Davos is described as "calm, patience, manly self-discipline; measure [temperature], eat, lie down, wait, and drink tea" (Mann 219). However, outside of the rather faithful portrayal of sanatorium life, Mann's representation of the disease itself in the novel is fairly paradoxical. Mann tries to conform to the romantic notions of disease from the Nineteenth Century, while at the same time presenting the tuberculosis with the modern. He wavers between realistic representation and conformity to popular misconceptions. In this, according to Wil Gesler in his article "Hans Castorp's journey-to-knowledge of disease and health in Thomas Mann's *The Magic Mountain*", Mann plays with the "dual nature of disease. On the one hand, diseases are brute realities; the body suffers physical decline and dies." As the humanist Settembrini reminds Hans Castorp, "there is little evidence that the patients at the Berghof are ennobled or spiritualized by their illness; in fact, they are often depicted as frivolous and vain. And yet, paradoxically, Mann shows that disease and death may have positive spiritual values." (Gesler 129).

Two contrasting points of view on tuberculosis in *The Magic Mountain* exist in the opinion of the constant talker, Sttembrini, and of the romantic Dr. Krokowski. Settembrini fully rejects the belief that illness can make a person special. The sick man, according to Settembrini was "precisely that, a sick man" (Mann 451). Settembrini argues that illness should not be viewed as an honorable state:

The pity the well person felt for the sick...was greatly exaggerated. The sick person had no real right to it. It was, in fact, the result of an error in thinking, a hallucination; in that

the well man attributed to the sick his own emotional equipment, and imagined that the sick man was, as it were, a well man who had to bear the agonies of a sick one – than which nothing was further from the truth... Illness so adjusted its man that it and he could come to terms; there were sensory appeasements, short circuits, a merciful narcosis nature came to the rescue with measures of spiritual and moral adaptation and relief, which the sound person naïvely failed to take into account... In short, let the sound man with all his respect for illness once fall ill himself, and he would soon see that being ill is a state of being it itself – no very honourable [sic] one either – and that he had been taking it a good deal too seriously. (451)

Opposite Settembrini, Mann also gives a great deal of credence to the belief that illness is a result of repressed emotions. According to Dan Latimer in his article “Erotic Susceptibility and Tuberculosis: Literary Images of a Pathology,” Hans Castorp’s disease “manifests itself at the same time that some long-buried memories of a boyhood attachment to Pribislav Hippe return during a strenuous walk” (1019). When Hans Castorp returns from this walk, suffering from a massive nosebleed, “he is in a state of nervous prostration and...spattered in his own blood. He sinks into a chair just in time to hear Dr. Krokowski explain to a roomful of shouldering female patients that the power of repressed desire always returns in the form of a disease” (1019). In his lecture, Dr. Krokowski argues that suppressed love lives on in the form of illness:

The love thus suppressed was not dead; it lived, it labored after fulfillment in the darkest and secretest depths of the being...it would emerge – if in a form so altered as to be unrecognizable. But what then was this form, this mask, in which suppressed, unchartered love would reappear? ...in the form of illness. Symptoms of disease are

nothing but a disguised manifestation of the power of love; and all disease is only love transformed. (128)

By 1920, theories such as these had already been thoroughly disproven, yet Mann throughout the novel presents as being truth, as seen with Hans Castrop's repressed desire for Clavdia Chauchat, and his cousin Jochaim's desire for Marusja. Mann also clings to the belief that tuberculosis is an inherited disease. According to Stephen Meredith, in writing *The Magic Mountain*, Mann was guided by the notion that tuberculosis was inherited, as this was still "commonplace of medical practice at the time" (111). While describing Naphta's history, Mann writes: "the continued mental strain had so combined to aggravate [Naphta's] hereditary complaint..." (Mann 446). Mann was influenced by the German romantics and he, according to Wil Gesler, "repudiates, through Hans, the notion of disease and death as primarily ennobling. Thus, Mann seems to say, disease and death are both noble and ignoble" (129). These paradoxes present in *The Magic Mountain* represent the turning point in fictional portrayals of tuberculosis in literature. The disease can no longer be represented as purely aesthetic – science has long since shown tuberculosis to be otherwise. Yet the belief lingers that disease can set one apart, and have positive qualities. In *The Magic Mountain*, Mann attempts to paint tuberculosis as being both a disease of science and a disease of art and intelligence. However, writing the latter convincingly was becoming increasingly difficult by this time. As the twentieth century progressed, portrayals of aesthetic and intellectual tuberculosis would gradually fade away.

7. Conclusion

7.1 Modern Tuberculosis

Throughout the twentieth century, there was a "stigma attached to having tuberculosis" (Bryder 226). Tuberculosis is no longer "consumption" – it is no longer ideal. It is now

considered contagious and dirty. With the advent of streptomycin in 1944, the first antibiotic effective in killing *M.tuberculosis*, romantic consumption was a thing of the past. The modern victim of tuberculosis is poor and living in the Third World – 80% of all cases of TB occur in Asian and Africa (Hoffmann and Churchyard 332). The modern image of tuberculosis is not a disease of refinement but a disease of abject poverty – “Over 95% of TB deaths occur in low- and middle-income countries” (“Tuberculosis”). Tuberculosis is today most closely associated with HIV/AIDS. A person’s immune system can “wall off” the TB bacillus, thereby preventing the development of an active infection (“Tuberculosis”). However, those with a weaker immune system – such as those with HIV/AIDS – are less capable of walling off the bacteria, and are more likely to develop an active tuberculosis infection. “People living with HIV and infected with TB are 21 to 34 times more likely to develop active TB disease than people without HIV” (“Tuberculosis”). Though tuberculosis is no longer a famous literary disease, it is still a global health issue – in 2010 alone “8.8 million people fell ill with TB and 1.4 million died from TB” (“Tuberculosis”)

7.2 “Half in Love with Easeful Death”

Thomas Dormandy observes that “[i]llnesses have their personalities in much the same way as nationalities and historic periods, impossible to define, but, once experienced, instantly recognizable” (392). Of all diseases portrayed in literature, tuberculosis has perhaps the most recognizable personality: for centuries it was a disease of emotion, of romance, of piety and grace, intellectualism and creativity. The so-called “captain of all these men of death” (Bunyan 244), a disease which killed more people in nineteenth century Europe than any other combined (Pool 247), was, in literature, presented as an ideal way to die. Consumptives were hailed for their creative productivity as they were dying, and consumptive children and young women were

not killed by a disease, but, rather, spirited away to heaven in the gentlest way possible. Some of the most brilliant writers known to literature, many of whom had firsthand experience with the disease, believed wholeheartedly in the myths of tuberculosis. But as the Nineteenth Century progressed into the Twentieth, the literary cult of aestheticized tuberculosis began to suffer a slow decline. By the advent of streptomycin and other antibiotics, the romantic myth of “consumption” had vanished. Instances of the disease in the First World declined dramatically throughout the twentieth century. Tuberculosis became, and still remains, a force to be conquered, not celebrated. Tuberculosis no longer sets a person apart, it does not make someone seem as though he or she possess special creative qualities. The modern victim of tuberculosis is merely diseased.

Works Cited

Primary Sources

- Brontë, Charlotte. *Jane Eyre*. New York, NY: Barnes & Noble Classics, 2005. Print.
- Dostoyevsky, Fyodor. *Crime and Punishment*. Enriched Classic ed. New York, NY: Simon & Schuster, 2004. Print.
- Keats, John. *Bright Star: Love Letters and Poems of John Keats to Fanny Brawne*. New York, NY: Penguin Books, 2009. Print.
- . *The Poetical Works of John Keats*. New York, NY: Thomas Y. Crowell & Co., 1895. Print.
- Mann, Thomas. *The Magic Mountain*. Trans. H.T. Lowe-Porter. New York, NY: Vintage International, 1992. Print.
- Poe, Edgar A. *Edgar Allan Poe Complete and Unabridged*. New York, NY: Barnes & Noble, 2006. Print.
- . "Metzengerstein." *Southern Literary Messenger* Dec. 1835: 97-100. *Google Books*. Web. 26 Apr. 2011.

Secondary Sources

- Ackroyd, Peter. *Poe: A Life Cut Short*. London, UK: Chatto & Windus, 2008. Print.
- Barnes, David S. *The Making of a Social Disease: Tuberculosis in Nineteenth Century France*. Berkeley, CA: University of California Press, 1995. Print.
- "Basic TB Facts." 2010. Centers for Disease Control and Prevention. Retrieved May 15, 2011. (<http://www.cdc.gov/tb/topic/basics/default.htm>)
- Brown, Charles A. *Life of John Keats*. London, UK: Oxford University Press, 1937. Print.

Bryder, Linda. *Below the Magic Mountain: A Social History of Tuberculosis in Twentieth-Century Britain*. Oxford, UK: Oxford University Press, 1988. Print.

Bynum, William. *The History of Medicine: A Very Short Introduction*. Oxford, UK: Oxford UP, 2008. Print.

Byrne, Katherine. *Tuberculosis and the Victorian Literary Imagination*. Cambridge, UK: Cambridge University Press, 2011. Print.

Bunyan, John. *The Life and Death of Mr. Badman; Presented to the World in a Familiar Dialogue Between Mr. Wiseman and Mr. Attentive*. 1680. Google Books. Web. 1 Apr. 2012.

<http://books.google.com/books?id=TAYDAAAQAAJ&printsec=frontcover&source=gbs_ge_summary_r&cad=0#v=onepage&q&f=false>.

Dormandy, Thomas. *The White Death: A History of Tuberculosis*. London, England: The Hambledon Press, 1999. Print.

Carpenter, Mary. *Health, Medicine, and Society in Victorian England*. Santa Barbara, CA: Praeger, 2010. Print.

Dubos, René, and Jean Dubos. *The White Plague: Tuberculosis, Man and Society*. 1952. New Brunswick, NJ: Rutgers UP, 1992. Print.

Fanger, Donald. "Apogee: Crime and Punishment." *Modern Critical Views: Fyodor Dostoevsky*. Ed. Harold Bloom. New York, NY: Chelsea House Publishers, 1988. 59-84. Print.

Fisher, Benjamin F. *The Cambridge Introduction to Edgar Allan Poe*. Cambridge, UK: Cambridge University Press, 2008. Print.

Gesler, Wil. "Hans Castorp's journey-to-knowledge of disease and health in Thomas Mann's *The Magic Mountain*." *Health & Place* 6.2 (2000): 125–134. Web. 22 Apr. 2012.

<<http://www.sciencedirect.com/science/article/pii/S1353829200000071>>.

Galloway, David, ed. *The Fall of the House of Usher and Other Writings: Poems, Tales, Essays and Reviews*. Middlesex, England: Penguin Books Ltd., 1986. Print.

Gordon, Felicia . *The Brontës*. Harlow, UK: Pearson Education Limited, 1989. Print.

Harris, James C. "Edgar Allan Poe: The Raven." *Archives of General Psychiatry* 65.8 (2008): 868-869. Print.

Hoffmann, Christopher J., and Gavin J. Churchyard. "Pulmonary Tuberculosis in Adults." *Tuberculosis: A Comprehensive Clinical Reference*. Eds. H. Simon Schaaf, and Alimuddin Zumla. Edinburgh, UK: Saunders/Elsevier, 2009. 332-341. Print.

Keats, John. *Selected Letters of John Keats*. Grant F. Scott, Ed. Revised ed. Cambridge, MA: Harvard UP, 2002. Print.

Kennedy, J. Gerald, ed. *A Historical Guide to Edgar Allan Poe*. New York, NY: Oxford University Press, 2001. Print.

Latimer, Dan. "Erotic Susceptibility and Tuberculosis: Literary Images of Pathology." *MLN* 105.5 (1990): 1016-1031. *JSTOR*. Web. 29 Feb. 2012. <<http://jstor.org/stable/2905165>>.

Lawlor, Clark. *Consumption and Literature: The Making of the Romantic Disease*. New York, NY: Pelgrave Macmillan, 2006. Print.

Lawlor, Clark, and Akihito Suzuki. "The Disease of Self: Representing Consumption 1700-1830." *Bulletin of the History of Medicine* 74.1 (2003): 458-94. *ProjectMuse*. Web. 7 Mar. 2012.

- Meredith, Stephen C. "Mortal Illness on the Magic Mountain." *A Companion to Thomas Mann's The Magic Mountain*. Ed. Stephen D. Dowden. Rochester, NY: Camden House, 1999. 109-140. Print.
- Peeples, Scott. *Edgar Allan Poe Revisited*. New York, NY: Twayne Publishers, 1998. Print.
- Pool, Daniel. *What Jane Austen Ate and Charles Dickens Knew: From Fox Hunting to Whist-the Facts of Daily Life in Nineteenth-Century England*. New York, NY: Touchstone, 1994. Print.
- Porter, Ray. 1997. *The Greatest Benefit to Mankind: A Medical History of Humanity*. New York, NY: W.W. Norton & Company. Print.
- Pruette, Lorine. "A Psycho-Analytical Study of Edgar Allan Poe." *The American Journal of Psychology*. 31.4 (1920): 370-401. Print.
- Quinn, Arthur Hobson. *Edgar Allan Poe: A Critical Biography*. Johns Hopkins UP. 1998. Print.
- Reichman, Lee B. and Janis Hopkins Tanne. 2002. *Timebomb: The Global Epidemic of Multi-Drug-Resistant Tuberculosis*. New York, NY: McGraw-Hill. Print.
- Ringold, Sarah, Cassio Lynn, and Richard M. Glass. "Tuberculosis." *The Journal of the American Medical Association* 300.4 (2008): 464. Print.
- Scott, Grant F., ed. *Selected Letters of John Keats*. Revised ed. Cambridge, MA: Harvard University Press, 2002. Print.
- Shakespeare, William. *Much Ado About Nothing*. Eds. Barbara A. Mowat and Paul Werstein. New York, NY: Washington Square Press, 1995. Print.
- Sheats, Paul D. "Keats and the Ode." *The Cambridge Companion to Keats*. Ed. Susan J. Wolfson. Cambridge, UK: Cambridge UP, 2001. 86-101. Print.

- Silverman, Kenneth. *Edgar A. Poe: Mournful and Never-ending Remembrance*. New York, NY: Harper Perennial, 1991. Print.
- Sontag, Susan. *Illness as Metaphor and AIDS and Its Metaphors*. New York, NY: Picador, 2001. Print.
- Sperry, Stuart M. *Keats the Poet*. Princeton, NJ: Princeton UP, 1973. Print.
- Tankard, Alex. "The Victorian Consumptive in Disability Studies." *Journal of Literary & Cultural Disability Studies* 5.1 (2011): 17-34. Print.
- Thomas, Dwight, and David K. Jackson. *The Poe Log: A Documentary Life of Edgar Allan Poe 1809-1849*. Boston, MA: G.K. Hall & Co. , 1987. Print.
- "Tuberculosis." *World Health Organization*. World Health Organization, Nov. 2010. Web. 5 Dec. 2011. <<http://www.who.int/mediacentre/factsheets/fs104/en/index.html>>.
- Walsh, John E. *Darkling I Listen: The Last Days and Death of John Keats*. 1st ed. New York, NY: Palgrave Macmillan, 1999. Print.
- Wasiolek, Edward. "Crime and Punishment." *Fyodor Dostoevsky's Crime and Punishment: A Casebook*. Ed. Richard Peace. Oxford, UK: Oxford UP, 2006. 51-74. Print.
- Weeks, Benjamin S., and I. Edward Alcamo. *Microbes and Society*. 2nd ed. Sudbury, MA: Jones and Bartlett Publishers, 2008. Print.
- WHO Report 2011: Global Tuberculosis Control*. World Health Organization, 2011. Web. 17 Nov. 2011. <http://www.who.int/tb/publications/global_report/2011/gtbr11_full.pdf>.
- Wilson, John R. "Tuberculosis and the Creative Writer." *JAMA* 196.1 (1966): 41-4. Print.
- Wolfson, Susan J., ed. *The Cambridge Companion to Keats*. Cambridge, UK: Cambridge UP, 2001. Print.