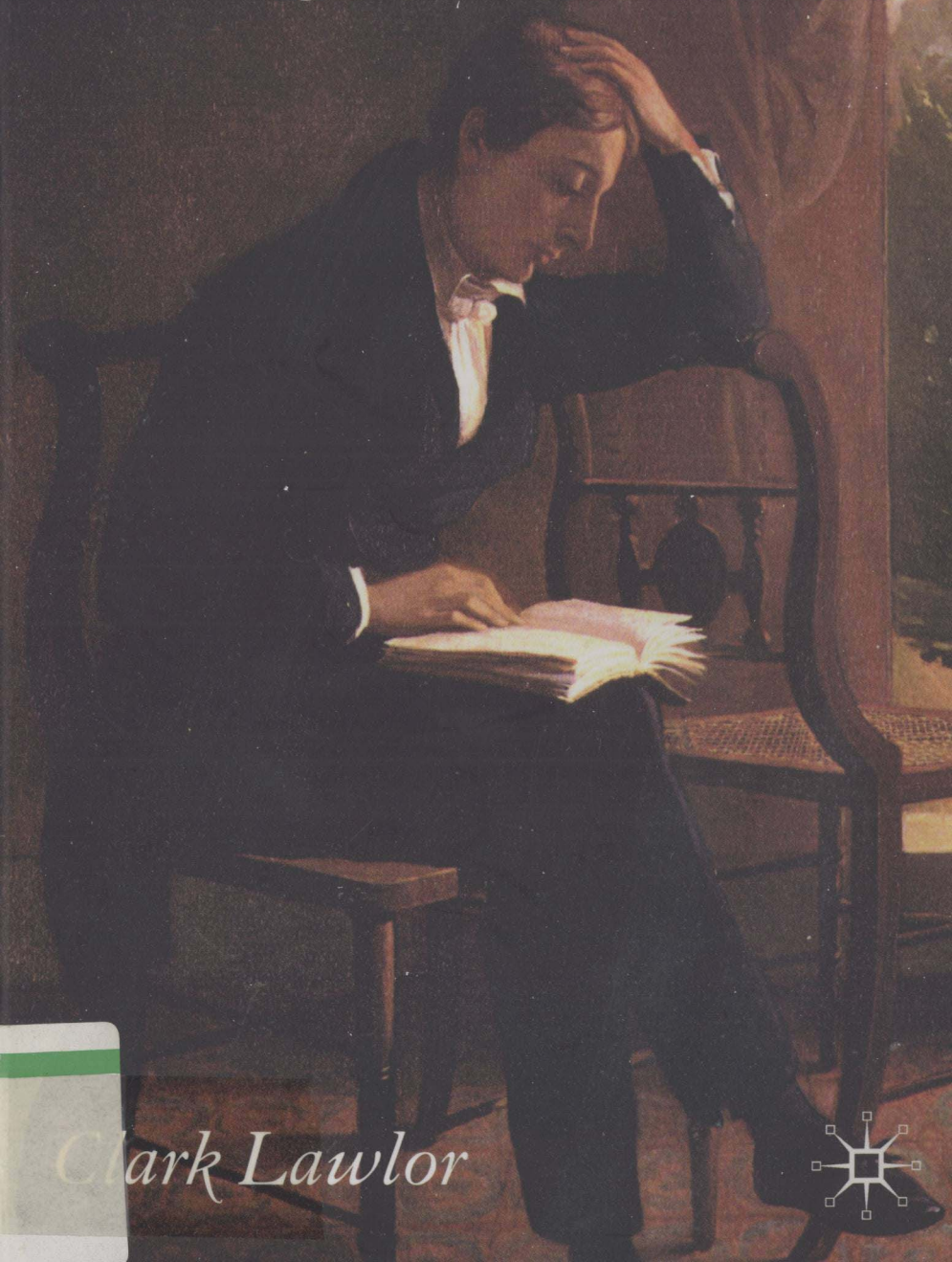


Consumption and Literature

The Making of the Romantic Disease



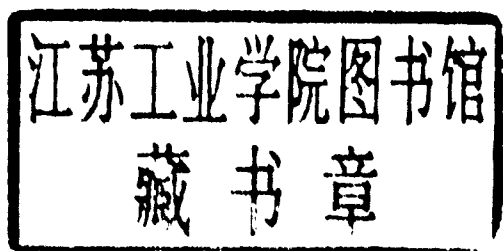
Clark Lawlor



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First published in 2006 by

PALGRAVE MACMILLAN

Houndmills, Basingstoke, Hampshire RG21 6XS and

175 Fifth Avenue, New York, N.Y. 10010

Companies and representatives throughout the world.

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ISBN-13: 978-0-230-02003-0 hardback

ISBN-10: 0-230-02003-8 hardback

This book is printed on paper suitable for recycling and made from fully managed and sustained forest sources.

A catalogue record for this book is available from the British Library.

Library of Congress Cataloging-in-Publication Data is available from the Library of Congress.

10 9 8 7 6 5 4 3 2 1
15 14 13 12 11 10 09 08 07 06

Printed and bound in Great Britain by
Antony Rowe Ltd, Chippenham and Eastbourne

Acknowledgements

This book has been long in the making and requires more acknowledgements than I can remember, so I begin by apologising to anyone my failing grey matter has inadvertently omitted. The broad area of this project arose in my time at the Thomas Reid Institute at the University of Aberdeen, so first I am grateful to George Rousseau for opening up this field of research (and indeed much of the literary-medical interface). My specific question for this monograph did not materialise until 2001, for which I have an anonymous reader to thank – her or his labours are much appreciated. I am also grateful to my friend and former colleague Akihito Suzuki, who has always been full of inspiring ideas and has brought to bear his historian's rigour on my flighty literariness. His mentor, the late and greatly lamented Roy Porter, wrote a typically fruitful article on consumption which paved the way for later studies, including my own.

Many of the ideas from this book have been presented to the ever-supportive academic community in various forms and at various times. I'd like to thank Gert Brieger and the members of the English and Medical History Departments at the Johns Hopkins University, Malcolm Bowie, Andrea Carlino, David Duff, Mary Fissell, Judith Hawley, Allan Ingram, Tom Keymer, Ian Maclean, Sharon Ruston, Anne Vila, Nancy Cho, Lesel Dawson, the members of the North-East Postgraduate Forum in the Long Eighteenth Century, the Romantic Realignment Seminar, University of Oxford, the Travellers and Texts Seminar, University of Oxford and the many participants in diverse conferences run by the British Association for Romantic Studies and the British Society for Eighteenth Century Studies. Thanks also to the hospitality shown to me by the Senior Common Room at my *alma mater*, St Anne's College, Oxford, especially Professor Vincent Gillespie, who kindly kept me fed and watered!

In my present institution, my thanks to my friends and colleagues in the English, History and Art History Divisions, especially the ever-supportive Allan Ingram and Alan Harvey (who has endured much and received little thanks!). Scott Burdon has made my life easier in so many ways.

This manuscript has been completed with the aid of an AHRB matched funding Research Leave award, various University of Northumbria Small Research Grants, and an Award from the Universities of Scotland Carnegie Trust.

The staff at the following libraries have been generous in their assistance: the British Library; the Bodleian Library, Oxford; Cambridge University Library; the Durham University Libraries; the Edinburgh Royal College of Physicians; the Johns Hopkins University Libraries (especially the Institute of the History of Medicine and Christine Ruggere), the National Library of Scotland; the Newcastle Literary and Philosophical Society; the Newcastle University libraries; the University of Northumbria Library (especially the marvellous Jane Shaw); the Wellcome Library for the History and Understanding of Medicine.

My gratitude to Paula Kennedy at Palgrave, to an anonymous and insightful reader, and to Ros Normandale for her kind attempts at preventing my mistakes from creeping through into the final version.

Without my parents – Jim and Eileen Lawlor – and my parents-in-law – Ginette and Eliot Dayan – I would have never have had the chance to produce this book: their constant support has been invaluable.

I dedicate this book to my lovely little boys, Mikey and Max (whose four pneumonias at the age of one during the writing of this book taught me something of the realities of lung disease), and my wonderful wife, Mags Dayan.

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Introduction

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 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!

Edgar Allan Poe, 'Metzengerstein'¹

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. Those who only see the sufferers in passing, are misled by the representation. And 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 which they have been condemned to witness.

Dr Thomas Beddoes, *Essay on the Causes, Early Signs, and Prevention of Pulmonary Consumption*²

Consumption has famously been described as the glamorous Romantic disease, an illness that Edgar Allan Poe – speaking through a fictional alter ego – wished all he loved could experience. To the surprise of a modern reader used to thinking of the contagious killer carried by coughs and sneezes, TB (tuberculosis), Poe 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. The setting of the autumn leaves is 'gorgeous' for Poe: autumn was traditionally the time for consumptive death, but also the most visually poetic of seasons. A condition poignantly afflicting the young, consumption took away the brightest and the best of both sexes: fair maidens expired in full bloom, while poetic young men, those Keats and Shelleys who burned brightly and exhausted their vital energy in heroic early death, became martyrs to literature.

What on earth – or in heaven – were Poe and the Romantics thinking? Did they have any conception of consumption's horrific reality? As the well-known doctor Thomas Beddoes complained, consumption had become a literary disease by the late eighteenth century: novelists regularly depicted what Beddoes saw as deceptively easy and beautiful deaths by consumption, so many blossoms 'nipped by untimely frosts'. Beddoes took on the role of the medical iconoclast, smashing to pieces the artistic myth so that people could be led out of ignorance, a blindness induced by foolish literary representations. Expecting a beautiful and easy death, the inexperienced carer would witness a drama of a different kind: 'scenes of varied and protracted misery' that evoked surprise and horror rather than an agreeably poetic swoon.

One nineteenth-century novelist provides us with an unusually graphic description of a consumptive death. Look away now if you are squeamish:

Her body was bent forward on her knees; the joints of this body so thin, that it was almost deformed, were swelled and red and painful. She laboured and coughed for her breath; each time that she breathed she coughed up blood ...

But while they were still gazing at her, they saw the colour fade from her cheeks, the smile from her lips. Her face, with wonderful rapidity, became sallow and dusky; her lips and her finger-nails tinged with blue. Her breathing became rapid, and was expelled in sharp and hurried gasps. Long, deep streams of perspiration ran down her face; her features assumed an expression of anxiety, her eye-balls protruded, and her heart throbbed savagely and loudly.³

This is hardly the glorious death represented by a Poe or the majority of nineteenth-century writers: this is not spiritual or dashing or clever. One really would not like to shuffle off one's mortal coil in such a way.

And yet ... the fact remains that – as a disease – consumption was strangely suited to the tone of romantic and sentimental novels, poetry and plays. Nor were the perpetrators of such narratives always ignorant

of consumption's realities: Poe's own mother and wife died of consumption. Unique as he was in so many ways, Poe was close to cultural norms in his attitude to consumption. What could lead to such an apparent gulf between representation and reality, well-structured narrative and horrific biological fact? That is this book's central question: how did such a killer disease come to be the object of glamorous representations in the Romantic period and beyond, and on such a large scale in Britain and America? What was it about this condition that caused it to be so seductive to both a popular and elite readership?

There have been many studies of consumption, including excellent cultural histories, but none has entirely addressed the issue of the aesthetics of this disease.⁴ Susan Sontag's remarkable *Illness as Metaphor* has blazed the way for further studies on the metaphorical nature of sickness by describing many of the positive resonances and representations of consumption as the Romantic disease and contrasting it with the stigma attached to Cancer and AIDS in the twentieth century.⁵ She has shown how these diseases are culturally constructed, how literary and artistic representations are part of the way people experience their own maladies, and how value and meaning is placed on illness. Her brief but brilliant book does not tell the whole story though: Sontag's description of consumption tends to flatten out its varied narratives into one homogenous entity stretching from the late eighteenth century to the twentieth century of Thomas Mann's sanatorium novel *The Magic Mountain* (1924). This study aims to historicise Sontag's work more fully, explaining both how consumption arrived at the point where Beddoes could complain about its status as the glamorous disease in 1800, and how its mythology developed further in the nineteenth century.

In seeking to comprehend the gulf between a murderous disease and its paradoxically glamorous – or at least positive – cultural representations, we need to make use of recent developments in the study of health and illness. 'Narrative' has become a buzzword covering a multitude of perspectives in the theory and, more recently, practice of medicine, not to mention in the fields of literary and cultural studies. To cut a long and reasonably well-documented story short, recent writers on matters medical – such as Arthur Frank, Byron Good, Kathryn Montgomery Hunter, Arthur Kleinmann and David Morris – have followed the lead of linguistic philosophy and shown that our experience of health and illness alike is constructed through signs, primarily language.⁶ We develop stories, patterns of expectation, plots and sequences of images and metaphors, which form our perceptions of disease, pain, the importance of suffering and so on.

In this book my use of the word 'narrative' is a tool to demonstrate how mythologies of illness arise partly because humans must explain disease through patterns of language: we have no choice in the matter. Susan Sontag has famously argued against the linkage of metaphor and illness but, according to our present understanding of illness, we have only language, only signs and metaphors. It has been possible for consumption to become a powerful set of cultural narratives – more or less positive – precisely because the narratives we must generate about any perceived object are able to transcend or transform the physical world: even that of our own bodies. Put simply: people's need to explain, contain and even manipulate illness results in evolving discourses that may eventually detach themselves from what might be termed biomedical reality. What constitutes 'reality' for the patient is another matter.

So – this is easy – we can happily settle into a postmodern linguistic relativism. Or can we? According the extreme version of the linguistic turn, the body vanishes in a puff of post-structuralism; the advance of biomedicine, which has eradicated illnesses like smallpox and found a cure for consumption itself, lies forgotten in a Derridean abyss. Having bashed the linguistically insensitive doctors, we can put the world to rights by making them read poetry and retrain in aromatherapy. Of course, if one is more sceptical about complete postmodern relativism, one might wonder about whether 'alternative/complementary' therapies can effectively remove one's cataract, or whether a suitably poetic surgeon might still be incompetent in her or his day-job.

In his *Illness and Culture in the Postmodern Age*, David Morris brings a heartening degree of common sense to the debate. Encouraged by feminist critics, who have been worried about denying the specific biological facts of maternity (for example), Morris reminds us of the existence of such things as bacteria, viruses and disease entities – many, if not most of which, are explicable through medical science, a discipline that has made astounding progress in the last four hundred years. His mediation between the biomedical and cultural perspectives on disease calls for recognition that we are biologically grounded in bodies with certain inescapable material processes and that we express such biology through language and narrative. Representation, or story-telling, is not an added extra to our experience of health and illness, but fundamental.

The importance of Morris's point for this study is that we need to acknowledge, not merely that consumption has been constructed or fabulated in some kind of mythical language, but that consumption has certain biological patterns that impose themselves on, and give rise to, cultural meanings of the disease. As it happens, consumption has

symptoms – we might say genres or given plots of physical events – which came to be constructed through various discourses as beneficial to the recipient of the illness. Hence, this study uses that body of work (no pun intended) on medicine which has followed the importance of narrative in the famous ‘linguistic turn’ taken by postmodernism and post-structuralism but, because consumption is a real disease phenomenon, forces a recognition that complete relativism is a throwing out of the biomedical baby with the cultural bathwater.

Now is a good point to meet consumption itself, a disease which, in the seventeenth and nineteenth centuries, killed as many as one in four people in Western Europe and America.⁷ Actually, defining consumption is not so easy, because until the nineteenth century there were only consumptions in the plural – a range of wasting conditions under the one name. It was only with the rise of bacteriology that consumption’s modern definition of pulmonary tuberculosis came into being. Nevertheless, here is what happens: pulmonary tuberculosis, formerly known as consumption of the lungs, *phthisis pulmonalis*, tabes or ‘decline’, is caused by the tubercle bacillus, a bacterium discovered by Robert Koch in 1882. An infectious germ, it is usually airborne and tends to attack immunosuppressed people; it can affect other parts of the body, but the lungs are most vulnerable because the germ can be inhaled easily. It may remain dormant within the body or it may be activated by various stresses on the body. If activated, it produces a tubercle or lesion consisting of a dry, shapeless material. This deterioration of the lung tissue can end in death if untreated or if the body’s defences are too weak. Consumption can be rapid (‘galloping’) or, more usually, chronic, with very mild symptoms at first, such as a persistent cough, weight loss, pallor, night sweats and loss of appetite.

Therefore diagnosis before the twentieth century was difficult in the early stages. As the disease progresses, the patient becomes emaciated and even skeletal, with the lips drawn back to reveal teeth; eye sockets are hollowed and bones stick out from the flesh. The ‘hectic fever’ worsens, characteristically strongest towards the evening, giving the patient’s skin a vivid ‘hectic flush’ which strongly contrasts with the otherwise whitened and drained appearance. Blue veins are often apparent under the seemingly transparent skin. Coughing too increases as the lungs disintegrate: the patient may expectorate blood and other matter, often with a fetid smell. Although the patient remains *compos mentis* until the end, the death can be extremely unpleasant, with patients becoming more and more short of breath, increasingly unable to control their coughing and expectoration, unable to gain a moment’s peace.⁸

This is the 'narrative' of the disease in biological terms. In a way, it has a beginning, a middle and an end. But, like literary narratives, the form of these parts can vary, especially the dénouement: consumptive death could be like the horrendous one described at the start of this chapter – all choking, coughing and eye ball-bulging horror. Or, it could be as Poe described – a beautiful decline with barely a hint of pain or distress, like golden leaves falling from the trees. It is hard to believe this last version of events, but the evidence in both literary and historical form is compelling: apparently people *did* die beautiful and easy deaths, however rare these examples might be. Evidently they were common enough to allow the popular construction of one type of story about consumption, one template on which people could shape their experience of the disease.

Without this biological narrative, or narrative alternative, consumption would not have been an appropriate disease for the kinds of mythology and discourses that rose around it. A range of physical symptoms and events were necessary for consumption both to fit – and indeed to generate – the cultural roles it assumed in the Romantic period and before. In other words, semiotics alone cannot explain consumption: biology is also required. One trans-cultural example of the importance of symptomatology is the use of consumption as a beautiful, refined and refining disease in the famous Chinese eighteenth-century novel *A Dream in the Red Mansion*. Patently, Chinese readers were prepared to see the favourable wasting symptoms of consumption affect their heroine Lin Daiyu in a similar way to the readers of the Western *Clarissa*, whose eponymous heroine also dies of a spiritualising consumption (as I will be arguing later).⁹ On the other hand, biology (as any medic will confirm) is not a monolithic, reliable entity: even the tubercle bacillus itself has been subject to an evolution in which drug-resistant strains have developed during our own time.¹⁰ Consumptions may or may not have been fatal, chronic, painful or attended by all the expected symptoms: illness narratives varied, to some extent, with every individual, even if broad patterns or genres might be obvious. This book will attempt to chart some of those patterns – in literature and in life – even as it attends to the specificity of individual experiences.

A word on definitions. I am not using 'narrative' in a technical sense: this is not a treatise on literary-medical narratology. Although I will use both terms, 'narrative' rather than 'representation' is useful in this context because it suggests illness as an aesthetic object that is in process rather than static, dialogic rather than monologic. Of course, representations, too, can be mobile, but narrative also embraces the idea that illness is a *story* we tell ourselves. As Byron J. Good has shown, we are all

authors of our own illness narratives – in the sense that when we convey the story of our illness to other people, we take an amorphous collation of symptoms and physical experiences and transform them into a more or less coherent narrative or set of narratives.¹¹

We, as sufferers, represent illness to ourselves and others by creating a personal aesthetic of disease which we bring into the cultural realm. Especially in chronic illness, we become writers of a narrative, a kind of diary or interpretation of our own body and its interaction with illness and our surroundings, physical and social. At the fundamental level of the sufferer, this means an ongoing, open-ended story which accrues new ‘chapters’ and meanings through each new incident that everyday life brings; every interaction with the body, even as small as a twinge of pain in the arm or a persistent cough, can cause a reinterpretation of the previous illness narrative. We become both writers and readers of our illness narrative, working in the midst of life’s uneven and fragmentary occurrences to make sense continually of disease and its effects on our world. In this way we build up a rich semiotics of illness: each symptom potentially a metaphor, an indication of impending disaster, recovery or merely stasis.¹²

This study will use a broad range of literary figures including diarists, religious writers, novelists, poets, dramatists, *belle-lettristes* and so on, some of whom are firmly minor figures, some anonymous. As Alan Bewell has observed, they provide a useful means of accessing cultural mythology on both a macro and micro-level, and further illustrate the ways in which the two intersect and interact.¹³ Writers are a form of litmus paper for all kinds of cultural discourses. We must be careful, however: although the ‘major’ figures are revealing and influential in the way they construct their own narratives, their often eccentric and individualistic responses can sometimes blind us to broader cultural trends. As well as looking at the likes of John Donne, Keats and the Brontës, it is necessary to read those anonymous poets published in provincial newspapers, diarists such as the law student Dudley Ryder (later a famous judge), and the pseudo-Keatsian poet David Gray.

‘Litmus paper’ is a passive metaphor for the role of literature in making consumption the Romantic disease. I will argue that literary works combined with others (such as visual, religious and medical) to produce cultural templates for consumption, and that writers provided the way for various groups of people to structure their experience of the disease, whether they be religious, poetic, male or female.

In examining the construction of these consumption narratives, we will be looking at their multi-authored strands from different perspectives

according to the relevant emphasis: some of these writers suffered from consumption and wrote more or less directly about their knowledge; some had intimate friends and family who endured it; others had no immediate contact with it, beyond the broad cultural myths it engendered. Some of the texts produced by these figures are about the experience of dying from consumption; some are elegies for other people more or less known to the author, while some represent consumption and consumptive death as key or merely passing episodes in a novel, play or poem. From these varying degrees of importance we can assess the cultural impact of the disease.

A further, but equally important, element in this equation is the medical sphere, popular and elite: as we move through the 'story' of consumption we will constantly examine the 'internal' theory of medicine, how the doctors understood and treated the disease, and how their writings intersected with the wider culture and their impact on the local world of the patient. Some of the literary figures we examine bridge the divide by being medically trained themselves: Smollett and Keats are obvious examples. These exceptions to the rule are useful, but we will also have recourse to those doctors who were able to cater for a more popular audience than their Latin-writing medical peers: George Cheyne and Thomas Beddoes stand out, as does Buchan's *Domestic Medicine*, which spans much of the period we cover here.¹⁴

Medicine was by no means impervious to popular myths and perceptions of disease before the twentieth century; nor has it been after that time. Part of our task here is to show how the two interacted in the production of narratives about consumption that led to the Romantic mythology we saw at the beginning of this chapter. Although we have begun this book with Dr Beddoes' complaint about literary representations, we will find that Beddoes and other doctors participated in many aspects of popular narratives about consumption.

Because we need a long historical view to answer our central question, this book is structured chronologically into four periods, although our Victorian material follows on from the Romantic in Part III. It traces the development of various consumption narratives from the Renaissance to the end of the nineteenth century. Part I deals with the Renaissance, consisting of two chapters on the crucial discourses of consumption as the disease of love and the disease of the good and easy death, both of these necessary to explain how consumption gathered meaning and symbolic force in later periods, and indeed showing how consumption already was a significant cultural and literary factor for different social reasons. By the time Shakespeare wrote *Much Ado About Nothing*,

consumption was figured as the disease of love: Gideon Harvey provides medical evidence, while a range of literary authors demonstrate the strength of consumption's metaphoric power even in this period.

In the seventeenth century, as Chapter 2 shows, the consumptive poet-pastors John Donne and George Herbert were described by Izaak Walton as holy sufferers of consumption as the spiritual disease. The tradition of the *ars moriendi* contributes to the popularity of consumption: Thomas Browne, Thomas Fuller and Jeremy Taylor contribute to the idea of consumption as an actively desirable condition for the good Christian. Of course, there was resistance in various quarters to the idea of consumption as a preferable illness, and this alternative tradition is charted throughout the book.

The second part moves on to the eighteenth century, dividing again into two chapters, but this time structured by the increasingly gendered division of consumption narratives in this period. Despite being thought of as the Romantic disease nowadays, narratives of consumption were both common and powerful in the Enlightenment. Chapter 3 examines – via the bingeing society doctor George Cheyne – the impact of the medicine of the nerves on representations of consumption, including on the influential image of Richardson's dying *Clarissa*, who combines a good death and the typically female death of pining for a lost love object in a form of Neo-Platonic ascension from secular to religious love. Consumption becomes the physical disease of sensibility in both literature and medicine, as a number of writers, including Tobias Smollett, Anna Seward, Frances Brooke and Laurence Sterne amply demonstrate. The fourth chapter shows how male consumptions (especially in Richardson and Smollett) reflected responsibilities regarding finance and the need to maintain control over men's estates and women. Novelist, medical man, and splenetic consumptive Tobias Smollett also gives an insight into the related masculine economies of moral and physical discipline. His conflict with consumptive novelist Laurence Sterne illustrates the increasing link of consumption with Romantic sensibility.

Part III describes arrival of consumption as the glamorous disease proper in the Romantic period: as in Part II chapters deal with the gendered narratives of consumption. Masculine consumptive mythology centres around Keats as the primary symbolic figure of the consumptive poet, although this chapter shows that Keats was part of a consumptive, poetic network which preceded his own fame by many years. In this section we are introduced to now-unknown poets such as Michael Bruce, Henry Kirke White and Robert Pollok, as well as the better-known

Romantic figures of Percy Shelley, Lord Byron and Robert Southey (the patron of consumptive poets). Here we find that there was money in disease, even if the hapless author might not live to profit from it. The coincidence of Romantic medical theory, (partly derived from the 'Brunonian' school) predicated on notions of nervous excitability, and the rise of the idea of the Romantic poet helped to push consumption to prime position in the hierarchy of alluring diseases. Aspiring lower-class young men might rise to fame via possession of a disease which authenticated one's poetic credentials.

Chapter 6 also shows a close relationship between medical theory and literary narrative: Washington Irving and Thomas Trotter regard lovesick women in a similar light. The consumptive poetesses Mary Tighe (an influence on Keats) and, in America, the notorious Davidson sisters (in cahoots with Poe, Southey and Washington Irving again demonstrate that women could be regarded as Romantic poets, albeit promoted for their biographical glamour rather than poetic ability. Religion continued to be vital to consumption as the disease of the good death, especially with the rise of Evangelical Christianity. As in Chapter 5, we find a surprising amount of consumptive textual dialogue and influence, including an entire genre of poetry about consumption populated by female authors like Mary Mitford, Amelia Opie, Felicia Hemans and many anonymous ones who sought consolation in a predictable poetic pattern. We conclude with an examination of the persistence of the consumption myth in the Victorian period, although here with the twist of gender and race in *Uncle Tom's Cabin*.

The final main chapter of the book moves to the Victorian era. Consumption continued its metaphoric power, but in ways suited to the Victorians. Chapter 7 relates how the now-unknown Scottish poet David Gray modelled his life and writing on Keats, even to the extent of finding a patron in Keats's own biographer, Richard Monckton-Milnes. Gray continues, constructs, and indeed epitomises, the tradition of consumptive dialogue built up by poets in the preceding century. Gray's sonnet cycle *In the Shadows* was written while he was dying of the disease himself, and includes other consumptive poets – including Keats – in a statement of generic solidarity. Matthew Arnold's influential description of Keats and another consumptive poet, Maurice de Guérin, sets the agenda for the Victorian understanding of consumption and poetry, especially in his concerns about the expenditure of vital energy which so resonated with Victorian industrialism and theories of thermodynamics.

We conclude with a brief excursus into what happened after Koch's discovery of the tubercle bacillus in 1882; why this spelt the beginning

of the end for older narratives and genres of consumption; and why this end was so discontinuous. Although some authors, T.S. Eliot among them, now saw tuberculosis as a filthy disease, others – ironically aided by the new bacteriology – persisted in regarding it as a special, creative condition. Even today, as Anthony Thwaite's recent poem illustrates, the myth persists in literary circles.¹⁵ This book explains how.