

Fever Narrative in the Fiction of Charles Dickens

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Abstract

This thesis argues that what it terms fever narratives figure prominently in Charles Dickens's fiction. Fever was regarded not as a symptom but as a generic disease that had sub-species, such as cholera, smallpox, typhus and typhoid, and that presented itself through devastating epidemics that frightened the public and drove the government to enact public health legislation. The core elements of the fever narrative – such as fever's cause, pathology, treatment and prevention – were still not clearly understood. This inevitably heightened public anxiety and frustration, particularly given lengthy delays in the bureaucratic processes of Parliament and local governments in dealing with fever's perennial threat.

The politically favoured sanitarian narrative influenced Dickens significantly. Sanitarians believed that water and sewer projects in urban localities and improved sanitary practices would prevent most diseases. However, Dickens was influenced also by an alternative approach that this thesis calls the “medical narrative,” comprising a more holistic vision of public health, reliant on improved treatments, greater medical professionalism, and specialized hospitals, in addition to sanitary reform. Dickens's 1840s novels reflected both approaches, but he emphasized the medical narrative in portrayals of the fevers of individual characters. In the 1850s, the predominant focus of fever narratives in Dickens's journals and novels became fever of the social body – fever that figuratively infected English institutions or the country as a whole.

Dickens's fever narratives became progressively darker during these two decades and, with each novel onward from *Dombey and Son* (1846-48), his representations of fever apocalypses infecting both the rich and the poor became more strident, even to the extent of suggesting that the whole institutional and economic infrastructure of the country would suffer an irrevocable blow. The thesis argues that Dickens presented

these minatory scenes of vengeance in response to what he perceived as the blindness of the middle class to the condition of the sick and poor of England. This reached a climax with “Revolutionary fever” in *A Tale of Two Cities* (1859).

The thesis presents a final argument that Dickens’s stories of the early 1860s and *Our Mutual Friend* (1864-65) provided both a continuation of and a denouement for the two previous decades’ fever narratives, by offering a view of the dust of corpse upon corpse of those who were mowed down by fever, and of a river polluted by this dust. However, he foresees also the possibility of the fundamental regeneration of a more humane physical, social and institutional environment in England.

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Chapter One

INTRODUCTION

A wealth of surviving medical and sociological texts from the 1840s and the 1850s – notebooks, speeches, letters, articles and books – are about fever. At that time, fever was not seen merely as a symptom of sickness but, instead, was considered the root disease that caused the majority of mortalities. Fever outbreaks (in epidemic forms such as cholera, typhus, typhoid, and diphtheria) occurred often, captured popular as well as professional attention, and spurred the development of new medical theories and treatments. Medical discourse used narratives of individual case histories and of infection sites to analyse the characteristics and progress of fever. Medical narratives often borrowed conventions from fiction, such as figurative language, to dramatize the significance of a case or the dangerous outbreak of an epidemic.¹ Narratives published in medical journals or books, in turn, influenced the representation of fever in literary texts.

The simplest kind of fever narrative consisted of entries in a doctor's journal summarizing the course of disease in an individual patient. Unlike in France, where clinical medicine, as Foucault argues in *The Birth of the Clinic*, reduced the patient to an object and the disease to an as yet indefinable condition whose nature and cause could be determined only through post-mortem examination of bodily lesions, in England doctors took full account of the patient's own observations. The English doctor might start his narrative by speculating on the cause of sickness, drawing from both his immediate observation of how the disease has presented itself and the predisposition of the patient, as derived from the patient's verbal account of his or her symptoms, previous state of health, and conditions at work (if employed) and at home. The pathology of the fever (the changing condition of the

patient until cure or death) and the treatment (such as medication, bleeding, or blistering) would then be recorded. The doctor might offer, in exceptional cases, a prognosis for the patient's likelihood of relapse or of vulnerability to other diseases. Newspapers and magazines published details of many of the cases taken from hospital reports. English doctors also wrote popular medical texts, published in the form of pamphlets or books wherein they would use patient histories as part of a discourse on etiology (cause), diagnosis, treatment and prevention of one of the different varieties of fever, such as cholera.

By mid-century, British medical texts were beginning to represent fever narratives in ways that went beyond the immediate purpose of helping physicians, surgeons, and general practitioners diagnose and treat individual cases of fever. With the flow of displaced country workers to the towns,² the overcrowding of working-class tenements, the fear of class conflict, and the correlation of epidemic deaths with urban poverty zones, micro-narratives on fever victims in their urban environment supported macro-narratives on how fever was a threat to the condition of England. The purely medical, with its focus on the individual case history, was giving way to the sociological. In essence, the fever narrative was now coming to privilege the social body³ over the body of the individual patient. Texts included theories on what factors predisposed certain neighbourhoods to fever, such as meteorological conditions, over-crowded tenements, foul graveyards, infected sewers, wells and rivers, polluted and unventilated factories, and, most particularly, local sites (miasmas) identifiable through the stink of decomposing animal and vegetable waste. There were also publications focusing on conditions in workhouse infirmaries and fever hospitals. Narratives of the walking tours of the medical officers who inspected conditions in poor working neighbourhoods appeared commonly in reports, journals, and books. All texts on

fever became more publicized with added attention from both the media and the government. There was dissension over both the cause and the means of prevention of fever as well as over the roles that Parliament, municipal authorities and the medical profession should play in responding to a national emergency.

It is not surprising, therefore, that the huge repositories of medical archives from the mid-Nineteenth Century contain many narratives on fever that link the individual body with the social body. The most obvious is that belonging to the sanitarians, who argued that they had a definitive response to the emergency caused by fever. From the 1840s until the mid-1850s, they commandeered media and political attention with their macro-narrative on fever of both the individual and the social body and on how to eliminate, or to reduce dramatically, epidemic outbreaks. They believed that most if not all fevers were associated with the stink of decaying animal and vegetable waste in the working-class areas of towns. They lobbied for sewer and water projects in towns as well as centralized Parliamentary enforcement that would ensure individuals observed specific sanitary practices in their dwellings.

While on his first American reading tour in 1842, Dickens was seized by the ideas in Edwin Chadwick's *The Sanitary Condition of the Labouring Population*, a fresh copy of which had been sent to him by his brother-in-law Henry Austen, who worked with Chadwick. Upon his return to England, he joined sanitarian organizations, spoke on their behalf, and wrote letters of support. Dickens recommended Chadwick's volume to the United States public at the conclusion of *American Notes*. In the 1849 preface to the Cheap Edition of *Martin Chuzzlewit*, he claimed that all his works of fiction had sections supportive of the need for sanitary improvement of the dwellings of the poor. As late as

1854, he wrote that sanitary reform should have precedence over every other social cause, including one of his greatest objectives, the reform of education.

Nevertheless, Dickens's promotion of sanitary reform offers only a partial impression of his contradictory responses to the intractable social problem of disease. Had he been completely committed to sanitarian precepts one might expect that his journalistic and fictional narratives would, without qualification, reinforce the sanitarian cause. In fact, Dickens did have serious reservations about sanitarian orthodoxies. As Chapter Two of this thesis will demonstrate, he took exception to the sanitarian formula that equated poverty, disease, and immorality. For example, on one occasion, when it had been pre-arranged that he would second a motion at a public sanitary meeting, he spoke out against the mover of the motion because he had happened to mention in his remarks that poor neighbourhoods were breeding grounds of immorality. Moreover, while Dickens seemed to respect the overall devotedness of the sanitarians to their cause, he detested the two roots from which their movement grew – evangelism and utilitarianism. As evangelists, the sanitarians believed they had a mission to bring peace to society and morality to the poor. As “political economic utilitarians,”⁴ the sanitarians put their emphasis on improving the health of the working man who contributed to the economy. They were not particularly concerned with the welfare of other family members. The greatest concern that Dickens had about health, the one he represented incessantly in his journalism and fiction, was the health of the poor child. He was also uncomfortable about the sanitarian desire to place total trust in Parliament to approve, design and administer a program of public health. As a young reporter, he was already familiar with government ineptitude and as a maturing writer and editor, he became increasingly sceptical about institutional “solutions.”

As Dickens's apparently conflicted and contradictory response to the problem suggests, there was an alternative fever narrative to that favoured and promulgated by the sanitarians. I call this the "medical narrative" because it reflects the doctor-patient relationship and a more liberal approach to sanitary *and* medical reforms. As Chapter Three explains, this narrative is reflected in the texts produced by individuals, doctors for the most part, who agreed that improved drains, sewers, water supply, streets, and lodgings were important but that they were not sufficient for a program of public health and not, at least in some people's view, even the first priority. They felt that sanitarianism had scientific, social, and political fault lines. Doctors knew from their practice (and some physicians articulated this knowledge, especially those who studied outside of England) that the cause of the spread of fever was often contagion from one person to another rather than from the breathing in of effluvia from rotting animal and vegetable waste. They distrusted the sanitarian *credo* that disease caused poverty but that poverty did not cause disease, and sometimes argued that the problem of poverty needed to be addressed before sanitary engineering works were undertaken, or else the latter would have little positive effect. Their concern was with the well-being of individual patients and less with the overall economy. While they agreed with the sanitarians that a public health program was essential, they saw this as being led by professional medical men rather than civil servants commissioned by Parliament to play a policing role, and they thought that the public health initiative should include standards for improving medical care and hospitals rather than restricting itself to sanitary engineering works.

My subsequent analysis of Dickens's imaginative use of fever narratives in his mid-century journalism and novels does not depend entirely on their alignment with either of

these two kinds of socio-medical narratives. However, my hypothesis is that both throw light on Dickens's ambivalent responses to social and medical reform and on his imaginative transformation of both kinds of fever narrative in his writings.

Discussion of the representation of fever in non-medical texts will begin in Chapter Four with an analysis of mid-century fever narratives written by either Dickens or other contributors to the journals that he edited in the 1850s – *Household Words* and *The Household Narrative*. Because these articles each tend to have a single representation of fever, the chapter will build a foundation for the examination of the more complex fever narratives in Dickens's novels.

First, I will discuss the uses of observation and imagination in various kinds of narratives that will be replicated, sometimes several at a time and usually in more complex ways, in Dickens's novels.⁵ My discussion of these narratives will move from what is ostensibly⁶ the most documentary to that which is most imaginative. The first kind of article, *the visitor's tale*, has some similarity to the reports of medical officers on sites of fever. The visitor is frequently like Master Humphrey in *The Old Curiosity Shop*, who walks in silence, observes, and notes. The main strength of this kind of article is the selective way in which the visitor represents sights, sounds, and smells in order to stimulate the reader's interest. The kinds of sites visited have many different associations with fever, such as those relating to unsanitary neighbourhoods, inner city graveyards, hospital sick wards, and workhouse infirmaries. Either at various points of the tour or afterwards, the visitor reflects on what has affected him most. Sometimes he concludes by making a case for specific medical or social reforms. Other visitor's tales, especially those by Dickens,

extol the forbearance and nobility of those poor people who are ill and of those who care for their needs during illness.

The second kind of article I will discuss is *the history*. Although these are ostensibly about fevers in the past, there are always undertones that make the narrative relevant to the subject of public health in the mid-Nineteenth Century. Unlike the visitor's tale, which tends to provide fine details of individuals and places, the history has a broad canvas and its concern is less with fever of the individual body than with that of the social body.

The third kind of article is the *fanciful tale* that is marked by unrestrained use of imagination. These narratives are mostly political satires and focus, therefore, on fever of the social body. Although more detailed labelling of literary forms among the fanciful tales is not essential to the argumentation in this thesis, I will identify some of the forms. There are, for example, several fables where inanimate objects, such as a river or a town, are personified. Some articles begin as fairy stories but change into more realistic terms as they proceed. Dickens particularly likes the dystopian tale that mocks the political and administrative echelons that have mismanaged public health to such an extent that he praises them for their perfection at inefficiency. Narratives of dreams or prophecies also are included in this third type of article.

I will also analyse the representation of the medical within the literary by examining each article's orientation in relation to contemporary texts, specifically those related to the sanitarian narrative or the medical narrative. The concept of fever localized in a site suggests a sanitarian orientation to the first kind of narrative (the visit). However, such is not always the case if the narrator begins to ruminate about the spread of disease or about radically different ways of looking at the poor and the sick from those adopted by the

sanitarians. The fever history narratives, although potentially leaning one way or the other, do, in fact, tend to reflect a sanitarian outlook. Some of the fanciful tales with their satiric attack upon politics support the sanitarian cause at a time when Parliamentary inaction was hindering the progress of sanitary reform. Others of these tales, however, counter the sanitarian reliance upon Parliament or any large institution to lead a program of public health, and yet others laud the values of the poor in ways that the medical profession could comprehend but the sanitarians not.

Chapter Four will conclude with a consideration of differences between articles by Dickens and those by other contributors, and of changes in the fever narratives between 1850 (with the start of *Household Words*) and 1860. This will establish a basis for considering, in subsequent chapters, whether or not the trends in the representation of fever in journalism are comparable to those in fiction.

Chapters Five and Six examine Dickens's novels from 1843 to 1859,⁷ identifying and analysing his representation of fever through use of the critical framework developed in the previous chapters. Analysis of a novel's fever narrative is considerably more complex than that of a journal article because it has more component parts and because its relationship to one or more other narratives – such as those relating to education, law or government – must be discussed in order to provide a greater understanding of the fever narrative in the context of the novel as a whole. To illustrate this latter point, the story of a character's fever (akin to the case history in medicine) was most common in Dickens's early fiction. The fever narrative of *Oliver Twist* centres on individual fevers, of which there are a remarkably high number at critical turning points of the novel. Rose Maylie is predisposed to fever, due to the pressure of the socially inappropriate passion between herself and her

adoptive brother Harry Maylie.⁸ Bill Sikes has a fever that lasts for over three weeks. The orphan hero himself suffers two dangerous fevers, at critical junctures of his history, such as when he suddenly encounters his middle-class roots and the remnants of his biological family. The fever narrative both uncovers and obscures the identity narrative. Oliver wakes from his first fever to see and recognize intuitively a portrait of his mother. He wakes from the second fever in the home where his aunt lives. Nevertheless, his identity is not principally a genealogical puzzle but a question of his moral and emotional affiliation. Does he “belong” to the Brownlows and the Maylies or might he rise among the low but liberated cast of thieves and murderers to become a “great man”? Thus, fevers operate as kinds of epiphanic experiences for Oliver, associated as they are with both threatening setbacks and the appearance of ultimately benign principles of melioristic agency that will finally direct his life, even in the face of adversity. The fever narrative thus helps elaborate Dickens’s statement in the introduction to the third edition of the novel in 1841 that, he “wished to show, in little Oliver, the principle of Good surviving through every adverse circumstance, and triumphing at last . . .” (457).

In the period from the early 1840s until the late-1850s, Dickens continued to represent individual fevers in his novels. However, as public fear of epidemics mounted and political attention turned to this subject, other types of representation, such as social body and dystopian, more frequently informed Dickens’s fever narratives. Consequently, they became more complex. There are five questions that inform the argumentation in Chapters Five and Six. First, taking into account individual fevers and other ways of representing fever examined in Chapter Four, what are the components of the fever narrative? Second, do these component parts connect and, if so, how? Third, what is the orientation of the fever

narrative towards contemporary socio-medical texts, specifically the sanitarian or the medical? Fourth, if the fever narrative relates significantly to another narrative in the novel, does it reinforce or controvert that other narrative? Finally, what are the changes in Dickens's representation of fever from the start to the end of the period being examined?

Chapters Five and Six demonstrate that there are certain commonalities in Dickens's representation of fever in the two mid-decades of the Nineteenth Century. In all six novels examined in this thesis there are accounts of individual fevers, some of which arise from an epidemic or local outbreak and others where symptoms and behaviours are feverish and described in the lexicon of fever, but the disease is of the mind and not the body. Moreover, Dickens frequently privileges the need to respond to the medical, social, and economic needs of poor children. He was standing apart from his sanitarian colleagues in doing this. Also, in each novel there is a sustained relationship between the fever narrative and at least one other significant narrative – identity in *Martin Chuzzlewit*, modernity in *Dombey and Son*, the “spoilt child” in *David Copperfield*, Chancery in *Bleak House*, society as prison in *Little Dorrit*, and revolution in *A Tale of Two Cities*.

Despite these similarities among Dickens's fever narratives, there are transformations in the course of the two decades. The influence of the sanitarian narrative peaks in the early 1840s and then declines as Dickens begins to privilege the medical narrative. Sanitarian influence emerges again for all three novels of the 1850s while the medical narrative maintains its importance. Fever of the social body has a moderate presence in the 1840s but becomes critically important and progressively more dangerous in the 1850s, darkening the narrator's mood and lessening his view that successful reforms are possible. The poor, especially those who are sick, are being just as neglected as ever, if not

more so. An ominous scene of vengeance for this “moral contagion” is first prophesied in the “Thunderbolt” chapter of *Dombey and Son*. These warnings become much more pronounced in the 1850s novels, until the scene of vengeance no longer lies in a future that is avoidable through reforms, but is shown as inevitable and as having already arrived in the present.

Chapter Seven is both a continuation and a conclusion of the analysis of fever narrative in Dickens’s works. It focuses on the first half of the 1860s, a period when Dickens’s outlook was at least as dark as it was in the 1850s, when the representation of fever in his writing was more informed by conflicts between the sanitarian and the medical narratives. However, by the end of the 1850s the once-potent sanitarian movement had faded away, although particular individuals (such as Florence Nightingale) remained devoted to its precepts. Moreover, Dickens’s use of the fever narrative had come to a clamorous crescendo with *A Tale of Two Cities*. Nevertheless, I argue that there is a significant fever narrative in *Our Mutual Friend*, one that is greatly changed from those between 1843 and 1859. Chapter Seven begins with a discussion of journalism that prepares the way for the analysis of fever narrative in *Our Mutual Friend*. I endeavour to demonstrate how the fever narratives discussed in Chapters Four, Five and Six have a ghostly presence in this 1865 novel, after the fireworks these narratives entailed in 1859 (the year of *A Tale of Two Cities* and of *Origin of Species*). *Our Mutual Friend* offers a retrospective view of the dust of corpse upon corpse, of those who were mowed down by fever and of a river polluted by this dust. In a world where those who survive may only, as Jenny Wren says, “come up and be dead,” Dickens proposes something much more

fundamental than sanitary reform – regeneration. Thus, the fever narrative departs from Dickens's works in a dim but, finally, still hopeful light.

Notes to Chapter One

¹ As Rick Rylance observes, "The medical narrative of the nineteenth century is a porous form, and the boundaries between the factual case and the fictional history are impossible to draw with confidence" (269).

² The word "town" had frequent and various usage in mid-nineteenth century literature. It denoted both small and large communities, including London (although the latter was also referred to as "the metropolis"). Sanitary reformers focused on towns rather than the country because they thought that fever originated from and largely confined itself to towns. Thus, phrases like "the health of towns" were regarded by the sanitarians as synonymous with the health condition of Britain.

³ Fever narrative on the social body is consistent with Charles Rosenberg's formative outlook (see Rosenberg and Golden, *Framing Disease*) that the story of a disease is both natural and cultural, both biologically determined and socially constructed.

⁴ According to Margaret Pelling, sanitarians like Chadwick were not philosophical utilitarians because they were "less concerned with maximizing happiness than with ensuring discipline and order" (87).

⁵ It should be noted that representation of individual cases of fever, common in the medical texts and frequent in Victorian novels, does not appear in the journal articles.

⁶ This qualification is necessary because a journalistic article that seems to be a mere series of descriptions or observations does require strong powers of imagination in the selection and ordering of details revealed by the narrator and in the indication of the emotional impact of the visit upon the narrator or the conclusions he draws. Nevertheless, the acuteness of the physical observations speaks to a particular kind of narrative that is useful for literary analysis in this thesis.

⁷ The only novel omitted from detailed examination during this period is *Hard Times* (1854) because its characters are not afflicted by fever and Dickens makes only limited figurative use of the language of fever.

⁸ Dickens's representation of Rose's symptoms was so well articulated that the *British Medical Journal* continued to cite *Oliver Twist* in the Twentieth Century as a source for students learning about "hectic fever."

Chapter Two

THE TROUBLED SANITARIAN

This chapter identifies the main precepts of sanitarianism and Dickens's complicated response to them as activist, editor, and writer. My argument is that anxiety over population health escalated in the mid-Nineteenth Century, not only because of the toll of death by fever but because there were conflicting ideas on the cause, the treatment and the prevention of epidemics. The politics of public health were also provocative. The omnipresence of anxiety related to fever led writers to represent it in narrative form. This chapter will thus establish a cornerstone for analysis of interrelationships among fever *narratives* that appeared in medical, political, and literary texts and that will be the focus of succeeding chapters of this thesis.

Sanitarian precepts on fever – its cause, geography, mode of communication and means of prevention – were the main forces that drove forward the public health movement during the middle decades of the Nineteenth Century. Dickens became motivated to join the cause. To the extent that he had close friends who were sanitarians, that he joined several sanitarian organizations and advocated their cause in letters, journal articles and forewords to his novels, he was what we might today call a “card carrying” sanitarian. Moreover, in his works of fiction there are, as Chapters Four to Seven of this thesis will show, visits to insalubrious sites that are described in recognizable sanitarian language, and there are instances of exclamatory intervention by the narrator that are similar to those expressed by the evangelical reformers who had allied with utilitarians in founding the sanitary reform movement.¹

Dickens's dedication to sanitarianism raises a possible challenge to the core assumption of this thesis that Dickens's representation of fever in his writings is both significant and relevant. But, how can this assumption stand up given that key "self-evident truths" of the sanitarians were later proven wrong, such as assertions that smell propagated disease and that fevers were generated spontaneously and that they concentrated their attack upon working-age males? Dickens was well-read and had an interest in science. Should he have known better? Steven Johnson thought so, in his 2006 comment on Dickens, Nightingale, Engels, and Chadwick: "How could so many intelligent people be so grievously wrong for such an extended period of time? How could they ignore so much overwhelming evidence that contradicted their most basic theories?" (15).² It is not Dickens's "theories" that concern me, as he was not the kind of man who developed or wrote about medical theories. The more serious charge is Johnson's inference that Dickens's renowned power of observation was myopic and his literary depiction biased because of a gross misunderstanding of disease. Further, did Dickens inject mere partisan propaganda into his work when his narrators made fiery, evangelical-like speeches that relate to sanitation?

However, as the latter part of this chapter demonstrates, Dickens was not as full-fledged a sanitarian as were some of his friends involved in the movement. Fundamental social and moral undercurrents of sanitarianism troubled him. This chapter will examine Dickens's letters, articles, and speeches that show both his enthusiasm for and his disappointment over the sanitarian *credo*. Given the importance that public health had for the country and for his family and friends, it is not surprising that a similar anxiety characterized his fictional narratives. These narratives, as discussed in Chapters Four to

Seven of this thesis, were not about public health *per se* but about the manifestation of fever, which was the driving force for the development of a system of public health. Dickens represented fever through stories of individual cases or figurative fevers of the “social body,” whether this metaphorical body was England’s collective population or the country’s institutions. The health and general welfare of poor people was, as one might expect, Dickens’s greatest concern. As he became impatient with moribund public health reform measures in the 1840s and 1850s, he created progressively darker and more threatening fever narratives.

Fever and Public Health

Going back for centuries before Dickens’s lifetime and continuing during it, fever was not regarded as a symptom of the onset and progress of illness, measurable by a thermometer. Instead, it was seen as a disease itself, a poisonous entity that was the root of “species” such as cholera, typhoid, typhus, smallpox, diphtheria, and scarlet fever. With the migration of rural population to overcrowded dwellings in the towns and cities, epidemics took hold more frequently and became more lethal. Fever, in the form of the cholera that first reached England in 1831, was the “shock” disease that began setting in motion the slow machinery of government as well as civic and medical authorities to preserve the population’s health and to salvage English productivity. With the launching of inquiries, the carrying out of lengthy debates in Parliament, and the forming of advocacy organizations, it was not until the middle of the century that plans and priorities began to emerge for the development of a public health program, with sanitary reform as its centrepiece.

More cholera outbreaks occurred in 1847-49 and 1854 but other fevers were even more deadly. In spite of the increasing practice of vaccination, a smallpox epidemic started in 1837 and continued until 1840, resulting in 42,000 mortalities in England.³ Influenza pandemics struck in 1843 and 1855. Tuberculosis was by far the greatest killer, accounting for one-third of all deaths from disease (Wohl 130). Children died from numerous outbreaks of scarlet fever, measles, diphtheria, and whooping cough. Typhus and typhoid outbreaks were common. Nor was public concern about this toll limited to deaths within England itself. Of the approximately twenty thousand English military fatalities during the Crimean War, nearly 78% were from disease, notably cholera and malaria.

Newspapers and journals printed the grim statistics of mortality brought about by these outbreaks and so fever became highly politicized. Fever became “visual” in the sense that maps were published, using the data on death rates by disease by parish. Maps frequently showed fever zones as a kind of mist or dark cloud. Many of the informed middle class hoped that Parliamentary legislation on public health would be the solution to a life-and-death battle with fevers. Fever posed as much of a threat as did enemy nations – both threatened to invade and destroy the population.⁴

Sanitary reform⁵ became the banner for war against fever in England despite earlier negative associations of the word “sanitary.” Margaret Pelling points out that the first Nineteenth-Century use of the word in a health context was in C. Maclean’s 1824 pamphlet *Evils of Quarantine Laws* (30). Maclean used the word in an entirely negative sense to refer to quarantine under French law – “cordon sanitaire” – a practice still hated by the English at mid-century, as evidenced in *Little Dorrit*. However, “sanitary” developed into a powerful mantra, drawing together members of Parliament, social reformers, town officials and some

members of the medical profession. The sanitarian “ideology” was not so precise that its adherents had to accept each precept that its main spokespersons – such as Edwin Chadwick and Southwood Smith – stated were self-evident truths. Pelling says that definitive belief was not necessary “in order to think that it was an excellent thing for the poor to believe them, for laymen and medical men alike to act as if they believed them, and for the clergy to state that man’s sense of smell had been supplied by providence for the detection of unwholesome influences” (59). There was, however, strong support among nearly all sanitarians for Parliament to take a leading role in reform, as the towns would either not be able to afford the high costs of the engineering works or they would not necessarily see sanitary reform as their highest political priority. According to the sanitary reformers, Parliament needed to launch a massive program of sewer, water and other sanitary works because fever was killing Britain’s population, disabling its workforce, undermining its morality and blackening its stature among the nations of the world. The sanitarians declared that it was statistically proven that nearly all fevers self-generated within filth, from the decaying vegetable and animal waste that was to be found on the streets and in the sewers and the overflowing privies in over-crowded working class neighbourhoods. These unsanitary sites were termed “miasmas” and the poisonous odours arising from them were called “effluvia.” The approach, according to Anthony Wohl, was empirical rather than scientific:

The empiricism of English science stressed the eradication of disease through the preventive approach of cleansing and scouring, rather than through the purer scientific approach of bacteriology. The miasma or effluvia theory of disease, with its belief that, wherever bad smells and noxious effluvia existed,

there too were to be found the seedbeds of disease, had as its corollary the avoidance of dirt and the importance of cleanliness. (2)

Sanitarians believed that fever was air-born and was concentrated around miasmatic sources in working-class neighbourhoods. They also thought that fever focused its attack upon adult males who were employed and well nourished rather than upon the unemployed destitute, immigrants, and children, who were, for the most part, immune.⁶ This was a convenient argument because reducing fever would mean fewer sick days and less need for employers to train replacement workers. Sanitarians were adamant that fever was not contagious in the sense that one person could spread it to another. Because fevers were not contagious, there was no need to place ships and people in quarantine – another commercial benefit. However, there was another motivation for the moneyed classes to enlist themselves in the force fighting fever – the assumption that middle-class or rich people could come down with fever if they inhaled effluvia from such corruptions as open sewers or graveyards packed with the decaying corpses of the sick poor. In the sanitarian view, filth caused not only disease among the working class but immorality, civil disobedience and drunkenness. Sanitarians believed that the way to deal with these problems was to build proper sewers and water supply pipes, to clean up the filth on the street, and to police the working poor to ensure they observed sanitary rules within their lodgings. Such strong measures were thought to be achievable only through national legislation and delegation of authority to sanitary police responsible to a General Board of Health reporting to Parliament. If Parliament, in keeping with its sovereignty, would take these few but vital steps, the economy would grow, health and workhouse expenses would be reduced, and the greatest advance ever made in improvement in the condition of the British people would result.

There would be an aura of social tranquillity, with no more cholera riots such as had occurred in 1832,⁷ and very little other unrest because, with the removal of filth, the working poor would drink less and become more civil and educable.

Dickens as Purveyor of Sanitarian Ideology

The case for Dickens's conscription to the sanitarian cause was patently strong by 1842, when Edwin Chadwick's *The Sanitary Condition of the Labouring Population* launched the public health movement. By then, Dickens had famously depicted the squalor of poor neighbourhoods in *Sketches by Boz* and "fever dens" in *Oliver Twist*. He had already influenced some social reforms, most notably of country schools through his satire of Squeers's establishment in *Nicholas Nickleby*. His actual conscription to the sanitarian cause occurred by family circumstance. He kept up regular correspondence with his brother-in-law Henry Austin, who had been working with the Poor Law Commission of Inquiry into Sanitary Conditions. In 1842, while Dickens was touring America and being repelled by its backwardness and dirty towns, Austin, at Chadwick's prompting, sent him a copy of Chadwick's book. Chadwick had read in the newspapers that Dickens was writing notes about the tour and confided to Austin that, "Mr Dickens will have possession of the ear not only of America but of Europe & whatever he may say on the importance of a better & scientific attention to the structural arrangements for promoting the health & pleasure & moral improvement of the population cannot fail to produce extensively beneficial results."⁸ Chadwick's hopes were realized by Dickens, who not only liked the book but also endorsed it in 1842, at the conclusion of *American Notes*:

There is but one other head on which I wish to offer a remark; and that has reference to the public health. In so vast a country where there are thousands of millions of acres of land yet unsettled and uncleared, and on every rood of which, vegetable decomposition is annually taking place; where there are so many great rivers, and such opposite varieties of climate; there cannot fail to be a great amount of sickness at certain seasons. But I may venture to say, after conversing with many members of the medical profession in America, that I am not singular in the opinion that much of the disease which does prevail, might be avoided, if a few common precautions were observed. Greater means of personal cleanliness are indispensable to this end; the custom of hastily swallowing large quantities of animal food, three times-a-day, and rushing back to sedentary pursuits after each meal, must be changed; the gentler sex must go more wisely clad, and take more healthful exercise; and in the latter clause, the males must be included also. Above all, in public institutions and throughout the whole of every town and city, the system of ventilation, and drainage, and removal of impurities, requires to be thoroughly revised. There is no local Legislature in America which may not study Mr Chadwick's excellent *Report upon the Sanitary Condition of our Labouring Classes*, with immense advantage. (273-74)

Despite Dickens's interest in many kinds of reform, especially those under the umbrella of "helping the poor," it was nonetheless odd that he endorsed a book by the utilitarian author of the (new) *Poor Law* (1834), the legislation that created the workhouses and terminated out-of-door charity for the destitute poor – the law that Dickens pilloried in *Oliver Twist*.

Dickens himself commented to Austin that he and Chadwick “differ . . . to the death, on his crack topic, the new Poor Law” (Storey, ed. *Pilgrim* III 330). It was a reflection of his capacity to entertain opposition that he and Chadwick became friends for the rest of Dickens’s life, corresponding and even travelling with each other.

Although Dickens immediately joined the committee of the (sanitarian) Metropolitan Improvement Society shortly after his return to England in June 1842, it is clear from his admonitions to Americans that his concepts of public health, such as advising women on their choice of apparel, were, at this stage, naïve compared with those of his new colleagues. Nevertheless, he continued promoting sanitary reform. Beyond the general endorsements, he used his influence to help his friends gain appointments to administrative posts. When Lord Morpeth (Parliamentary reformer, and later Earl of Carlisle) announced his intention to introduce a public health bill into Parliament in 1847, Dickens went at the earliest opportunity to meet with him. A general health board was proposed as an accompaniment to the bill and Dickens came to lobby in favour of Austin as the best secretary that the board could acquire.⁹ In 1850, he encouraged Leigh Hunt’s oldest son (Thornton) to take on the role of assistant secretary to the same board.

Prefaces to revised editions of his novels were also opportune places for sanitarian interventions. In the 1849 preface to the Cheap Edition of *Martin Chuzzlewit*, he reinterpreted all his previous work as being supportive of the public health cause: “in all my writings, I hope I have taken every possible opportunity of showing the want of sanitary improvements in the neglected dwellings of the poor” (40). Then, in the 1850 preface to the Cheap Edition of *Oliver Twist*, Dickens satirized Sir Peter Laurie, former Lord Mayor of London, who had claimed that the literary depiction of fever dens and slums was much

exaggerated and that the notorious Jacob Island existed only in the pages of *Oliver Twist*. Dickens's written rebuke was that the former Lord Mayor had an imperfect knowledge of London. If a real place like Jacob's Island ceased to exist as soon as it appeared in a novel, then it logically followed that Laurie no longer existed because Dickens had just put him in a novel.

Dickens's voice was an effective force in furthering certain of the priorities of sanitarianism. After the *Public Health Act* came into force in 1848, Dickens occasionally spoke out on behalf of the sanitarians against the weakness of both the legislation itself and its administration. In his 1850 speech to the Metropolitan Sanitarian Association, he expressed outrage over London's exclusion from the legislation. He was reported as saying that, "of the sanitary condition of London at the present moment, he solemnly believed it would be almost impossible to speak too ill. He knew of many places in it unsurpassed in the accumulated horrors of their neglect by the dirtiest old spots in the dirtiest old towns, under the worst old governments in Europe" (Fielding 106). Dickens went on to remark that the exclusion of London "suggested the representation of *Hamlet* with nothing in it but the gravedigger" (Fielding 106). By 1851, with his patience worn thin by government delays, Dickens upped his ante, saying in a speech to the same association, "Sanitary Reform must precede all other social remedies, and . . . even Education and Religion can do nothing where they are most needed, until the way is paved for their ministrations by Cleanliness and Decency" (Fielding 128).

The nature of Dickens's engagement in sanitarianism began to change in the early 1850s, as he got more involved in specific issues. It is hard to imagine the young "self-styled" radical of the 1830s and 1840s becoming, in middle age, hyperbolic in demanding

that central government exert control over communities and private lives. But such he recurrently seemed, joining Chadwick in insisting that the only effective sanitary reforms would be those that Parliament controlled nation-wide. On this topic in 1851, he addressed, with his usual wit, the Metropolitan Sanitary Committee:

Now, gentlemen, in the year before last, in the time of the cholera, you had an excellent opportunity of judging between this Centralization on the one hand, and what I may be permitted to call Vestrylization on the other. . . . My vestry [Marylebone] even took the high ground of denying the existence of cholera . . . (Fielding 130)

In a January 1854 letter to Arthur Helps, Dickens reiterated, with even more aggressive language, the claim he had made in 1851 to the Metropolitan Sanitary Association. Helps was seeking support to raise a “Health Fund” to palliate the expected cholera epidemic in the summer of that year. Dickens wrote, “Sanitary improvements are the one thing needful to begin with; and until they are thoroughly, efficiently, uncompromisingly made (and every bestial little prejudice and supposed interest contrariwise crushed under foot) even Education itself will fall short of its uses” (Storey, ed. *Pilgrim* VII, 236). Helps had been encouraged by Dickens’s interest in the Health Fund and hoped to increase donations by publicizing the famous writer as a patron. However, Dickens suddenly withdrew, very much to Helps’s ire.¹⁰ It is possible that this withdrawal from direct engagement, starting in the mid-1850s, represented an increased wariness on Dickens’s part about sanitationism.

There were a substantial number of pro-sanitarian articles in Dickens’s journals, *Household Words* and *The Household Narrative*, although such contributions diminished

after 1854 when the latter journal ceased publication. There is no evidence that Dickens wrote any of the articles in the monthly *Household Narrative* – John Forster edited it and probably wrote the lead articles as well. However, as biographers have testified, editors had to submit each article for Dickens’s scrutiny and, where deemed necessary, he made detailed revisions. The contributors began to write with the Dickens style and sentiment. Unlike *Household Words*, which contained essays, stories and novels, the *Household Narrative* was intended to be a digest of all the news, domestic and foreign, important for an average educated reader to know: political, scientific, judicial, medical, military and so on. It was intended to be free of editorial bias but the reporting of what was said at meetings was frequently opinionated. Each issue had a section entitled “Social, Sanitary and Municipal Progress.” Every quarter, this section included highlights of statistical reports, especially those parts dealing with death rates by disease and location. Deputy Registrar William Farr, the originator in England of medical statistics and a life-long sanitarian, prepared the reports. Reports on meetings on sanitary reform topics were also featured in this section of the journal. For example, the following two entries appeared in “Social, Sanitary and Municipal Progress” in 1852: in January, a report on a meeting of inhabitants of St. Giles's in the Fields and St. George's Bloomsbury on parochial responsibilities in light of the fact that the Board of Health had failed to secure the funds needed to carry out legislation for interment of bodies in extramural locations rather than in crowded city graveyards and, in June, a report on the meeting of the subscribers of the Association for Improved Dwellings for the Industrious Classes, who were informed that there had been reduced death rates in the association’s dwellings due to sanitary improvements and that there would be a return on their investments. In the same year there were several entries linked to sanitary reform in

another regular feature, “Narrative of Law and Crime.” In March, the “urgent need for sanitary regulations” was shown by the summoning of eight men for non-compliance with the *Common Lodging Houses Act* and, in September, an inquest into the death of a drunken woman in Clerkenwell allegedly demonstrated that charity in London was inconsistent and that the neighbourhood needed “immediate measures” to improve its sanitary condition. The “Narrative of Parliament and Politics” also had sanitary reform entries in 1852. In March there was a report on the motion by the Earl of Shaftesbury that the sanitary state of the metropolis needed “immediate government interposition” (the Prime Minister objected to the word “immediate”). In May, Parliamentary debate on the Metropolitan Water Supply Bill was reported and, in November, consideration of the question of European cooperation on quarantine was included. The importance of sanitary reform was also raised occasionally in the *Narrative’s* opening editorial (“The Three Kingdoms”) as in the following prediction of March 1852:

. . . above all, the question [has not been answered] whether an Asiatic Cholera shall be permitted again to visit us without any of the preparations due to so formidable a visitor. It is quite certain, as to the latter point, that none as yet have been made, notwithstanding the years of experience and warning vouchsafed to us. Indeed the only public exploit in a sanitary direction which has signalized the last few months, is of a kind that indicates either wonderful indifference on the subject or portentous courage in relation to it. (3.8: 170)

Despite this occasional expression of opinion in the *Household Narrative*, it was less useful to the sanitarian cause than was *Household Words* because the latter had a much

larger circulation and its articles had both high quality and appeal to virtually every middle-class reader. Dickens wrote few “opinion pieces” in *Household Words* that resembled those in sanitarian journals or that tried to convince the reader to join the sanitarian movement or adopt its main precepts; he concentrated, instead, on dispensing implicitly sanitarian positions in his stories, as will be discussed in Chapter Four of this thesis. He did encourage, however, the submission by others of articles on sanitary reform. One can assume with some confidence that he played a significant role in the editing. The majority of articles on public health were written by W. H. Wills, Dickens’s sub-editor, and Henry Morley, an impoverished but aspiring writer who had studied medicine before joining the staff of Dickens’ journal and went on to become editor of *The Examiner* in 1859. Just before joining *Household Words*, Morley had written articles in the sanitarian *Journal of Public Health and Monthly Sanitary Improvement*. Both Wills and Morley were highly aware of Dickens’s views and editorial preferences.

What follows is an examination of selected sanitarian-oriented articles by various contributors on four topics: depiction of miasma, medical statistics and mapping, irresponsible landlords and local authorities and, finally, contaminated water and sewers. My goal is to identify the aspects of sanitarianism that appealed most to Dickens and to determine whether or not there were changes in the nature of the articles as the 1850s progressed and as the hope for further Parliamentary action on sanitary reform declined.

The earliest articles in *Household Words* on the subject of miasma expressed strong psychological reactions, such as horror, but they did not attempt to pronounce on the science of generating or communicating fever. In William Moy Thomas’s “Milton’s Golden Lane” (1852), an old clergyman who visits Milton’s house has pastoral expectations of discovering

ground “hallowed by the memory of Milton” (182). Instead, he encounters a barrier warning people to stay at home and, as he proceeds, he is shocked by coming across rank gardens, a putrid graveyard, and a swarm of people who are gasping for fresh air. This tendency to encounter a stench and equate it with the presence of disease was common in sanitarian pieces.

Although *Household Words* published considerably more opinion pieces and works of fiction than it did poetry, Cape’s “Miasma” (1854) captured the sanitarian’s nightmare vision of the miasma:

Near a cotter's back door, in a murky lane,
 Beneath steaming dirt and stagnant rain,
 Miasma lay in a festering drain.
 A home of clay, cemented with slime.
 He artfully built—for he hated lime—
 'Midst slop, and rot, and want, and crime.
 He lay securely, biding his time.
 Though a voice cried, pointing out his lair,
 “Run, run, for Miasma lies hidden there!”
 It died unheeded away on the air.
 Living and breathing the filth among,
 Miasma's home was secure and strong,
 And the cotter did nothing; for nothing went wrong.
 And his children would play by the poisonous pool,
 For they liked it much better than going to school.

Then Miasma arose from his reeking bed,
 And around the children his mantle spread—
 "To save them from harm," Miasma said.
 But they sighed a last sigh. He had stolen their breath.
 And had wrapped them in Cholera's cloak of death. (348)

There are two remarkable aspects of this poem. The first, in keeping with sanitarian precepts, is that it is the cotter who bears the moral responsibility for the deaths of his own children through his negligence in not keeping them away from "Miasma" (despite the fact that it was doubtful he could do anything to remedy the drain given his poverty). The second is not in keeping with the kind of pathology of fever that sanitarians entertained in that the victims are the children and not the working man. This pattern of adhering to some features of sanitarianism and not others was quite common in the *Household Words* articles. Eliza Lynn's 1856 review of the pamphlet *Epidemics Considered with Relation to Their Common Nature* was, to some extent, a surprising piece for Dickens to include in his journal, as it was more scientific than literary and reiterated hard-core sanitarian doctrine on the miasmatic cause of *all* fevers, a view that by 1856 was much in doubt. Nevertheless, the pamphlet under review was by Thomas Southwood Smith, a good friend of Dickens. This perhaps indicated a personal and editorial trait that Dickens had, namely to be supportive to his friends even when he had serious doubts about their ideas and values. Lynn reiterates Smith's sanitarian doctrine:

One unvarying character of epidemics is that they are all fevers . . . [and]
 epidemics are alike in cause . . . Over-crowding, filth, exhalations from foul
 sewers, rivers, ditches, canals, etc., putrescent animal or vegetable matter,

impure drinking water, unwholesome meat, decayed vegetables, unsound grain, these are some of the predisposing personal causes of epidemics. . .

(398)

Among miasmatic sites, putrid, overcrowded graveyards were as much a fascinating subject for articles in *Household Words* as they were in sanitarian texts. Henry Morley, in “Burning, and Burying” (1857), taunts the reader as he was often wont to do and as no doubt Dickens encouraged him to do. On the one hand, Morley reiterates the sanitarian doctrine on the miasmatic danger of town graveyards where the sick poor have been hastily disposed of in shallow graves. On the other hand, he must have offended the strong Christian and evangelical element in the ranks of the sanitarians who believed in burial of the body. He poses the delicate subject of whether there can be a resurrection when bodies are burned instead of rotted and then goes to some length in describing the grotesqueness of historical efforts to fend off rot while preserving the body of a dear departed one. He suggests that the pragmatic approach would be cremation, because the graveyards send out “putrid emanations” that turn into “new and frightful diseases of the throat and lungs . . . in those quarters situated nearest to cemeteries” (226). He concludes by agreeing with the author of the book he has been reviewing that “We think of the grave, corruption and worms. Burning would be much better” (227).

The second type of *Household Words* article, those concerning medical statistics and mapping, were more discursive than were the extracts of the Registrar General’s quarterly reports that appeared in *The Household Narrative*. Frederick Knight Hunt’s “The Registrar-General on ‘Life’ in London” (1850) demonstrates an extreme allegiance to sanitarian precepts. Hunt explains the new science of medical epidemiology to readers: “The Modern

Babylon, so great in other things, has a giant's appetite for mortality . . . we are able to test not only how many people die, but where they die and what they die of . . ." (330). Hunt identifies the extremes of insalubrities, beginning with Clerkenwell and then Bethnal Green, the "side abominations" of the Strand, Shoreditch, Bermondsey, Rotherhithe, St. Giles, St. George's Southwark and two portions of the City of London (especially the area surrounding the Mansion House). Hunt concludes with a sanitarian prognostication: "This additional mortality is the penalty now being, day by day, inflicted upon sinners against sanitary laws in the English metropolis" (333). Given that there were no Parliamentary laws to regulate sanitation, Hunt reflects the language and thinking of the evangelical faction of the sanitarians on "laws" that were considered to be either based on nature or imposed by a Divine Being. Despite his dislike of religious fervour, Dickens also uses this kind of rhetoric later, for various purposes, in works such as *Bleak House* and *Our Mutual Friend*.

Two other eyewitness reports on the condition of the sick poor were Morley's "A Healthy Year in London" (1857) and "Life and Death in Saint Giles" (1858). In the first article, Morley's main research project is to review the collected vestry reports on epidemics and mortalities for 1856. When the reports are taken together, Morley concludes that they demonstrate "the story of a healthy year." Nevertheless, the bulk of Morley's article highlights the horror stories of disease due to poor sanitation, in alignment with the etiology of the sanitarians. Concerning Rotherhithe Court he writes,

Almost all the houses were overcrowded with inmates, dilapidated, and swarming with bugs. Many of the inhabitants complained that the quantity of water forced on by the [supplier] company was not sufficient, and certainly the receptacles for it were not generally large enough, and often dirty and

leaky. The drainage has been originally good, but it is everywhere choked up. Not a house had an ashpit, the vegetable and animal refuse being strewn about the yards, and mixing their effluvia with those from the overflowing cesspools.¹¹ (195)

Similarly, in the Saint Giles article, Morley comments as a sanitarian on the quality of the water: “The water that rises in the parish well of Saint Giles's district is, in fact, nothing more than highly diluted sewage . . . and no wise Londoner will swallow water from a well formed on the top of the bed of London clay” (525). However, reflecting Dickens’s priority about the well-being of children and considering all the deaths in St. Giles, Morley suggests that the evidence of the Medical Officer’s report points to children as the great victims: “The especial sufferers, in every case, are the children. Contagion has little to do with the cause of these fatal disorders. They are diseases clearly traceable here to bad water, and yet more emphatically to bad air” (528). Morley’s assessment of the report helps confirm Dickens’s great fear (and one that he had already used in novels such as *Oliver Twist*, *The Old Curiosity Shop*, *Dombey and Son* and *Bleak House*) that children were the most susceptible to disease among the population and that their health must be a priority for a public health program. Morley’s two articles go well beyond the summarization of reports by Medical Officers of Health. In the first article he informs the reader that each London vestry had been appointing Medical Officers of Health over the previous two years and that their duties include not only preparing reports but also serving as “medical referees” or as a “corps of sanitary soldiers” to determine how diseases can be prevented, with the power to “insist” that the cause [filth] be removed (193). In the second article Morley again recasts the reports of the chief medical officers by showing them in a military light: “The Medical

Officers of health, captains of sanitary militia, in this Metropolis, at the end of their second year of work, have marshaled and sent out on general home service, a second squadron of reports” (524). Unfortunately, according to Morley, the Medical Officers of Health lack legal power to require sanitary reforms. Morley’s terminology – the militarization of public health administration – seems intended to support Chadwick’s call for sanitary police (to be discussed in the next chapter). At the same time, it may not lack a certain irony, as Dickens, who also liked to use this kind of military metaphor in his works, almost always intended that it be ironic (e.g. the mannerisms of Major Bagstock in *Dombey and Son* and of Mrs Markleham who is called “The Old Soldier” in *David Copperfield*). However, Morley’s interest in sanitary detective work does reflect Dickens’s fascination with detection, as in his “On Duty with Inspector Field” as well as his creation of the first detective in the English novel, Mr Bucket in *Bleak House*.

Morley was also the principal journalist for the third kind of article identified above, in which the irresponsible authorities take advantage of the poor and turn a blind eye when lodging houses and surrounding streets become fever dens due to their terrible unsanitary conditions. He wrote in 1854, under the provocative title “The War with Fever,” about abuses of common lodging house owners, and suggests that no “landlord has any more right to let a poisoned house than a brewer has to sell fatal drugs in his beer” (447). Dickens portrayed these kinds of landlords – particularly in Mr Casby (the Patriarch) in *Little Dorrit*. In the article, Morley recounts a single case where a prosecution of several owners was actually successful but, reflecting the sanitarian objective on policing, writes of the current limits: “The police exercise this supervision only over common lodging houses, and for the more real homes of the very poor little or no thought has yet been taken” (448).

Morley turns from the irresponsible landlords to the neglectful urban authorities in an 1857 article, “Londoners over the Border,” which again reflects a sanitarian perspective. He points out that “More suburbs shoot up, while official ink is drying” (241) and that if a Londoner should venture out when it is raining, these districts are “most safely to be explored on stilts” (241). And, while the plain in front of these houses suggests “a feeling of repose,” the houses are in rows with a foul ditch behind them for which London parishes will take no responsibility. The ditch “is a cesspool, so charged with corruption, that not a trace of vegetable matter grows upon its surface bubbling with the constant rise of the foul products of decomposition, that the pool pours up into the air” (241-42). As a result, claims Morley, epidemics stay there for months after they come and they fall “upon human bodies saturated with the influences of such air as this breathed day and night, as a spark upon torchwood” (242). He finds in one of the suburbs a large shining placard concerning the election of the local board of health written with such “circumlocution” that he becomes distracted from the smell of the place for a few seconds. But the smell returns to his consciousness as he walks a few more steps and comes to:

. . . another pestilential ditch, bubbling as if there were a miraculous draught of fishes just below. A row of houses was arranged with little back yards dipping into it; and, in one of those backyards, three ghostly little children lying on the ground, hung with their faces over it, breathing the poison of the bubbles as it rose, and fishing about with their hands in the filth for perhaps something nice to eat. (242-43)

This is the same grotesque scene as in the poem “Miasma,” although, if anything, darker. The image of children searching for food among filth which surely includes human

excrement is not made so explicit in Dickens's own writing but the depiction of poor children abandoned with or without their poor families in zones of neglect is surely typically Dickensian, appearing as early as the children victimized by maladministration in *Oliver Twist* and *Nicholas Nickleby* and as late as the groups of starving paupers that Betty Higden finds on the roads in *Our Mutual Friend*.

On the fourth topic, contaminated water and miasmatic sewers, Wills and Morley were the main contributors to *Household Words*. It is notable that Wills's articles are more flat and quasi-scientific while Morley's tend to be emotional and literary. Wills's "The Troubled Water Question" (1850) suggests that the water supplied to London is insufficient, filthy and expensive. However, engineers cannot address the water quality problem simply by constructing new pipes because at least half of the impurities and "animalcules" in the water consumed in the household are introduced through the defective cisterns in which the delivered water is stored (51). In "A Foe Under Foot" (1852) Morley begins by suggesting that the stench of a "fellow-creature" dying of "putrid fever" from a sewer is little different from the smell of burning flesh if there were to be harmful hot ovens underground, except that, in the latter case, emergency action would be taken by Parliament. He takes it for granted that filth is the cause of fever, suggesting that, "The poisonous effluvium that rises from the openings of our old-fashioned sewers is not the result of immediate decomposition, but of a decay which is found to be established about four days after the discharge of the decaying matter from the house drains" (291). He concludes the article with a literary flourish worthy of Dickens: "There is a Birnam wood sort of prophecy that this foe cannot be vanquished until Ministers, gentlemen of the Board of Health, Commissioners, engineers,

and surveyors, can all come to a friendly understanding with each other, and obtain the blessing of a Beadle on their measures” (292).

Where there was condemnation of water projects delayed or ignored, there was also praise for towns that took matters into their own hands and did good work. Wills’s “Clean Water and Dirty Water” (1853) applauds the town of Barnard Castle on the river Tees that had completed sewage and water works supervised by the local Board of Health and under the advice of the General Board of Health. Wills quotes from Chadwick’s celebratory speech made on location: “there are now seventy-three cities and towns where surveys preparatory to new works are either complete or are in progress” (496). In 1855, Wills writes, in “Paris Improved,” of how the laying of tubular sewer pipes in Paris, a method that would vastly reduce the blockage and leakage problems of traditional square brick sewers, have advanced that city’s sanitation system well beyond that of London. Then Morley, in “A Way to Clean Rivers” (1858) writes that the sewage disposal problem in London and other towns is not a new one but has arisen because of the discovery of “the great danger of dirt” (79) and the pollution and disease caused by trying to wash it away with water. Morley discusses the advantages and disadvantages of the proposals for treatment, rejecting some of them with his usual literary flair: “there is a defect of sense in throwing it [water] away, and a colossal sewer carrying the waste of London far away to the saltwater fishes may secure the main object in view, as burning a house may roast a pig” (79). He suggests that there were risks to health, due to effluvia, if sewage were to be spread on farmland. He is supportive of the proposal to build embankments on each side of the Thames and to have small reservoirs to treat the sewage with lime and perhaps turn some of it into fertilizer. But, clearly, he is impatient, concluding with, “When we have done washing, where are we

to throw the slops?” (82). These extensive articles on water management and sewers were consistent with Dickens’s interest in the topic and his later enthusiasm when the Thames Embankment and other drainage works were being constructed in the 1860s. A fascination with water, as an alive but dangerous entity (a “foe”), in Morley’s writing came to fruition in Dickens’s representation of the Thames in *Our Mutual Friend*.

When both of Dickens’s journals are taken together, as they were intended to be, it is clear that Dickens offered through this means substantial support to the sanitarian cause. *The Household Narrative* provided “the facts,” a regular digest of news relevant to sanitary reform, and it on occasion ventured into light editorialization that again emphasized the challenges and opportunities for the reformers. *Household Words* did not report on the activities of sanitarian organizations or advertise directly their goals. However, the journal printed thought-provoking and creative articles that invited its broad readership to “go out and look for yourself” and to re-evaluate their priorities on what needs to be done about filth, unsanitary water, fever dens, and poor sick children. In each of the four illustrative kinds of articles discussed above from *Household Words* – miasmas, statistics and maps, dwellings and landowners, and water and sewers – sanitarianism is offered some common and substantial support. That miasma/effluvia is the cause of the generation and transmission of disease is supported but, with the exception of Lynn’s review of Southwood Smith’s book, there is no attempt to enlighten the reader on the science of this topic. Instead, as with the many inspectors who made brief site visits to urban slums, the smell in the air and the appearance of waste on the street are considered sufficient evidence of the presence of disease. The articles also align with other priorities of sanitarian reform – requiring landlords to become more responsible for the condition of dwellings and (where

they were the provisioners) fair prices of food, improving the zoning of suburbs so that they are provided with services just as are other city neighbourhoods, and closing as well as cleaning city graveyards. One substantial variance from sanitarian literature that focuses on the working adult male is that, in all the articles discussed above, children are shown to be the main victims of fever: indeed, no others are mentioned. Moreover, with the exception of the cotter in the Cape poem who has not addressed the problem of the stagnant pool or kept his children away from it, there is not a hint of moral taint associated with the poor. The “observers” in Dickens’s journal may have had their handkerchiefs over their noses, and they may have witnessed filth, but they did not see any “moral pollution,” perhaps because the Conductor of the journal would not have them do so. Finally, articles in the latter part of the 1850s tend to focus more on sewers and the water supply. This no doubt reflects some shifting of sanitarian thought (e.g. from the streets to the sewers) on their priorities, as well as high levels of frustration over delays in getting large engineering works underway.

As indicated at the beginning of this section, Dickens let his contributors, especially Morley, do nearly all the essay-writing for him in *Household Words* on those topics that, by and large, support key precepts of sanitarianism. Dickens redressed this imbalance through his many fictional contributions that, with their greater complexity, require the special analysis that will be given to them in Chapter Four of this thesis. However, one essay related to sanitarianism was written by Dickens, about the effect of railway construction on neighbourhoods. Curiously, this piece, “An Unsettled Neighbourhood” (1854), begins with an aside about the “normal” way that neighbourhoods come into being:

It is not my intention to treat of any of those new neighbourhoods which a wise legislature leaves to come into existence just as it may happen;

overthrowing the trees, blotting out the face of the country, huddling together labyrinths of odious little streets of vilely constructed houses; heaping ugliness upon ugliness, inconvenience upon inconvenience, dirt upon dirt, and contagion upon contagion. Whenever a few hundreds of thousands of people of the classes most enormously increasing, shall happen to come to the conclusion that they have suffered enough from preventible disease (a moral phenomenon that may occur at any time), the said wise legislature will find itself called to a heavy reckoning. May it emerge from that extremity as agreeably as it slid in. Amen! (289)

This aside is rich in both its expression of sanitarian precepts and its cadences of Dickens's fictions, past, present and future. First, and directly in line with sanitarianism, it implies that community development needs to be controlled strictly by a centralized source. Second, it supports the sanitarian etiology by indicating that disease arises from congestion and the accumulation of various forms of "contagion" that come from dirt (this is "filth" under another term). Moreover, the disease is preventable, again reflecting the main strategy of sanitarianism for response to fever. The passage's reference to a threatening uprising that will bring the legislature to a "heavy reckoning" connects with "The Thunderbolt" in *Martin Chuzzlewit* and the similar scenes of imagined retribution in Dickens's 1850s novels, *Bleak House*, *Little Dorrit*, and *A Tale of Two Cities*. Finally, the last two sentences and especially the "Amen!" reflect the kind of ironic evangelical voice that Dickens loves to use when he makes rhetorical pronouncements in his works. The evangelical participants in the sanitarian movement were certainly neither friendly with Dickens nor he with them.

Dickens's Departures from Sanitarian Ideology

Dickens, the public speaker, the writer and the journalist, was clearly a valuable if sometimes irascible contributor to the furtherance of the sanitarian version of a public health program. Nevertheless, there were some aspects of sanitarianism with which he was not sympathetic, not to such a degree that he abandoned his overall political support for sanitary reform or his friendships with Chadwick and Southwood Smith, but enough that these differences became extraordinarily important when he created fever narratives. I will discuss below three significant departures between Dickens and the sanitarians. First, he had some doubts about the sanitarian belief that filth and filth alone caused fever. He placed hunger and negligence of other basic human needs side by side with filth as reasons for fever mortalities. Second, he disagreed stridently with the sanitarian generalization that the poor were made immoral by the filth surrounding them and that by their irresponsible actions they generated more filth. This was the great difference between articles in Dickens's journals and those in sanitarian publications, as will be discussed further in the next chapter. The third difference is more difficult to pinpoint because Dickens seemed, at least during the early 1850s, to be divided in his thoughts about the centralization of authority over sanitation through a law by Parliament with a militarized administration to enforce its regulations – this contrasted with his more natural bias for individual freedom and positive reinforcement.

It was unlikely that Dickens spent much time thinking about the “scientific” claims of the sanitarians about the cause of fever, but he probably thought that the actions the sanitarians were proposing had merits regardless of their lack of scientific proof. Nevertheless, Dickens's liberal outlook set him apart from friends like Edwin Chadwick and

Southwood Smith whose ideology was firm and reductive: filth causes fever, period.

Dickens's dedication to his friends did not deter him from suggesting that other factors were as dangerous as filth at the scene of fever. This was a very significant departure from sanitarianism because it ruled out the simple solutions to the prevention of fever. A case in point was Dickens's three 1849 articles for *The Examiner* on an 1848 outbreak of cholera at a large boarding establishment for children in Tooting, run by a Mr Drouet, who had ignored warnings of the risk of epidemics made by the newly established Board of Health. Dickens claimed that diet, clothing, and shelter were the reasons why fever by necessity would break out:

The dietary of the children is so unwholesome and insufficient, that they climb secretly over palings and pick out scraps of sustenance from the tubs of hog-wash. Their clothing by day, and their covering by night, are shamefully defective. Their rooms are cold, damp, dirty, and rotten. In a word, the age of miracles is past, and of conceivable places in which pestilence might - or rather *must* - be expected to break out, and to make direful ravages, Mr Drouet's model farm stands foremost. ("The Paradise at Tooting," *Dent Uniform Edition of Dickens's Journalism* II: 150)

In the sanitarian *credo*, the poor created filth and thereby brought fever upon themselves and others. From this perspective, the creation of filth was an immoral act in itself and resulted in a spontaneous generation of not only fever but also such other forms of immorality among the poor as drunkenness, crime, and the lack of religious values. Dickens was confident he knew what poverty meant, and he would not accept any equation between poverty and immorality. In fact, he felt quite the opposite: that the poor were often more

giving and admirable than those higher up the social ladder. This perspective was fully evident in his respect for the poor in his first collected work, *Sketches by Boz*, and in his earliest novels. In an 1848 review written for *The Examiner*, Dickens severely criticized George Cruikshank's *The Drunkard's Children: A Sequel to the Bottle*. He suggests that Cruikshank's plates show only one side of the coin and not the other "on which the government that forms the people, with all *its* faults and vices, is no less plainly impressed" ("Review" 104). While noting that drunkenness is a "national horror," he observes that it comes from many causes, and that even the great Hogarth avoided this kind of de-humanizing depiction. Dickens writes that it would be "as sound philosophy to issue a series of plates under the title of The Physic Bottle, or The Saline Mixture, and tracing the history of typhus fever by such means" (104). In 1851, Dickens picked up this topic again and asked whether or not it was proper for the middle class, such as those made richer by the industrialized silk trade, to criticize the displaced and destitute hand-weavers, living now in foul dens in Spitalfields, for their reputation of being drunkards. Rather than judging, Dickens turns the situation back to the reader:

Fancy yourself stewed up in a stifling room all day; imagine the lassitude into which your whole frame would collapse after fourteen hours' mere inhalation of a stale, bad, atmosphere to say nothing of fourteen hours' hard work in addition; and consider what self denial it would require to refrain from some stimulant, a glass of bad gin perhaps if you could get it? ("Spitalfields" *Household Words* III 54 27)

Condemnation of the morality of the poor was frequently expressed in the published accounts of the sanitarian "reporters" who visited poor neighbourhoods. Dickens, a famous

walker and observer of the haunts of the poor, expressed little disgust for or judgment on the poor in anything he said, wrote, or edited. The distinction between his modes of observation and those of many sanitarians came out most clearly at an 1850 meeting of the Metropolitan Sanitary Association. Dickens responded to a resolution made by the Reverend Doctor John Cummings that called for the inclusion of London within the operations of the 1848 *Public Health Act*. In his remarks, Cummings claimed that poor sanitary conditions had caused at least half of recent fever deaths and that these conditions wrought among the poor “physical degradation and mental depravity that are barriers to inculcation of social obligations and Christian virtues” (*The Public Health: A Public Question* 20). When Dickens seconded the resolution, he was observed to be in a fine rhetorical state. He agreed that the government ought to be condemned for “absurdly and monstrously” excluding London from the operations of the *Public Health Act*. But, then came a point where one suspects that he may have paused to look significantly at the Reverend Cummings before going on to say:

No one who had any knowledge of the poor could fail to be deeply affected by their patience and their sympathy with one another - by the beautiful alacrity with which they helped each other in toil, in the day of suffering, and in the hour of death. It hardly ever happened that any case of extreme protracted destitution found its way into the public prints, without our reading at the same time of some ragged Samaritan sharing his last loaf, or spending his last penny to relieve the poor miserable in the room upstairs, or in the cellar underground. (26)

A third difference between sanitarianism and Dickens’s profound beliefs concerns the source of power to make reforms that might improve public health. In fact, it seems

incongruous, as discussed above, that he had proselytized on one occasion about the need for centralization. To sanitarian ears, that sounded very much like an endorsement of the sanitary police state that they were demanding because of the fever emergencies. But it did not accord with Dickens' distrust of Parliament, the judiciary and any other large institution in which the upper classes were in control. For example, he taunted the middle class in his article "Snoring for the Million"¹² that appeared in 1842 in *The Examiner*. He takes on a comic utilitarian role and suggests how useful it would be to have a program to teach the poor to snore through the night and thus be unaware of their needs and grievances: "No more complaints of hunger, when the starving poor may sleep and dream of loaves at will! . . . Oppressive and unequal laws will be no more remembered . . . there will be no fast-widening gulf between the two great divisions of society . . ." (55). Also, from the very beginning of *Household Words* in 1850, Dickens chided the upper and middle classes in articles such as those in the "Supposing!" series: "Supposing, we were all of us to come off our pedestals and mix a little more with those below us, with no fear but that genius, rank and wealth, would always sufficiently assert their own superiority, I wonder whether we should lower ourselves beyond retrieval!" (96).

The clearest statement of Dickens' ideological antipathy to the concept of a top-down sanitary police state was his 1854 article in *Household Words* "To Working Men," written in the wake of two years of epidemics that were largely ignored by the newspapers and the government. He tells working men that they must gather up their own power to move governments and towns to address "the preventable wretchedness and misery in which the mass of the people dwell" (169). Once action had been initiated by working men, they would find willing allies among the newspaper men and the middle class. Unless working

men speak out, the government and the towns would continue to obfuscate and “scatter dust.” For his middle-class reader, Dickens invokes the image of Samson pulling down the pillar of the temple if this most urgent of all social questions in England is not addressed with expedition.

Looking back, it seems no coincidence that the public health movement controlled by the sanitarians was born during the late 1840s, as Chartism lay in ashes that might again be fanned to flame. Historians of this era have argued that the public health movement constituted as much a conservative backlash designed to control the poor as it was a humanitarian mission to improve their health (see Pelling 1978, Hamlin 1998, and Harrison 2004). Even with his radical leanings, Dickens wanted, at first, to believe that sanitary reform might be the pragmatic first step in helping the poor while also serving as a soothing measure to counter the violence that “red caps”¹³ wanted to incite in furtherance of revolutionary uprisings of the kind occurring elsewhere in Europe. So he remained for a long time under the sanitary reform banner, while feeling anxious about certain ideas and values of those sanitarians with whom he associated. He was so anxious, in fact, that sometimes, as in “To Working Men” he placed himself imaginatively on the side of the poor and destitute and might even be seen to be inciting socially subversive values, such as public demonstration and self-governance. These values, of course, would be obstacles to the achievement of the sanitarian objective of essentially militarizing the government and setting up a constabulary of middle-class officers to “clean up” and enforce sanitary rules.

Notes to Chapter Two

¹ Anthony Wohl states that public health became a “fundamental” reform and that, “If immorality was rooted in physical impurity . . . It was a challenge which could not fail to strike a chord in the bosom of Victorian

evangelical Christianity” (7). Thus, it is not surprising that the great evangelist Anthony Ashley Cooper, 7th Earl of Shaftesbury, was a member of the central Board of Health established in 1848 (149).

² Medical historians in the Twentieth and Twenty-First Centuries have continued to be critical of the sanitarians. For example, Pelling writes that it was hard to refute Chadwick and Smith because of the correlations of death rates and poor neighbourhoods but that their adamant views created a risk of “hardening into a positive and final view of the causality of disease” (41). Christopher Hamlin in *Public Health and Social Justice* claims that Chadwick’s *Sanitary Report* was an “ideological manifesto, not an empirical survey” (187) and that sanitarianism was “A medical policy to manage bodies as state resources” (5). On the other hand, Anne Hardy argues, based on her review of London street-by-street data on mortality and disease, that the sanitary movement, if seen in its totality from the time of its origins in the late 1830s up to the 1870s, played a major role in reducing typhoid and typhus and was probably important in reducing deaths from tuberculosis (291).

³ Data for this section are from Michael Warren, “A Chronology of State Medicine, Public Health, Welfare, and Related Services in Britain 1066-1999.”

⁴ Hamlin in *Public Health and Social Justice* suggests how “public health” has historically become elevated: “The focus of nineteenth-century public health was epidemics of infectious disease . . . On occasion, the missions of ‘public health’ have been terrifyingly malleable: to its perpetrators, the Holocaust was a public health campaign, a matter of necessity and expediency” (2).

⁵ In this thesis, as in other texts, the term “sanitarians” denotes the many individuals who collaborated in bringing about sewer, water and other sanitary reforms and “sanitarianism” denotes the common medical and political precepts of the sanitarians.

⁶ Pelling writes that Southwood Smith and Edwin Chadwick “maintained on all occasions that fever was a disease of the temperate and able-bodied, not of the destitute; it chiefly affected not immigrants to the towns, or even children, but rather established, mature members of the workforce” (42).

⁷ Wohl notes that thirty cholera riots broke out in 1832, due mainly to the fear that doctors were dissecting the bodies of cholera victims during anatomy lessons.

⁸ This correspondence is in manuscript at University College London and is included as a footnote in Dickens’s letter of September 25, 1842 to Henry Austin (Storey, ed. *Pilgrim* III: 330).

⁹ Dickens wrote to Austin, saying “The moment I came to town—which was very soon after I received your letter—I went off to Lord Morpeth. I couldn’t find him, and so wrote him at full length setting forth all your qualifications” (Storey, ed. *Pilgrim* V: 60). Austin was hired to the post in 1848 when the Board was created.

¹⁰ It is a testament to Dickens’s capacity to heal wounds in relationships that, later and until the end of his life, he restored a friendship with Helps. After Helps became Clerk of the Privy Council, he arranged for a successful meeting between Dickens and Queen Victoria. He also wrote an obituary for Dickens.

¹¹ Two further articles on water and sewers appeared in 1858 nearing the end of *Household Words*’ run – “Water” (Vol. 18 No. 448 433-37) by Lynn and “Dirty Cleanliness” by Dixon (Vol. 18 No. 435 121-23) – but they are more technical and less politically strident than were the earlier pieces by Morley and Wills. Both are interested in models for sewer construction and water treatment in other countries and (in Lynn’s case particularly) in lessons from history. There was very little that reflected sanitarianism in *All the Year Round* (1859-70) with some partial exceptions. In 1860 “Sanitary Science” (Vol. 4 No. 78 29-31) discusses the decrepit condition of the London sewers as an example of irresponsible government in looking after the welfare of all residents of London, rich and poor. “Underground London” by Hollingsway in 1861 (Vol. 5 No. 117 390-94) provides an amusing look at the plans to change the sewers issued by numerous “projectors.” “The U. S. Sanitary Commission” in 1864 (Vol. 12 No. 295 439-44) describes the positive action in the United

States to address unsanitary practices in the U. S. Army; it stands as a considerable contrast to the strident sanitary criticisms that Dickens had earlier expressed in the preface to the Cheap Edition of *Martin Chuzzlewit*.

¹² According to Slater, a pun on a catchphrase for “Singing for the Million” developed when “Privy Council encouraged John Pyke Hulla to set up singing classes for elementary schoolteachers at Exeter Hall. These classes were hugely popular” (Slater, *Dent Uniform Edition* II: 51).

¹³ Dickens’s journals commenced in 1850, *Household Words* and *The Household Narrative*, were distinguished by him as being superior to the “red cap” socially incendiary journals of Edward Lloyd and G. W. M. Reynolds. See Drew, 110.

Chapter Three

NARRATING FEVER

The purpose of this chapter is to illuminate the primary sources, beyond direct observation and imagination, which Dickens had to work with in creating fever narratives. As will be recalled from previous chapters, “fever” was understood to be the generic disease from which other species of disease developed. Prevention of fever epidemics was the driving force behind the development of a system of public health. I will demonstrate that the subject and language of narratives from public health publications provide essential insights for an understanding of Dickens’s representation of fever in his literary narratives.

Matthew Rubery writes in *The Novelty of Newspapers* that, “the transformation of news during the nineteenth century profoundly influenced literary narrative in ways that have yet to be recognized” (4). I argue that a similar relationship existed between the medical and the literary in mid-century. The medical text, in books, journals, and newspapers, became more publicized than previously, largely due to the sudden attention given to it in political circles because of the recurring epidemics. These texts used literary techniques such as figurative language. The influence was mutual. Dickens and the journalists who contributed to his periodicals wrote narratives transmuted from the content, style, and vocabulary of medical publications. This interrelationship was even more complex in the novels written by Dickens in the decades around the middle of the Nineteenth Century.

During this period, there were many stories about disease written by a wide variety of people – doctors, historians, novelists, and poets. These narratives changed in emphasis

over time and in keeping with developments in medical theory and practice as well as in the socio-political environment. In professional medicine, a comprehensive narrative of disease has an order to it – etiology (cause), diagnosis, pathology, treatment, and prevention of further cases – although a single narrative may be narrower, as were many nineteenth-century texts on the cause and prevention of cholera. The possibility of opposing narratives arose not only from different scientific theories, but also from divisive political ideologies. This was certainly the case with fever. Charles Dickens was not alone in his paradoxical combination of fascination and discomfort with sanitarianism. There were others, doctors for the most part, who objected to sanitarianism’s pseudo-scientific and underlying political and economic assumptions. This account of fever by those significantly opposed to sanitarianism I call “the medical narrative” because of the many medical men (general practitioners, physicians, surgeons, medical journalists) in this relatively silent but effective opposition, which sought both sanitary *and* medical reforms of much greater scope. In later chapters, I will demonstrate how Dickens reconstructed the conflicts between sanitarian and medical narratives in imaginative texts from 1843 to 1865.

The Sanitarian Narrative

The sanitarians concentrated on what they regarded as the cause of fever and the means of its prevention. In 1830 Dr Thomas Southwood Smith, the medical father of the sanitarian movement, laid down the enduring groundwork for the miasmatic theory of the origin of epidemics in *A Treatise on Fever*, a book derived in part from his observations at the London Fever Hospital from 1824. He was assertive about the scientific knowns and unknowns:

The immediate or the exciting cause of fever is a poison formed by the corruption or the decomposition of organic matter. . . .Vegetable and animal matter, during the process of putrefaction, give off a principle, or give origin to a new compound, which, when applied to the human body, produces the phenomena constituting fever. What this principle or compound is, whether it be one of the constituent substances which enter into the composition of organized matter, or whether the primary elements of organized matter, as they are disengaged in the process of putrefaction, enter into some new combination, and thus generate a new product, we are wholly ignorant. . . . We know that, under certain circumstances, vegetable and animal substances will putrefy: we know that a poison capable of producing fever will result from this putrefactive process, and we know nothing more than this. (348-49)

Smith's frequent use of "we know" made it appear that he was reflecting the common etiological perspective of the contemporary scientific establishment. However, it would not be until more than a decade later that his explanation would become widely accepted. In the 1830s, and particularly when cholera struck Britain in 1831, there were numerous explanations for the origin of fever outbreaks, such as the passing of animalcules from one person to another, the changing of meteorological conditions, or the deficiency of oxygen. Smith's influence increased in the 1840s and the 1850s, as he became the leading medical authority on committees guiding national work on sanitary reform. He continued to write books that elaborated and personified the miasmatic theory of fever (as the following excerpt from 1856 demonstrates) and that provided sanitarianism with not only the

appearance of definitive medical authority but also the character of a religious mission, thus helping encourage men of faith to enlist in the cause:¹ “The character of Pestilence which gave it its great power and terror – that it walketh in darkness – is its character no longer. Its veil has fallen, and with it its strength. A clear and steady light now marks its course from its commencement to its end . . .” (*Epidemics* 2).

After the mid-1840s and well into the 1860s, Smith’s view on the miasmatic generation of fevers became the dominant one in England and other writers joined him in elaborating this theory and in giving it a unique lexicon (they frequently used words such as “miasma,” “effluvia,” “putrid,” and “stink”). Writing in 1858, Dr Charles Murchison, a colleague of Smith at the London Fever Hospital, also a prolific writer, agreed that, within the last ten or twelve years “putrid emanations” were shown to be the “unmistakable” cause (*Contributions* 45) of most fevers in Britain.² In *Notes on Hospitals* (1863), Florence Nightingale wrote, “there is no such thing as contagion,” where one hospital patient spreads disease to other patients. She regarded sanitary conditions to be the safeguard against diseases spreading like wildfire in hospitals. Nightingale wrote that if “150 healthy people were shut up in a Black-hole of Calcutta a raging infection would break out among them and so there would be in hospitals unless the strictest regime of ventilation and cleanliness is observed” (9-10).

In the next part of the narrative – the pathology or progress of fever – the sanitarians in general were less interested in what happened in the human body than in the geographic distribution of disease, particularly when there was an outbreak of an epidemic. Two relatively new diagnostic tools came to their aid – organized site observations and statistics. With these tools, the sanitarians had the means to prepare articles, books, and reports on

sites of disease that could be embellished figuratively to engage the reader, rather like travel books.

The first significant British site observation and study of unsanitary conditions was undertaken in the early 1830s by James Kay-Shuttleworth and published in his *The Moral and Physical Condition of the Working Classes Employed in the Cotton Manufacture in Manchester*. Kay-Shuttleworth not only criticized the lack of ventilation in the mills but also issued warnings about specific Manchester neighbourhoods. Of one, known as “Little Ireland,” he wrote, “we are decidedly of opinion that should cholera visit this neighbourhood, a more suitable soil and situation for its malignant development cannot be found” (36) and of a group of dwellings called “Gibraltar” he observed, “no site can well be more insalubrious than that on which it is built” (38).

While the sanitary conditions of workplaces continued to be examined and criticized, by far the most attention was paid to the geography of filth in urban domestic locations. The sanitarians claimed that filth was the cause of fever in the overcrowded, impoverished working-class dwellings of towns (including London). Edwin Chadwick was the leading figure who investigated and mapped the sources of fever in England. A public servant and utilitarian (former literary secretary to Jeremy Bentham), he worked in 1832 with the Royal Commission that recommended the infamous 1834 reforms to the old *Poor Law*, which eliminated out-of-doors charity and introduced workhouses.³ Subsequently, as secretary to the Poor Law Commission, Chadwick began to collaborate with Southwood Smith and Poor Law union representatives across the country on the sanitary condition of towns. Chadwick’s assembly and editorial re-organization of reports from a wide-ranging group of observers across the country was a characteristic Victorian initiative that reflected a thirst for

knowledge, much patience and immense organizing skills. Chadwick had developed these skills during his years in the public service and he was accustomed to excluding reports that did not lend support to arguments he was pre-determined to make. His self-funded 1842 publication *Report on the Sanitary Condition of the Labouring Population of Great Britain* was highly popular and influential.

Chadwick not only reinforced Smith's theory that filth was the cause of nearly all fevers but he also believed that, with the help of his local collaborators, he had identified the sites from which fevers spread: poor working-class neighbourhoods in towns. He found that "almost all" causes of diseases "point to one, namely atmospheric impurity" and that "the impurity and its evil consequences are greater or less in different places, according as there is more or less sufficient drainage . . . [and] means of cleansing and removing solid refuse and impurities" (79). Even where local sanitary works have commenced, omissions may have negated the good intended to come out of them, according to Chadwick's investigator in Truro:

One or more of these [unsanitary] mischievous conditions is to be found in connexion [sic] with a large proportion of the older houses in Truro, excepting the better class . . . the occurrence of fever has been connected with near proximity to even a small amount of decomposing organic matter; and it is certain that all measures for effecting improvement in the sewerage of streets, the supply of water, and ventilation, may be rendered nearly inoperative for the obviating of the causes of disease, if a little nidus of morbid effluvia be permitted to remain in almost every corner of the confined court; where the poor man opens his narrow habitation in the hope

of refreshing it with the breeze of summer, but gets instead a mixture of gases from reeking dunghills, or, what is worse, because more insidious, from a soil which has become impregnated with organic matters imbibed long before; and now, though, perhaps, to all appearance dry and clean, emitting the poisonous vapour in its most pernicious state. (82)

While the journalistic accounts of visits to miasmatic sites provided a national map of disease, Chadwick also made extensive use of the second tool – vital statistics provided by the Registrar’s Office, which was founded in 1836 and began to publish, with the appointment in 1838 of William Farr, death rates by diagnosed disease for parishes and towns across England.⁴ Thus, it was possible to compare deaths by epidemic in the richer and poorer neighbourhoods. Chadwick made, with few exceptions, a correlation between disease and the filth of impoverished neighbourhoods. The correlation raised the question of reciprocity – if disease causes poverty, which evidently it does, would not poverty cause disease? Chadwick’s answer was an adamant “no!” His response, in retrospect, seems opportunistically to fit the facts to a utilitarian economic agenda – he insisted that fever principally struck healthy, well-fed workers and not those who were debilitated.⁵ Poverty for the working man and his family resulted after the disease. This distinction was important for the costs of, and the values associated with, the recommendations that Chadwick and other sanitarians made on how to reduce fevers.

In addition to the qualitative and quantitative elaboration of the claim that epidemical fever in England originated from filth that accumulated in and around the residences of the labouring poor, Chadwick’s report also suggested that epidemics were caused by a chain of administrative failings, tantamount to moral failings: namely that, in industrial towns,

employers and lodging house owners failed to provide sanitary conditions for the workers who paid a high price for their lodging; that local governments and boards ignored their responsibilities; that the middle and upper classes chose to be ignorant of the problem; and that Parliament failed to bring in a legislated response to the most significant issue facing the nation, a menace that killed more people than did wars. The clear implication was that, if all classes would only act responsibly, there would not be epidemics.

Despite Chadwick's assignment of responsibility to empowered individuals, institutions, and governments for the redress of poor health conditions, he also implied that the primary cause of disease, and the threat of its spread to surrounding higher-class neighbourhoods, was the immorality of poor people. When Chadwick spoke of the "evils" that his work had exposed, his readers were invited implicitly to summon up images of drunken and indecent wastrels and of families who ingested, emitted and accumulated filth. His first summative point in the report was that "these adverse circumstances tend to produce an adult population short-lived, improvident, reckless, and intemperate, and with habitual avidity for sensual gratifications" (422). The report that Chadwick received from Stafford was explicit in the assignment of responsibility:

The sedentary occupation of the working classes (shoemaking being the staple trade of the town), their own want of cleanliness and general intemperance, form a fruitful source of disease. One-half of the week is usually spent in the public-houses, and the other half they work night and day to procure the necessary subsistence for their families. There is a great want of improvement in the moral character of the poor; they can obtain sufficient

wages to support their families respectably, but they are improvident and never make any provision against illness. (90)

Moreover, after the stir caused by Chadwick's book, the sanitary movement entered into a new phase of detective work by fostering further eye-witness reports on working-class filth and immorality, to reaffirm that, in the living space of the poor working class, lay the roots of fever.

In the mid-1840s, the rhetoric of sensory and moral revulsion brought about by visits to unsanitary neighbourhoods became heightened. Witnesses claimed that, despite holding handkerchiefs to their noses, they nearly fainted at the stench. They could "see" immoral behaviour or infer it from the shabby or lurid clothing of people on the street and the presence of drunkards, as in this 1848 account from *The Health of Towns Magazine*:

Let any man who is familiar with uncleanness only by report visit the districts of St. Giles's, Bethnal Green, or St. George's, Bloomsbury; let him enter the wretched dwellings with which they are crowded; let him mark the lean, shrivelled, yellow countenances of the inhabitants, even of the children; let him, if he dare, examine minutely the filth and squalor in which hundreds of his fellow-beings live and move, and have their being; and then let him ask himself the question, Can morality exist and develop itself in scenes like these? Can the graces of the Christian character expand and blossom in such a putrid atmosphere? (II 1: 402)

There was also a great flurry of journal articles and newspaper reports on additional sites that the poor had allegedly contaminated – most particularly the overfilled, lugubrious city graveyards for paupers. The decomposing bodies of the poor become a terrifying

prospect of the spontaneous generation and effluvious spread of fever and hence the subject of a Parliamentary inquiry. The bodies were no longer remnants of people but had become nameless pestilential objects that needed either a deeper burial or disbursement to graves in the country. The first issue in 1847 of *The Health of Towns Magazine* highlighted the chilling evidence presented to the inquiry by one William Chambers, a crippled gravedigger who had a disease that was “catching” because of his exposure to corpses. He described how he had to make room for more corpses at St. Clement’s churchyard in London: “we have been obliged to cut . . . through those coffins, the ground being so excessively full that we could not make a grave without doing it; coffins should be chopped up, and the wood placed against the walls and the palings of the ground. . . . We have opened the lids of coffins, and the bodies have been so perfect that we could distinguish males from females, and all of those have been chopped and cut up” (Vol.1 No.1 6).

By mapping fever, its representation became more frightening than words could tell. Artists depicted mists or clouds that represented effluvia hovering over areas of high mortalities due to disease. Effluvia, as will be recalled, were the invisible particulate poisons detectable only by the sense of smell and inferred because of the high incidence of death in unsanitary locations. In 1847, *The Health of Towns Magazine* published a “disease mist” map of London. The more dense the shading of the mist, the more deadly the miasma was for residents. The accompanying article indicated that the danger areas included “Westminster along the river, south of St. James Park; from Edgeware Road in the West running along to Holborn and Whitechapel to Mile End, in a band that becomes less dense near the river and above Hoxton and Bethnal Green; in Southwark running between the Obelisk and extending to Deptford just below the Isle of Dogs” (Vol.2 No.7 176). Hector

Gavin, a long-time prominent sanitarian and editor of *The Journal of Public Health and Monthly Record of Sanitary Improvement*, was also a proponent of disease maps. In his book, *Sanitary Ramblings*, Gavin provided a “cholera mist” map of Bethnal Green. He accompanied the map with street-by-street observations focusing on “filth” in the form of poorly-drained properties, refuse left on the street, unsanitary toilets, gutters, and fetid water in ditches. He also examined mortality rates in each district, demonstrating that the death rate from epidemics was higher in Bethnal Green than in more affluent areas of London. When reflecting on the many foul privies and overflowing cesspools, Gavin stated: "The decomposing organic particles which are ever being set free from this putrescent mass, are wafted by each wind that blows over a population to whom they bring disease and death, as surely as, though more insidiously than, the deadly simoon" (10). Although Gavin did not say precisely that the “mists” of poisonous articles could drift away from their parish of origin and settle over rich parishes, the reader might easily get this impression, especially with the “simoon” reference. Such dire warnings to the moneyed class were common enough in the works of other sanitarian writers. Dickens drew upon paranoia about migrating disease mists in *Dombey and Son*, as shall be discussed further in Chapter Five. Although the maps were in essence products of imagination (artistic visual renderings of the non-visual), they were effective ways of convincing politicians to take action against a domestic foe.

Convinced that they had raised the alarm and had determined the cause and the pathology of fever epidemics, the sanitarians suggested that prevention was self-evident because it merely required sanitary engineering works and enforcement of sanitary practices. The privileged public health actions would include the surveying of towns, the removal of

street waste, the drainage of land, the building of a sewer network and of conduits to supply clean water, the refitting of working-class houses with sinks and toilets, and the tutelage of good sanitary practice. There were technical issues to address, such as whether or not sewers should be square (as they were traditionally) or tubular in order to reduce the potential for blockages? Should sewer waste be piped into rivers or might it be made to flow into reservoirs outside the towns or be spread over agricultural land? Other sanitarians argued that recycled sewage on farmland could result in effluvia that, once airborne, might be redirected by wind back into town. The sanitarians did not oppose improvements to medical practice and hospitals but these were not the prime subjects of public health policy, as they viewed it.

At last, sanitation was in the spotlight of both the public and Parliament and it was an exciting and imaginative time for the sanitarians and even for homeowners like Dickens, who gave a hand in the installation of his plumbing. Sanitarian and even medical journals reported on the many inventions during this period designed to improve community and domestic sanitation. Some of the examples out of the dozens chronicled in 1848 include, for the house, “Walker’s Effluvia Trap” (*Journal of Public Health* Vol. 1 27), whereby a pan with a hinge was fitted tightly inside the privy – water was poured in each time the privy was used and the pan tipped prior to the next use. That same year a Mr Young of Manchester discovered “A New Cheap Deodoriser” and was said to be “testing it on an extensive scale” (*The Health of Towns Magazine* Vol. 1 No. 9 255). Deodorizers were considered particularly useful as the sanitarians argued that a bad smell meant the presence of disease – some thought that deodorizers would not only mask the disease but also actually destroy it. The enthusiasm of the time, and the wealth of ideas, especially the ones for major

sewer and water works, did not serve, however, to expedite the implementation of the public health program that the sanitarians had demanded.

Despite Chadwick's adamant argument that sanitary works would bring considerable cost savings through future reductions in the expense of managing worker tenements and through reduced demand for hospital and medical care, as well as a worker lifespan increased by thirteen years, the costs of putting in place a water and sewage infrastructure were considered too formidable for most municipal authorities. They were reluctant to raise their rates sufficiently for such large projects because of the political unpopularity of doing so. Property owners were not willing to invest heavily in water pipes and sewers, and most labourers were less than enthusiastic about having indoor privies installed in their tenements because that would mean increased rents. Moreover, the poor could not be counted upon to welcome the requisite sanitary inspections of their dwellings. Economic arguments were made that at least part of the cost of sewers could be recovered by spreading liquid or solidified waste on agricultural land to fertilize it, but the few experiments with this process did not inspire enough confidence to make it standard practice. By the late 1840s, some local authorities, of their own volition and at their own expense, did, in fact, construct sewage and water works. But this was far from satisfactory progress according to the sanitary reformers, who now formed their own associations and published journals to place their appeal to Parliament and the population at large. The sanitarians argued that the cause of fever and the terrible health and immorality associated with it were now known factors. The way to prevent these problems had also been determined. The medium-term financial savings of sanitary reform were guaranteed. All that was wanting was the power to make

corrective measures mandatory and this could be provided only by Parliamentary legislation and a centrally controlled administration. Or so argued the sanitarians.

By the late 1840s, hope for action was renewed as Lord Morpeth announced his intention to introduce into Parliament a bill to bring in a sanitary version of public health. The sanitary journals were ecstatic and overrated the role that Parliament was likely to play – “He [Morpeth] is preparing a great and comprehensive Bill on the momentous subject of sanitary reform . . . in order that sanitary measures may be effectual, they must, like the light and air, be universal, and emancipated from the apathy, or ignorance, or prejudice, or local interests of particular bodies . . .” (*Journal of Public Health*, Vol. 1 28). A large demonstration on the need for sweeping sanitary legislation took place in London on November 1847, from which came a printed appeal:

Now the outcry does, indeed, begin in earnest to be not merely audible, but *in crescendo* towards a simultaneous and thundering appeal to our bran-new, and, let us hope, in a sanitative sense, at least, clean sweeping legislators, and that, too, in the articulate and intelligible form of what, we trust, will prove, in effect, an irresistible demand for the one grand reform of the day – the all comprehensive sanitative reform, in all its cognate ramifications. (*The Health of Towns Magazine*, Vol. 1 158)

The *Public Health Act* of 1848 would have represented the triumph of the sanitarian narrative had the legislation more teeth in it. The Act established the machinery for the setting up of boards of health in each town and a central Board of Health that reported to Parliament, the commissioners of which were Lord Morpeth, the Earl of Shaftesbury, and Chadwick, with Southwood Smith joining them as medical officer in 1850. The role of the

central Board was to report on sanitary progress, to advise local boards, and to step in to oversee local sanitary works when called upon by the local boards. However, this was much less of an exercise of control from the centre than Chadwick had envisaged. The *Health of Towns Magazine* pleaded in 1848, as the Bill was in reading, that “We must have superior control given by our Public health Bill. Parish pride must yield to the general good - Corporate bodies must have their accounts examined, and their actions properly directed - the health and wealth of millions yet unborn depend upon the latter necessity” (Vol. 2 No. 5 511). Moreover, the Metropolis of London was excluded from the Act because London’s issues were considered so complex that subsequent legislation would be needed for that purpose. Given that the hub of the sanitarian movement was in London, there was a great deal of impatience to get on with the job there. However, most sanitarians retained some optimism. The *Journal of Public Health* editorialized in September 1848, once *The Public Health Act* had become law, that it was “not all that could be desired; for a thorough system of medical police includes many things on which the act is silent; but taken as a whole, it is, perhaps, the most comprehensive measure of the kind that ever received the sanction of any government, and it will form an admirable basis on which to rear the superstructure of social improvement” (I: 294).

Regardless of the consolatory victory provided the sanitarians by the *Public Health Act*, they soon discovered that their vision of a simple, cheap and centrally policed response to fevers and the health condition of the country was not to be realized. By the mid-1850s Parliament’s agenda was overwhelmed by the crisis in the Crimea and then by the prospect of electoral reform. The General Board of Health was highly ineffective and hated by many towns, as was Chadwick. Chadwick and Southwood Smith were obliged to resign in 1854.

The Health of Towns associations along with their journals became dormant, although community boards and committees continued to meet and haggle over sewer and other sanitary infrastructure projects. In 1858, Parliament passed a revised *Public Health Act* that abolished the central Board of Health and made local boards responsible for sanitary works. Local authorities had, in any case, taken over the initiative and were administering sanitary works (as limited as they were) during the 1850s, as it had become clear that the sanitarian vision of centralization was no longer on the Parliamentary agenda.

The Medical Narrative

What I have called the medical narrative does not belong to any organized associations, as did the sanitarian narrative.⁶ I have constructed it from writings of doctors and journalists whose views were in one or more ways “heretical” to sanitarianism. There appears to have been no organization available or willing to connect these writers into a collective opposition. Because the ear of the politician was bent to listen to the sanitarian voice in the 1840s and early 1850s, the proponents of the medical narrative were often ignored or not given recognition until many years later. While this narrative resembles a medley of disparate voices, it is more complete as a professional narrative of a disease than is its sanitarian counterpart. The latter was preoccupied with etiology and prevention, with a gesture to pathology thrown in. The medical narrative deals with cause, diagnosis, treatment, pathology, and prevention. However, there is a major difference in the confidence with which each narrative is related, as the sanitarians were certain that they understood the cause of fever and how to prevent it. The medical narrative admits to uncertainties and doubts at each stage.

Figurative language, gauged to achieve an emotional response from the reader, marked the medical narrative just as it had the sanitarian. Both narratives influenced literary writing. The sanitarian narrative provoked imaginative scenes of miasmatic, slimy, rotting backwaters and foul pestiferous city graveyards, very adaptable for most sub-genres of nineteenth-century literature, from gothic to realism to the sensational. The medical narrative also used figurative language, as in the way that patients died romantically with tuberculosis or the transmission of fever is likened to an invading army, as in the following 1859 account from *The Lancet* of a diphtheria epidemic:

It has been no less careless of the limitations of heat, cold, dryness, and moisture, since it has established a camp in this country. Brighton has not escaped; Hastings has been visited; Scarborough has suffered. It has swept across the marshy lowlands of Essex and the bleak moors of Yorkshire. It has traversed the flowery lanes of Devon and the wild flats of Cornwall that are swept by the sea-breeze. It has seated itself on the banks of the Thames, scaled the romantic heights of North Wales, and has descended into the Cornish mines. Commencing in the spring months, it has continued through the summer; and if extremes of temperature have appeared to lend it fresh vigour, and the heat of the dog-days, or the severe frosts and sleet of winter have fostered its strength, yet moderate temperature has not greatly abated its influence, and it has struck a blow here and there through all the seasons . . . ⁷

Such was the foreboding vision of epidemics shared by the majority of the medical profession of Britain during the mid-Nineteenth Century.

On one matter, the need for better sanitation, there was no gulf between the two narratives. Britain's general practitioners and medical journalists were delighted in the 1840s when the sanitarians had lobbied until public health became an issue of national importance. This was despite the fact that the majority of these professionals (except for those writing in sanitarian journals) were sceptical about Southwood Smith and Chadwick's reductionist claim that almost all fevers were self-generated within decomposing vegetable and animal matter. In the sanitarian narrative, the disease was contracted in proximity to a miasma by the act of breathing in an invisible putrid particulate matter (effluvia). There was no such thing as contagion, the spreading of a fever from one person to another. However, most of Britain's general practitioners were cognizant of contagion, even if medical science had not yet brought precisely to light the way that diseases communicated between persons. Tuberculosis and smallpox, two of the most devastating fevers, had long been proven contagious. The transmission of cholera, typhus, typhoid and other diseases was more mysterious. Despite their awareness of the sanitarians' blinkered etiology, medical men agreed that sanitary reform should be a leading part of a public health reform. No one could argue with the statistics from the Registrar's Office on the coincidence of poor sanitary conditions and death by disease rates. On the other hand, doctors and medical writers were quick to point out that this coincidence did not prove absolutely the miasmatic theory, as there could be other factors equally or even more important, such as hunger and lack of shelter, that predisposed poor people to disease, as well as the overcrowding that increased the risk of contagion.

Given the central importance of cholera to the sanitarian platform, John Snow's theory on the transmission of cholera by water was a direct challenge to Southwood Smith

and Chadwick's insistence that fevers were generated in filth and spread locally by effluvia. In 1854 Snow became notorious for convincing the vestry in the area of London where he lived to remove the handle of the Broad Street pump, a popular source of water regarded by its users as pure and tasty. In his book on cholera, he personified the disease in a fearless attack on the sanitarian etiology:

If the cholera had no other means of communication than those which we have been considering [effluvia and miasma], it would be constrained to confine itself chiefly to the crowded dwellings of the poor, and would be continually liable to die out accidentally in a place, for want of the opportunity to reach fresh victims; but there is often a way open for it to extend itself more widely, and to reach the well-to-do classes of the community; I allude to the mixture of the cholera evacuations with the water used for drinking and culinary purposes . . . (Snow 14)

Snow also rejected categorically the sanitarian view of quarantine, namely that it was an unnecessary expense and inconvenience because fevers were proven not to be contagious and sailors never developed cholera unless they had come ashore in a port where the disease had broken out. Snow's contrarian view was, "Its exact progress from town to town cannot always be traced; but it has never appeared except where there has been ample opportunity for it to be conveyed by human intercourse" (20).

Another writer opposed to sanitarian etiology was Dr William Budd, who had developed clinical expertise on smallpox in France in the late 1820s and the early 1830s. In the 1850s, he found an analogy between typhoid and cholera that demonstrated discharges from the bowel were the means of transmission for both diseases (Pelling 251).

No matter how convincingly scientific the published works of such doctors as Snow and Budd may have been, they did little to undermine the political power of the sanitarians. Thomas Wakely, a Member of Parliament and editor of *The Lancet*, represented a greater inducement to the public to turn away from the sanitarian approach and towards a more professional medical policy for the development of public health. In 1851, *The Lancet* began its own series of analytic sanitary inquiries on the history, progress, treatment, and symptoms of specific epidemics.

In the 1859 Report of the *Lancet* Sanitary Commission on Diphtheria, questions are asked and answers suggested about the etiology of the disease. The first and most obvious question to ask is whether or not diphtheria rises from miasmas in the unsanitary environment in and around neighbourhoods where diphtheria and other epidemics tend to strike, “where the stagnant and pent-up air reeks with animal effluvia . . . where the poisonous cesspool and the unflushed privy taint the air with subtle effluvia, that seize their victims by the throat, and bring death with their foul touch” (90)? The Report concedes that these so repugnant conditions are “predisposing causes” but that scientific studies in France, and equally the evidence in England, demonstrate clearly that contagion is the source of transmission of diphtheria and that it can be passed from child to child regardless of their proximity to a miasma. A shot is then taken at Smith and Chadwick: “There is in this country a great deal of scepticism as to the contagious character of this disease; but the mass of evidence to prove it is overwhelming” (90). The inquiry had not, however, discovered the root cause of the disease. Some respondents suggested meteorological or cosmic conditions were responsible and, if they were not, then perhaps the causes are so many that no one could ever keep track of them? No, answers the writer of the commission’s report

(in a style that again demonstrates the link between medical and other kinds of texts), such a strategy would be to, “shift the burden of ignorance from our own shoulders by bringing an accusation of disorder against natural laws. . . . [In fact, the law governing] the march of an epidemic does, of necessity, follow a law no less fixed and immutable than that which presides over the revolutions of the globe and the orbital precession of the planets” (Vol. 73 90).

William Pulteney Alison, a Scottish physician and reformer, delivered what might have been the most dangerous blow to sanitarian etiology in Scotland through published works that went back to the 1830s. In 1844, making his case with statistics, a wealth of personal observation, and evidence provided by other Scottish physicians, Alison argued that poverty was being overlooked as a predisposing cause for fever epidemics. Destitution was not the sole cause of an outbreak of fever but it was one of the conditions on which fever depended. Moreover, wrote Alison:

. . . if any one supposes, that he can purify the air of the rooms in which the destitute inhabitants of such a town as this (and in this climate) live and sleep, otherwise than by relieving the state of destitution which brought them there, and crowds them together there, I believe that a very few trials will convince him of his error. (*Observations* 12-13)

Alison’s observations of the working poor and destitute population in Scotland lacked utterly the kind of moral repugnance towards a feckless underclass that characterized the sanitarian reports in England. Smith and Chadwick’s utilitarian outlook forbade the alleviation of poverty *per se* as a preventive measure, and their strategy was to push Alison aside. Besides, they saw that Alison was a Scot and that he would not have political

influence in London. Moreover, the government had no intention of alleviating poverty as a means to improve public health. In fact, the sanitarians had created a gleam in the eyes of power by claiming conveniently that public health would ultimately save public expense rather than increase it. *The Lancet* did not fully align with Alison on poverty alleviation as a prerequisite for the health of the people, but it did call for greater attention being paid to the provision of health care for the destitute. Wakely wrote in 1847 in *The Lancet*,

There is also the important subject of Medical Poor-law Relief, which in England, Ireland, and Scotland, is in the most disgraceful condition. The agitation of this subject must now be carried within the walls of Parliament, and continued unceasingly until the whole subject of remuneration for medical services to the poor is placed upon an equitable footing. The time is come now for petitioning Parliament . . . (Vol. 50 No. 1265 578)

On the administration of public health, the medical profession mounted a formidable challenge to the sanitarians in letters published by *The Lancet*. Wakely reflected the emphases of these letters in his editorials. *The Lancet* took great exception to the way that large associations and Parliamentary commissions⁸ wasted money, delayed, and misconstrued public health reforms. Wakely could count on the near full support of the medical profession when he wrote, “The administration of a sanitary system of the laws of health ought to fall as naturally to the profession of medicine, as that the laws of property should be administered by the legal profession, or that the public offices of religion should belong to the clergy” (*The Lancet* 1847 Vol. 50 No.1265 578). Letters by doctors to *The Lancet* argued vociferously that the proposed local medical boards and the medical officers should be fully qualified and be certified by the medical colleges. Doctors also

recommended that a public health act should be the occasion for getting rid of “quackery” that was as rampant in the mid-century as it had been a hundred years before. And, once the central Board of Health was running, Wakely attacked the appointment of anti-contagionist Southwood Smith as medical advisor: “This, probably, was one of the most faulty appointments that could have been made, because Dr SMITH proved his disqualification for such an office, by his conduct relative to the removal of the Fever Hospital from Battle-bridge into the very centre of the population of the parish of Islington” (“London, Saturday,” 1848 Vol. 52 No.1313 578).

Doctors wanted the public health program to be a way of improving professionalism, encouraging medical science and developing effective treatments for their patients. Given their cognizance of contagion, few doctors believed that sanitary reform would greatly reduce their workload. As it was, doctors in both towns and country worked hard, earned little, and had scant hope of securing a remunerative post in a hospital as a physician (for this, they would need a university degree that was expensive to obtain). There was little that they, as foot soldiers, could do to prevent the scourge of epidemics from invading the areas in which they practised and threatening their own health. They were nearly as handicapped as were their predecessors fifty years before in treating fever victims. There were some exceptions, notably the proven benefits of expanded smallpox vaccination, although it was not yet mandatory and parents often refused to have their children vaccinated because they regarded it as too risky. More hospitals were constructed to care for and isolate patients of certain epidemics but, for the poor, access to the hospital was difficult and frequently refused by the poor themselves because the hospital was, quite reasonably given its mortality rates, seen as a place where family members were shut away to die. Very often

doctors prescribed calomel (a mercury-based elixir) and applied blisters to fever patients, using contradictory regimes of treatment, none of which was very successful. In 1854 Dr Charles Ritchie wrote, “How perplexing and stumbling to the young practitioner to find what is . . . ostensibly the same disease, recommended at one time to be treated with wine and brandy, and at another by blood-letting and purgatives” (138). Nevertheless, one of the strengths of English medicine was the personal attention paid to patients by the new group of general practitioners and by nurses who, following the lead of Florence Nightingale, were becoming professionals in their own right. Dr Woodcourt’s attendance upon Esther, Jo, Charley, and Miss Flite in *Bleak House* is a largely accurate representation of the general practitioner’s role in England.

The medical narrative suffered a political setback shortly after 1850 when Parliament, tired of having public health as a perennially hot and troubling issue, assigned most of the responsibilities for it to local authorities. However, the 1858 Parliament brought in more effective legislation, including the *Medical Act* that established a general medical council to register and regulate doctors, a major step in reducing the “quacks” who were harming and robbing patients who did not really need medical attention at all. Despite the decision to assign responsibility for sanitary reform to local authorities, Parliament, in fact, began to play a much more influential and effective role starting in 1858, and one that was more amenable to the doctors’ way of thinking, when the Board of Health’s functions were taken over by John Simon in the Privy Council.

Previously Medical Officer for London, Simon was a thoughtful medical man who took into account the views of a wide range of interests and who proved to be effective in working with local authorities. This was despite the fact that he shared the etiological

perspective of the sanitarians until as late as 1850: “the power of [cholera] infection may be considered an appurtenance of the district rather than a property of the sufferers” (*General Pathology*, 271). He was to change his views by the 1860s, however, as Chapter Seven of this thesis will show.

The Differences Between the Narratives

We know in hindsight that both the sanitarian and the medical narratives represented only the beginning of the growth of public health policy and that neither the first nor the second had the etiology of epidemics right. Medical science in England during the period of study was largely ignorant of the advances in microbiology in German laboratories and of the facts relating to the actual source and transmission of epidemics, let alone the treatment. Nevertheless, these narratives reflected the ideas, aims, efforts, and accomplishments, however misguided, of Victorians who were trying to combat a health problem more deadly than the ravages of war. The differences between the narratives demonstrate the hopes and anxieties brought about by both the reality and the mere prospect of fevers in mid-Victorian life, and that were reflected in the writing of Charles Dickens.

Both narratives were about a battle to be engaged across Britain against an insidious foe – epidemic outbreaks or, as these were commonly termed in the mid-Nineteenth Century, fever. The narratives differed in both their scientific and figurative representations of fever. The sanitarians tended to see all fevers as generated from filth (a local smell) and spreading only when filth was transported, when someone came into the polluted zone and breathed in effluvia or, in rare circumstances, when clouds of effluvia were dispersed by the wind. The sanitarians thought that if local engineering works could remove the local

miasma, fever would disappear. In the medical narrative, fevers were specific diseases that were on the move, with disease transmitted from one person to another. Remedying local sanitary problems was a desirable but not a sufficient response to a foe that could jump every hurdle.

The values underlying the class system were another point of departure between the narratives. The sanitarians challenged the middle and upper classes to take on the immediate burden of paying for the cleansing of working class filth. This was based on a utilitarian argument that not only would epidemics be prevented and the immoral behaviour of the poor be mitigated but also that, in the long run, public cost savings would result. In the medical narrative, poverty is a factor that increases the incidence of disease and the rate of mortality. Disease diagnosis, treatment, and prevention represented the business of doctors, regardless of the class of the patient.

The perspective on the division of power among Parliament, local authorities and individuals was another important difference. The sanitarians were centralists. They looked to Parliament for the redress of disease caused by local filth and immoral behaviour. Although local administrations were to have a role, their work was to be coordinated through a central board. Appointed officials (most often referred to as sanitary police) would have the power to enter private property and enforce the carrying out of sanitary works, because the benefit to society outweighed the desires of individuals to resist sanitary reform. The proponents of the medical narrative, on the other hand, welcomed Parliamentary authority, but only for two purposes: first, to dedicate resources that would bring about more healthy conditions for vulnerable populations and, second, to assist doctors in establishing a public health system managed by properly qualified medical professionals.

Doctors worked in local practice or in hospitals and, to that extent, they were already decentralized. They were highly suspicious of bureaucracy and of promises made by politicians.

Finally, both narratives were about engagement in an extraordinarily important crusade, one that rightly deserved to be at the apex of social and political concern. The sanitarians would go further and claim that the condition of the nation was at stake. Carlyle raised the “Condition of England” question at the start of *Past and Present* in 1843, claiming that England was “dying of inanition” because wealth was so unevenly distributed (1). The sanitarians believed they had the answer. The provision of adequate sanitation was the key to England’s continuing greatness or, as put negatively and bluntly by Hector Gavin, “there is great reason to doubt whether there is any social or political evil now existing, which we are so much interested in removing, as the heavy grievance of being compelled to live in the midst of filth. . .” (“Unhealthiness of London” 2). The utilitarian argument put forward by the sanitarians was that fever impaired the productivity of the working poor, and thus the vital economic well-being of the nation could be addressed by good sanitation. The greater good of the nation was the maximization of economic well-being. Dr William Guy made this connection in 1846: “Health and Plenty . . . should be the first object of a nation's care; for health is the parent of wealth and abundance the only sure source of all civilization – the only safe guarantee of national prosperity” (*On the Health of Towns* 39). The proponents of the medical narrative were concerned about poor health conditions, the redress of which was seen as the greatest step towards improving the welfare of the British people, not only in Britain but in the colonies also. The Empire might only regain its greatness by maximizing the social well-being of the people. In the medical narrative sanitation was important, but it

was not necessarily the first step in establishing a public health system. The standard of care should not be differentiated between the working (and therefore more deserving) poor and those who were jobless. John Simon spoke for many of those in his profession when he said, in his 1854 reports on health conditions:

Let him, if he have a heart for the duties of manhood and patriotism, gravely reflect whether such sickening evils, as an hour's inquiry will have shown him, ought to be the habit of our labouring population; whether the Legislature, which his voice helps to constitute, is doing all that might be done to palliate these wrongs; whether it be not a jarring discord in the civilization we boast - a worse than pagan savageness in the Christianity we profess, that such things continue, in the midst of us, scandalously neglected . . . And let not the inquirer too easily admit what will be urged by less earnest persons as their pretext for inaction - that such evils are inalienable from poverty. (*Preface* x)

Notes to Chapter Three

¹ Smith's language on the nature of fever reflects his religious background as a Unitarian preacher. As doctor and Unitarian preacher in Yeovil, Southwood Smith used medical similes to illustrate the beneficence of God (see Smith, *Illustrations of the Divine Government* 77-8). As he began to devote his life to public health, Smith helped give the sanitarian cause a stridency that appealed to religious factions – most significantly to Lord Ashley, Seventh Earl of Shaftesbury, a Member of Parliament, and prominent evangelist.

² Murchison wrote that smell (“putrid emanation”) was the main factor in the spread of continuing fevers (such as typhoid and smallpox) but that the source of relapsing fevers such as typhus was less clear. *Contributions to the Etiology of Continued Fever: Or an Investigation of Various Causes Which Influence the Prevalence and Mortality of Its Different Forms* 45.

³ Unions of parishes oversaw workhouses. These unions played an important role in provision of information to Chadwick on local conditions – medical officers of workhouse infirmaries were quite frequently the reporters to Chadwick's investigations into the sanitary condition of Britain.

⁴ Not only were Farr's statistics used by the sanitarians to support the coincidence of fever and poverty but he too was an acknowledged advocate of the miasma theory until the mid-1860s, when he acknowledged the faults in his earlier conclusions against contagionism. Despite his statistical acumen, his writing on epidemical fever is uncharacteristically figurative, as the following illustrates:

If a Foreign Army had landed on the coast of England, seized all the seaports, sent detachments over the surrounding districts, ravaged the population through summer, after harvest destroyed more than a thousand lives a day for several days in succession, and in the year it held possession of the country, slain fifty-three thousand two hundred and ninety-three men, women, and children – the task of registering the Dead would be inexpressibly painful; and the pain is not nearly diminished by the circumstance that in the calamity to be described the minister of destruction was a Pestilence that spread over the face of the island, and found in so many cities quick poisonous matters ready at hand to destroy the inhabitants. (*Report on the Mortality of Cholera in England, 1848-49* i)

⁵ For a discussion of this issue, see Christopher Hamlin, "Edwin Chadwick, 'Mutton Medicine,' and the Fever Question," (236).

⁶ The sanitarian narrative had greater stability. For twenty years, it had a fixed set of "laws" on the miasmatic cause of most diseases, the effluvial mode of their transmission through the air, and the means of disease prevention. Sanitarians had a reasonably stable leadership and a large corps of representatives in the towns to observe and to attempt to confirm the ongoing relationship between mortality and filth. Those in opposition to all or part of the sanitarian program had no such stability or organization.

⁷ *The Lancet*, as discussed later in this chapter, carried out its own sanitary commissions. The style of the opening of the report on diphtheria cited here bears the mark of Thomas Wakely although there is no author attribution ("Report of *The Lancet* Sanitary Commission on Diphtheria - Its History, Progress, Symptoms, and Treatment", 73: 1848 89-90).

⁸ This includes The Royal Commission for Inquiry into the State of large Towns and Populous Districts (1843-1845) and the Health of Towns Association established in 1844.

Chapter Four

FEVER NARRATIVES IN DICKENS'S JOURNALISM, 1848-60

In Chapter Two, I discussed the writing by Dickens and contributors to his journals of articles on fever that nominally supported the political platform of sanitarianism, while opposing its authoritarian perspectives on the poor. Chapter Three was an examination of two contrasting sets of assumptions about public health that reflect divisions between the powerful sanitary reform movement and doctors or journalists who expressed reservations about the scientific soundness and adequacy of the reforms that the sanitarians were proposing. By contrast with the “opinion” pieces that were the subject of Chapter Two, this chapter will examine fever *narratives* written by Dickens and by other contributors to his journals. With a few noted exceptions these narratives appeared in *Household Words* from 1850-55¹ and coincided with a flurry of interest in sanitary reform in the wake of *The Public Health Act* of 1848.

Fever was such a powerful force that its scenes – such as fever dens, workhouses infirmaries, and pauper graveyards – had for Dickens what he fittingly called “the attraction of repulsion.”² Fever inspired him and contributors to his journals to write creative narratives about the present sites of fever, the relics of outbreaks that occurred in the past, and the failures of politicians to respond to current and looming emergencies. Uncertainties in many of the articles are similar to those that fall into the crevasse between the sanitarian and the medical narratives discussed in Chapter Three.

I have divided the fever narratives into three types – the visitor’s tale, the history, and the fanciful story – in order to analyse their uses of observation and imaginative strategies. These formats are not Dickens’s inventions: they resemble others featured in

eighteenth-century journals that the young Dickens emulated.³ Moreover, the articles discussed below serve to further the argument begun in the previous chapter on the two-way influence of the literary upon the medical and the medical upon the literary. I will address this relationship by examining each kind of fever narrative's relationship with contemporary medical texts, specifically those of sanitarian or medical orientation.

The Visitor's Tale

The visitor is usually a quiet but observant person who is rarely himself the subject of the tale. He cogitates while ambling down unfrequented streets and he visits, intentionally or merely by chance, insalubrious places. The visitor sometimes uses sanitarian rhetoric but his reflections may cause a re-orientation towards the assumptions and values of the medical narrative. The visitor's tales in *Household Words* written by authors other than Dickens are discussed immediately below.

T. M. Thomas's "A Suburban Connemara," published in *Household Words* in 1851, concerns the encounter of a middle-class man from Manchester with a London dustman. The piece is pro-sanitarian in its implication that even the industrial pollution of Manchester is preferable to the feverish miasmas of London. It also suggests that poor people do not support the surveillance measures favoured by the sanitarians. The narrator seeks Agar Town, a London low-cost housing area started in 1841 that quickly became a slum. It was mostly demolished before 1864 to make way for St. Pancras railway station. From its start, Agar Town was a place where the poor were "dumped," as were the Irish in Connemara. The narrator notes that there is a stench about and questions a dustman about the sewers.

The dustman's answer demonstrates the inefficiency of both the Metropolitan Sewer Commission and the sanitary inspectors:

"Sooers! Why, the stench of a rainy morning is enough fur to knock down a bullock . . . in gen'ral, everybody chucks everythink out in front and there it stays. There used to be an inspector of noosances, when the cholera was about; but, as soon as the cholera went away, people said they didn't want no more of that suit till such times as the cholera should break out agen."
(563)

A somewhat similar "exhibition," again with a sanitarian bias, is George A. Sala's 1852 "Up a Court." This is one of the rare visitor's tales in which the narrator is also the principal actor, while others observe him and his environment. The slum-dweller narrator invites "gentlemen" to come with him to where he lives in Slaughterhouse Court (a fictional name but probably located in the slum area around Smithfield Market). Just as the title is possibly a poor pun, the style of the article is awkward and the piece overtly didactic. Sala chooses not to use colloquial language for the narrator's voice, as would be normal in sketches about a slum-dweller, possibly because he wants to meld an insider view of the slum with the interior voice of a middle class visitor witnessing the shameful sights. Upon entering the court, the narrator exclaims in a commanding tone: "Observe the dirt; also the smells. Walk inside. Observe a repetition of the dirt and the smells. Look at the people. Examine the children. Look at (but don't drink) the water, where there is any" (508). The narrator describes his landlord as "fattening himself on rents" to live richly in a pleasant large house in Highgate. He complains of the middlemen of the sub-letting system who must also take their cut of the profits. The narrator challenges his audience:

“Don't we want a little soap? If we were better lodged, don't you think we should have a slight temptation to exert ourselves to get better fed and better taught? Depend upon it you would not have to sit on so many fever inquests, so many starvation inquests, so many murder inquests” (511).

There is a ray of hope at the end that the landlord will be “put to confusion” because the narrator can see from his upstairs window the tower of a new public bath and washhouse, as well as model lodging houses renting at three shillings a head per week.

Another story, “Hobson’s Choice” by Douglas Jerrold, published in *Household Words* in 1853, would be fully sanitarian were there not such empathy shown for poor children. The narrator is a middle-class man walking in Birmingham and in a gloomy mood because he is looking “upon nature through smoked glass” (451). Thus, when he encounters a street child, it is hard to determine whether the negative stream of thoughts he develops about the hopeless situation of the poor is objective or a reflection of his own class disaffection. From the child’s swollen face and coarse jaws, and because “ill health had burst hideously about the lips” (451), the narrator determines that the child has no choices in life, except a “Hobson’s choice” between one evil and another. He suggests that this child and others like him were raised in a miasma from birth: “There was poison in the atmosphere that surrounded its cradle, contamination in its play-ground; and how then shall the child fare, as I notice the sickly bud burst into the graceless flower?” (452). The narrator’s thoughts stray to how Hobson’s choice will cause “revenge,” through the cost of children raised in such settings being thrown upon the country through their incarceration in prisons or hospitals or their constant need for medicines. Therefore, this is a story with a lesson as its conclusion: “Well, let us hope that we shall do something for Hobson's

customers ere long; and not continue to plant poor devils upon vicious horses for the pleasure of paying their doctor's bill!" (453).

Not surprisingly, as the medical and science specialist on the staff of *Household Words*, Henry Morley wrote of visits to fever scenes. His 1854 tale "Death's Doors" is like Jerrold's in the sense that it foretells dire consequences for all of London unless those with power and money recognize the danger and take action: ". . . war, pestilence, and famine will make grievous work among those neighbours upon whom so many of us look down daily from back windows, and do nothing but look down" (398). The story is oriented towards the sanitarian narrative in equating smell with disease, but otherwise it aligns with the medical narrative in presenting disease as being on the move and contagious. The narrator sets out with the intention of visiting some lodging-houses featured in a newspaper article, houses which the owner claims, "with a few cheap alterations," to have converted into "Christian dwellings." The dwellings are in the vicinity of the Queen's Kensington Palace and the narrator describes the beauty of the morning and the joy of a wedding taking place in the square not far from the entry to the slum. When he enters the narrow street of the slum he is overcome with horror: "Houses and lanes so mean and desolate, and rotten, that one might reasonably suppose them to be bred, as men once said of crocodiles, in all their loathsomeness from the surrounding filth" (398). He is revolted by the smell of the filth and the destitute, diseased residents who mill about on the street. He finally comes to two houses that stand apart and have a new paved court in front of them. However, as he approaches he smells a horrible stink, looks down, and sees an open sewer emerging from them. He can go no further as no cursory, cheap alterations will solve the problem of housing the poor. The sewers from that area are inter-connected and run into the Serpentine.

He reflects on how newspaper articles about the drowning of rich boaters in the Serpentine miss the point – it is polluted and hence a symbol of the revenge that the poor will unknowingly take on the rich. Thus, the narrative represents fever, as in the medical narrative, as being on the move, transmitted by the water. Its assumptions are reminiscent of the science of John Snow’s work and of Dickens’s emphasis at the death of Jo in *Bleak House*. Morley’s narrator elevates the medical meaning of his story to a moral, spiritual, and evolutionary level:

It is not just that the poison of a sewer should be bricked off from the rich man's mouth . . . The course of the Serpentine is but a symbol of a hundred things . . . when they who creep and they who fly shall end where they began; nothing remaining but the last settlement of accounts between the flyers and the creepers. (402)

I now turn to Dickens’s own visitor’s tales. These were, in fact, a type he used earlier, as far back as *Sketches by Boz*, and frequently derived from observations and speculations during his habitual night walking. Examples, in addition to the socio-medical narratives discussed in this chapter, include the elderly gentleman’s narrative at the commencement of *The Old Curiosity Shop* and *The Uncommercial Traveller* sketch of 1860, “Night Walks.”

In mid-century, Dickens’s visitor’s tales relating to the fevered and debilitated were mostly accounts of visits to workhouses, places he had savagely pilloried in *Oliver Twist*. With his empathy for the poor, it is no wonder that the caring interest of his narrator resembles that of a doctor for a patient, although he makes it generally his practice to observe rather than to intervene. Nevertheless, there are echoes of the sanitarian narrative

because the visitor notes carefully either the present or the past sanitary circumstances of places along his route.

In Dickens's "A Walk in a Workhouse," which appeared in *Household Words* in 1850, there is a lingering shadow of fever but the narrative present is a calm aftermath. The narrator begins by attending a religious service with the inmates and reflects sympathetically on their helpless condition. He also thinks about on those who see the inmates as enemies to the stability of the country: "Upon the whole, it was the dragon, Pauperism, in a very weak and impotent condition; toothless, fangless, drawing his breath heavily enough, and hardly worth chaining up" (236). Once he enters the institution⁴, he finds it to be very "agreeable" by comparison with "that most infamous and atrocious enormity [fever deaths due to neglect] committed at Tooting" (238). One of the stops in his tour is the "Itch Ward," where patients are isolated due to contagious scabies, and he finds there a nurse, herself a pauper, who is in deep mourning because "the dropped child," an infant brought to her from the street and that she has nourished, has died. The narrator describes her as a woman such "as HOGARTH has often drawn" and he imagines hearing a voice from heaven telling him that all shall be well for her when "some less gentle pauper does those offices to thy [the nurse's] cold form" (237): she then will discover the dropped child to be an angel. Overall, the narrator finds the workhouse to be relatively clean and well ventilated and its food to be fairly adequate. He thinks merely, that for the aged poor, there could be "a little more liberty – and a little more bread" (241).

Another Dickens workhouse piece, "Wapping Workhouse," is an instalment of *The Uncommercial Traveller* published in 1860. The traveller (unnamed but I will call him "Uncommercial") is coy about his destination because he is in no hurry, going where his

whims take him into East London, describing familiar sites upon the way. However, he does have Wapping Workhouse in the back of his mind because he has read the morning papers in which an “Eastern police magistrate” berated the workhouse, claiming it is a “disgrace and a shame,” and that it has no classification system for women.⁵ As Uncommercial approaches Wapping, he notes the slimy and disgusting condition of the East side of the river and encounters “a figure all dirty and shiny and slimy, who may have been the youngest son of his filthy old father, Thames” (44) and who directs him to the workhouse. Uncommercial rings the bell on the workhouse gate and is greeted by a “very bright and nimble little matron” who gives him a full tour of the establishment, even though he was unexpected and is a stranger. As in Dickens’s workhouse visit ten years previously, he finds the staff to be attentive to the inmates and the rooms to be as tidy and as well ventilated as possible. Women patients in the infirmary are grouped according to age, and physical and mental health. The most heart-wrenching visit is to the “Foul wards,” where those stricken by fever and other diseases are isolated. The sanitary observer side of Uncommercial emerges briefly when he notes that the wards are crowded into a tiny old building in the corner of the yard, but that reasonable sanitation has been observed because the rooms are “as clean and sweet as it is possible for such rooms to be; they would become a pest-house in a single week, if they were ill-kept” (45). Nevertheless, Uncommercial’s main interest is not in sanitation but in the remaining signs of vitality and individuality in the women: “None but those who have attentively observed such scenes [of distress and disease] can conceive the extraordinary variety of expression still latent under the general monotony and uniformity of colour, attitude, and condition” (45). When Uncommercial stops to say a

word to one of the women, “the ghost of the old character came into the face, and made the Foul ward as various as the fair world” (45).⁶

Dickens’s two narratives share some features of those of the other writers but they are significantly distinct. All of the tales discussed above share a sanitarian trait: there is a local site where fever is concentrated. The narrator of Morley’s “Death’s Doors” is the only one who demonstrates scientific knowledge and who is aware of the transmittal of disease by water, quite contrary to the etiology of the sanitarians. The narrators of the pieces by Thomas, Sala, Jerrold, and Morley give the sense that they have just made interesting discoveries and, with varying degrees of explicitness, they give voice to the urgent need for sanitary and social reform. They also suggest that dire social consequences will follow if action is not taken to remedy the health and welfare of the poor. Scenes of “vengeance” for the same reasons are depicted at length and imaginatively in Dickens’s novels during the 1840s and 1850s. However, the mood of Dickens’s own visitor’s tales is different from those of the other authors. Dickens’s narrators have more trained eyes and ears because they have trod these urban paths many times and over many seasons. The Dickens narrators, with no hope remaining for massive socio-medical reform led from the top by politicians, redirect their energies to settings where the poor as both individuals and communities provide examples of survival in challenging circumstances and are also examples to others who are materially better off. The narrator’s interest is to understand and to comfort those he visits, and he finds that the care providers in the institution share his compassion.

The History

The following journal articles, all but one of which appeared in *Household Words*, relate to fever narratives of the past that initiate a discourse on comparable circumstances at the time the article was being written. Scenes of miasma and effluvia are represented, but they are rarely used simply as propaganda for the political program of the sanitarians. Rather, the reference point tends to be, as in the medical narrative, the provision of support and hope for those most afflicted: the poor. The writers are in general less detached from their stories than they were in the visitor's tale, in part because their main interest in delving into the past is to draw a "lesson" that is relevant to their own times. The accounts sometimes contain disturbing elements arising from their narrator's imagination as he is drawn to the frenzy of fever in a way approaching that of an arsonist's attraction to fire. Also, the narrator at times discusses the old superstition that fever has been sent by an angered deity who punishes humans for their lack of fidelity and that, after the scourge, there will be a re-awakening period and an opportunity for civilization to rebuild itself upon stronger foundations.

Morley uses personification to describe disease at the beginning of his 1853 "Information Against a Poisoner." He feminizes the disease: "like the most famous poisoners of Italy and France, the thing is feminine" (427). His exposition on how malaria differs from other fevers demonstrates how far it appears that he has moved in this article towards the medical narrative on the issue of contagion:

Foul city air is not Malaria. Foul city air saps the foundation of our fleshly castles, and makes wide the breach by which Typhus enters, but foul city air generates no fever by itself, and the fevers for which it makes working

ground and elbow-room are all contagious fevers, passed from hand to hand (427).

Morley's history of malaria goes back to the Seventh Century. He describes the disease of soldiers and sailors who are travelling in countries where the climate is warm and moist. The history leads him to speculate on the cause of the disease. He believes that malaria is an "emanation" that comes from the earth when it has been moist and then dries as the temperature rises, and then is breathed in, especially if one is sleeping outside and in the proximity of a marsh. This particular disease is not contagious and yet does not arise from rotting organic matter but merely from minerals. Paradoxically, therefore, Morley's etiological theory on the generation of malaria from a local site resembles that developed by the sanitarians.

Morley's 1854 "Sick Body, Sick Brain" concerns the Black Death in the Fourteenth Century and is prefaced by a lesson on the contemporary situation, suggesting again that fever is contagious, as in the doctors' narrative:

We are not free from such afflictions [of body and mind resulting from plague] yet. We are at this hour shrinking from the breath of cholera. It comes home to the poor. It comes home to the minister of state. He may sacrifice sanitary legislation to the first comer who attempts to sneer it down, and journey home to find the grateful plague sitting in his own hall ready with the only thanks that it can offer. At this we sincerely grieve, and perhaps tremble; but we know nothing of the terror of a plague as it was terrible in the old times of famine among the poor, wrong living and bad

housing among the rich, of townships altogether drainless, of filth, ignorance, and horrible neglect. (148)

Morley is fascinated with the psychological effects of the plague. His particular interest is in how fever in the Fourteenth Century turned from physical malady to insanity: “I particularly wish to show how in the good old times men's bodies were wasted, and how there was produced out of such wasting a weakening and wasting of their minds” (148). The effect of fever during an epidemic created a bizarre social environment. Morley discusses how the persecution of the Jews had a relationship to social anxiety during the years of the plague. He relishes the fevered circular dancers of the time – especially those who worshipped St. John and St. Vitas, as well as the tarantella dancers, who fancied themselves poisoned by a tarantula. Morley explains that there is “not necessarily deceit or hypocrisy in outbreaks” (151) as they have recurred naturally and frequently since the Fourteenth Century.

The tendency of the fever history to link physical disease with its metaphoric manifestations, such as individual and institutional madness, is evident also in the 1855 narrative by Brown,⁷ “Plagues of London.” At the beginning of the article Brown states that his purpose is to provide analogies between the plague of 1665 and that of the 1850s (cholera), through discussion of unpublished letters written by Patrick Symon, Rector of St. Paul's. In the 1665 plague, the Rector is aware of the likelihood that, by staying in London, he will himself become infected, but he stays to preach to those who are well and to write to those who are ill. When the Rector expresses fear that bread, stockings and vessels containing wine and beer carry contagion, Brown intervenes with a sanitarian dictum: “The main exciting cause of the old plagues as of the modern cholera was, beyond doubt,

confinement in foul air, living among the filth of towns or villages in ill-constructed houses” (316). The Rector speaks of the superstitions of those who look for signs that the plague is ending, such as the falling out of the clapper of the great bell of Westminster and the return of daws to the palace and the abbey. Brown then turns awkwardly away from the Rector’s letters and speaks of another pestilent outbreak in London, “the plague of street rogues and sharpers” (317) which he believes has abated in contemporary times. He concludes, no doubt by borrowing from Dickens’s 1851 “Red Tape” (discussed later in this chapter), by alluding to the current ministers of government who act no more knowledgeably than did their forebears in the Seventeenth Century, and asks: “Who does not know how dreadfully infectious this new sickness is? How it is communicated by papers and documents, lurks in the horsehair of stools, and how it clings to tape (especially to tape of a red colour) with so much energy that no known disinfectant . . . is able to remove it” (318-19)?

Dickens’s histories also demonstrate the conflict between the sanitarian and the medical narratives, as well as the double use of “fever” as the denotation of a disease and as an extended metaphor for individual or social behaviour. There are sanitarian reflections in Dickens’s 1848 review in *The Examiner* of a book on the expedition of the *Albert*, the *Wilberforce*, and the *Soudan*, ships commissioned in 1841 at the request of Exeter Hall⁸ to enter Africa by the Niger River. The mission was to negotiate the end of the slave trade in the region, as well as to establish a profitable commercial trade and a model farm.⁹ Dickens was fascinated by the tale’s heroic dimensions – a daring trip into largely unexplored Africa, the dangerous luminescence of the scenery, the uncanny meetings with native leaders, and the outbreak of fever on all three ships, and the deaths and the retreat to open water and to England. However, Dickens’s account of the expedition was not a book review in any

normal sense but his own imagined narrative on the grand initiative that the English intended to be “the great awakening of the African people” (121).

In Dickens’s re-created narrative, the voyage up the Niger symbolizes a journey into the heart of a miasma existing within the close and sultry air of the African river, and hence towards death: “The sea-breeze blew too late on many wasted forms, to shed its freshness on them for their restoration, and Death, Death, Death was aboard the *Albert* day and night” (123). The devastation of the English by fever while the Africans remain immune – “The air that brings life to the latter brings death to the former” (125) – is a scenario similar to Chadwick’s, suggesting that, in England, fever would strike healthy working men first while the destitute were, for the most part, immune.

Despite its sanitarian overtones, Dickens gives the piece a much broader meaning than a sanitarian tract would have. The African leaders, in their apparent simplicity and willingness to placate the English by coming to terms with them and being rewarded (at least in the short term) have no intention of abiding by the terms of a negotiated agreement. The outwitting of the European negotiators is a scene of dark humour. Despite the slave trading and despotism of the African leaders, the narrator respects their “difference” and implies that Africans must be left to create their own space for their own humanity. The narratorial leap taken to understand Africans as subjects rather than as objects is similar to the sympathetic approach of doctors towards poor patients in the medical narrative. Rather than aggrandizing nation, as in the sanitarian narrative, Dickens strikes a blow against England’s identity as empire: “In the mighty revolutions of the wheel of time, some change in this regard may come about; but in this age of the world, all the white armies and white missionaries of the world would fall, as withered reeds, before the rolling of one African

river” (125). Rather than relying upon charitable institutions, such as the “Exeter Hall champions” who propose only “the thing by no means to be done” (110), Dickens’s narrator suggests that power to bring about change needs to arise gradually and to reside within individuals. Most significantly, the narrator asserts that interests of the destitute living in England must never be sacrificed again while wealthy people deem it fashionable to direct charity towards the religious conversion of Africans and the colonization of their land.

Dickens also recasts the past in his 1853 *A Child’s History of England*, published by irregular instalment in *Household Words*. The narrative voice is that of Dickens talking to his children and giving lessons on the deficiencies of “Merry Old England,” interspersed with comparisons to contemporary problems. In the section on the Great Plague of 1665, Dickens suggests, in a sanitarian manner, that London was struck the worst of any town of England because it was “close and unwholesome.” Nevertheless, the fever is portrayed as being contagious, similar to its etiology in the medical narrative. Dickens’s ostensible interest is to criticize the rich and powerful that escape the plague and live a “merry” time in their isolation. His depiction of the plague and the subsequent Great Fire of London has a hypnotic, desperate tone to it, with such scenes as the “roaring songs” in taverns of the wicked and dissolute, who are “stricken as they drank,” the visions of burning swords in the sky and of ghosts walking at night, and of a madman walking the streets proclaiming he is a prophet, “commissioned to denounce the vengeance of the Lord on wicked London” (215). Dickens reserves his greatest venom for the Parliament that passes a law after the plague called the *Five Mile Act*,

. . . expressly directed against those poor ministers [those who helped the sick such as teachers], who, in the time of the Plague, had manfully come back to

comfort the unhappy people. This infamous law, by forbidding them to teach in any school, or to come within five miles of any city, town, or village, doomed them to starvation and death. (216)

Thus, Dickens suggests that the 1666 Great Fire may be regarded as a virtual consequence of the moral deficiencies of Parliament and the rich during the plague. Yet there is an opportunity in the wake of the fire to demonstrate a sanitarian “moral” that children – the principal audience for *A Child's History* – can take away from the past and apply to their own day:

But the Fire was a great blessing to the City afterwards, for it arose from its ruins very much improved—built more regularly, more widely, more cleanly and carefully, and therefore much more healthily. It might be far more healthy than it is, but there are some people in it still—even now, at this time, nearly two hundred years later – so selfish, so pig-headed, and so ignorant, that I doubt if even another Great Fire would warm them up to do their duty (216).

Far from narrator as background observer as in the visitor's tale, Dickens's narratorial invective in the histories discussed above far exceeds the expression of passion and denunciation occurring in the articles by Morley and Brown. What is remarkable is that Dickens does this effectively in works intended for audiences (adventure lovers and children) who would not normally pay much attention to such strident political rhetoric. Brown's narrative, despite its reference to “red tape” at the conclusion, suggests that threats to population health in the 1850s need to be put into context by recollection of the much higher mortality rates of the plague of 1665 and other hazards to well-being in the history of

England. Morley's articles are injected with criticisms of the lack of progress on public health reform but his attention is drawn mostly to scientific medicine and the history and perceived causes of fever itself, rather than to disease of the social body. But in his journal pieces discussed here, Dickens is interested in the social implications of fever. He writes of historical events and then applies them to the present. He arrives at the conclusion that England has a way of failing even when opportunity knocks loudly – thus the tragic lesson is that historical errors recur time and again.

The Fanciful Tale

The fanciful fever tale is more inventive than the visitor's story and the history discussed above. It takes on the form of fable, allegory, fairy tale, satire, or dystopian story and makes extensive use of such devices as mimicry, metaphor, irony, and apostrophe. All the following narratives concern politics or, more specifically, the ridiculous and yet tragic failure of Parliament, municipal authorities and other institutions to implement an effective program of public health. Until at least 1855, these narratives promoted sanitarianism, most often by general admonitions to support the recommendations of the Board of Health. However, they frequently controverted aspects of sanitarianism by treating poor people as subjects interesting in their own right and not merely as bodies that needed alignment to further the overall wealth of the country and to become fitter to defend the far-flung empire. Thus, despite their susceptibility to interpretation as sanitarian propaganda, such narratives tend increasingly to align with important aspects of the medical narrative.

W. H. Wills's 1850 narrative in *Household Words* ("Health by Act of Parliament") is an allegory. It concerns a prince and his household from the time of the Arabian Nights.

Fever attacks the prince and, unfortunately, the royal doctor also has fallen sick of the plague and is unable to attend. Disease within the palace has already exhausted the stock of medicine and so another famous doctor is summoned to prepare medicine for the prince. However, this doctor points out that he is unable to treat the prince because a royal decree forbids anyone other than the prince's doctor to attend on him. Thus, there is no help for his situation and the prince dies. Wills claims that this story parallels what has been happening to London. Lying "in extremis" due to unsanitary conditions, the metropolis called in the sanitary doctors who provided a "prescription," *The Public Health Act*, but it was made available to "every other member of the great retinue of towns, except to the Imperial City" (460). Wills closes the article by calling upon citizens to support the efforts of the Metropolitan Sanitary Association.

Wills wrote other narratives relating to public health but the most notable is the satire he co-authored with William Taylor Haly in 1850, "The Royal Rotten Row Commission." This piece attacks the bureaucracy as being all form and no substance in its attitudes to sanitary reform. The Commissioners are proud that they are not paid for their volunteer efforts whereas, by contrast, the Secretary and the Clerk of the Commission receive high salaries and spend their time demanding alterations to the room in which the Commission is to meet. The "Ventilator General" is prevailed upon to examine the facility and his report is that "the door ought to have been precisely where the chimney was, and that the chimney should have stood exactly where the window was" (275) and that the Board should postpone its meeting until next year. The clerk takes the initiative to have the hearth swept and the window thrown open but other formalities keep the Commission from even examining its

first witness. The narrator is doubtful that the report will be ready prior to the opening of the Great Exposition in May of the next year.

In 1851, *Household Words* published “Father Thames” and “The Pen and the Pick-Axe,” fables by Robert H. Horne criticizing the Metropolitan Commission of Sewers. While in both of these works Horne joins the sanitarians in expressing impatience over the Commission’s passivity and inefficiency, the fables differ from the sanitarian narrative by representing fever in ways similar to that of the medical narrative, as being on the move and transmissible by water. The first fable is a dialogue between Mr Beveridge and Father Thames, beside whose waters Mr Beveridge is walking. The humour of the piece comes from the sardonic way in which Father Thames describes his features, his “fine, generous open” sewers, industries that dump their waste directly into his water, and graveyards that drain into him. The water corporations have no fear of drawing off his water. Father Thames recognizes, once pressed by Mr Beveridge, that he has, indeed, been injured by all that has been done to make him filthy but he has grown tired of being examined by the useless deliberations of Boards and Commissions. He is happy enough in getting vengeance: “For every dead dog and cat that is flung into my bosom, there’s a typhus patient perhaps a dozen; for every slaughter-house, fish-market, or graveyard near my banks, there’s a dozen scarlet fever patients perhaps a hundred; for every main sewer draining into me, there is a legion of cholera patients” (448).

Horne’s second fable is less vitriolic. It begins, “I am a dirty town, on the banks of the Thames” (193), the town being Fulham, here speaking on behalf of his sister Putney and his cousin Hammersmith. There is a gloomy, wounded, virtually hopeless tone to the narrative voice of the town. These outlying towns have seen deliberations, studies, meetings

and many plans but are not yet connected to the Metropolitan sewer system and are in a shocking, unsanitary state. Unlike Father Thames, who is happy to wreak revenge on his abusers, this and many other towns are saddened by the obligation to dump their waste into the river, which carries disease into the metropolis. Naïve at first about the Board of Health, the towns have become wiser, recognizing that virtuous political speeches are rarely followed by the actual commitment of resources to honour the promises made. The dirty town says that those who “know how to use the ‘blunt,’ [money] are not disposed to mistake a pen for a pickaxe. They cannot see their way through so much paper and red-tapery. Insurance Companies have declined to lend the indefinitely large sums required, and even the Exchequer Loan Commissioners have politely excused themselves” (196).

Morley’s¹⁰ “Lord W. Tyler,” published in 1857 in *Household Words*, begins as a fairy story: “ONCE upon a time on a day in the remote past, when there were inhabitants in London, and a parliament was sitting, and the shrimps had Margate to themselves . . .” (333). This satirical piece was inspired by a retort made by William Cox, M.P. concerning a Bill to extend the application of the *Common Lodging House Act*. Palmerston, as Prime Minister, tried to force the Bill through the House, causing Cox to say to the Speaker, “If he meant to play Wat Tyler with the people of England they would be able to play the tyrant against him” (334). Reflecting Morley’s long-standing support of sanitationism and the deplorable conditions of the many exempt lodging houses, his narrator demands that the people rise up in a new rebellion in support of Lord W. Tyler (Morley’s name for the Prime Minister). Morley intersperses documentary evidence in support of the Bill with comic rhetoric that incites the people to rebel: “Rise, then, poor tenants, comrades rise, and bestir

yourselves! Take up your lime-pails and your whiting-brushes! Shout, help, ho! Soap for England! To the rescue, water and fresh air!” (336).

Morley’s 1858 “A Lesson Lost Upon Us” begins with an allegory. In the “Days of the Faery Queen” (73), an official named Morpheus in a subterranean dwelling on Downing Street is visited by a messenger bearing news that there is urgent work to be done.

However, Morpheus is so sound asleep that it is impossible to awaken him and the message is ignored. Morpheus represents the Government of England that fell asleep when there were calls for help from the Crimea, where the British army was losing more men to cholera than to the Russians. When the government did wake up, nearly too late, it sent over sanitary officers who were highly effective (unlike the medical corps of the French, who are ridiculously bureaucratic). Nevertheless, the English army returned home to barracks that were more unsanitary than their battlefield environment. Thus the sanitary lesson was lost.

Dickens also liked to use fables and allegories in his narratives on the failed politics of public health. These tend to support action on sanitarian reform while controverting the utilitarian spirit of sanitarianism. In his fable of 1850, “A December Vision,” the narrator has a vision of the Grim Reaper breeding effluvia: “I saw a poisoned air, in which Life drooped. I saw Disease, arrayed in all its store of hideous aspects and appalling shapes . . . I saw innumerable hosts, fore-doomed to darkness, dirt, pestilence, obscenity, misery, and early death” (266). However, not only is the working class attacked but the rich as well: “I saw the rich struck down in their strength, their darling children weakened and withered, their marriageable sons and daughters perish in their prime” (266). The fever is in constant movement and is contagious, as in the medical narrative: “I saw that not one miserable wretch breathed out his poisoned life in the deepest cellar of the most neglected town, but,

from the surrounding atmosphere, some particles of his infection were borne away, charged with heavy retribution on the general guilt”¹¹ (266). Throughout the fable, as the narrator relates the horrors of poverty and disease, there are those who have power and wealth but stand back and say, “But it will last my time.” The spirit (Death) reveals to the narrator that if all this “time” were to be added together it would come to “eternity” and that whoever makes such an excuse for passivity will be punished “throughout ALL TIME” (266).

Dickens continued his prompting for immediate action on sanitary reform in a subsequent allegory of 1851, “The Last Words of the Old Year.” The scene is New Year’s Eve, at the deathbed of the gentleman christened One Thousand Eight Hundred and Fifty, who is testifying to his successes and failures that will be inherited by his successor, the about-to-be born New Year. Prominent among his failures is the lack of progress on London sewers. He says that “the Honourable Board of Commissioners of Sewers . . . [is] . . . the most feeble and incompetent Body that ever did outrage to the common sense of any community or was ever beheld by any member of my family” (337). The humour of the allegory results from the two attendants who sit by the side of the dying gentleman, the Registrar of Births (a satire on the emerging reliance on statistics) and the Chief of the Grave Diggers. The latter, there in his professional capacity to bury the old gentleman, is confided in as a friend and asked to carry out some last requests subsequent to the old gentleman’s death. The Chief Grave Digger admits that he has a conflict of interest because the despicable Commission of Sewers has thrown a lot of good business his way during the year, endangered only by the recommendations of the Board of Health. But he cannot refuse the last wish of the old gentleman. The Chief of the Grave Diggers commits himself to

“shovel the earth over their [the Commissioners’] preposterous heads” and confides that their Commission is an “Abortion of Incapables!” (337).

Dickens’s fascination with, and repulsion by, political power is evident in dystopian tales such as “Red Tape” (1851). The tale introduces both real people and imaginary types, moving from a very pointed sanitary reform object to a conclusion completely sceptical about any action being taken. The satire comes from the narrator’s mock admiration for the Red Tapis and the wonderful consistency in the inadequacy of all institutions of government. The Right Honourable Red Tape, M. P. leads the Red Tapist faction and ingeniously undermines all reasonable legislative and administrative action, particularly any that would prevent disease and alleviate the problem of poverty in England: “In either House of Parliament, he [the Red Tapist] will pull more Red Tape out of his mouth, at a moment's notice, than a conjuror at a Fair. In letters, memoranda, and dispatches, he will spin himself into Red Tape, by the thousand yards” (481). The principal satirical object of the piece is to highlight the delays in Parliamentary elimination of the Window Tax, which causes the poor to live in dark, unventilated conditions because landlords are unwilling to go to any extra expense. This law is, according to those who oppose it, against all reason: “Lettuces, and some other vegetables, may be grown in the dark, at no greater disadvantage than a change in their natural colour; but, the nervous system of Animals must be developed by Light” (482) and, moreover, diseases are “engendered and propagated” in darkness. A deputation appears before the Office of the Exchequer in 1844 demanding a change to the Window Tax and presenting evidence that scrofula and consumption are more frequent when the poor are obliged to live in rooms that are dark and lack ventilation. They are answered by what the narrator calls “the perfection of Red Tapeosophy” by the Right Honourable Red Tape, M. P.

who says that the Window Tax has nothing to do with scrofula because he has seen numerous instances of it among his “agricultural peasantry” who live in country cottages where the tax does not apply. However, the deputation refuses to be daunted and finally a concession is granted and Deputy Red Tape is delegated to put it into action. An exception to the application of the tax will be made for perforated zinc plates placed against the wall of the houses in lieu of windows. As in *Bleak House*, where he introduces a damning caricature of Leigh Hunt and *Our Mutual Friend*, where John Forster is recognizable as the odious Podsnap, Dickens has no hesitation in making fun of one of his best friends, Southwood Smith. The relief of the delegation upon achieving the exception is such that noted sanitarian Doctor Southwood Smith is seen to fall upon the neck of another delegate and “shed tears of joy in Parliament Street” (483). But, alas, when the President of the Carpenters’ Society writes to the Stamp Office on the design specifications for the plates, he is informed that the perforations to allow ventilation must not admit any light or else each hole will be taxed as a separate window. This design being beyond the capacity of the carpenters, it serves as another example of the brilliance of Red Tape. At the conclusion of the piece, recollecting a visit to a shop where the narrator has seen bottles of what look like “unhealthy macaroni” but that are in reality preserved tapeworms, and considering that this (1851) is the year of the Great Exhibition, the narrator is struck with a brilliant and enriching idea: an exhibit of Red Tape to which he is certain the public would gladly contribute financial support because it would be a “curious natural spectacle.” For example, one of the exhibits might be the Red Tape taken from inside the “Right Honourable Mr X from the Exchequer, seven thousand yards” (484).

After 1854, notably coincident with the elimination of the Board of Health and the diminution of Chadwick's role in public health, Dickens became less interested in promoting specific sanitarian projects in his short narratives. As in the medical narrative, engineering works were deemed necessary but not sufficient to address the health and social well-being of the working class and the destitute. Reform, for Dickens, required fundamental changes to the institutional and class structure of the country and perhaps this grand object was unattainable after all. Dickens' subjects were now much greater and darker – the failure of governments and the law, the desperate condition of the poor, and the degeneration of England as country and empire.

This biting indictment appears in the *Household Words* satire of 1855 entitled "Our Commission," which reverses the source for propagation of epidemic disease, suggesting that it emanates from those in power rather than from the poor. *The Lancet* had become impatient with official government sanitary commissions and had launched its own series of inquiries, including investigations between 1851 and 1854 into the adulteration of food. The topic and style of *The Lancet* reports appealed to Dickens and he mimics them in *Household Words*' mock investigation, led by Mr Bull, an "accomplished practical chemist," who analyses several products of "consumption" in England, such as Parliament, public offices, and the British peasant. The sample taken of Parliament is found to be very expensive but of poor quality, "being deficient in flavour, character, clearness, brightness" but serving as "a ready means of making froth" (319). Moreover, the infusions found in samples of the "common weed" called "Talk" are a "rank Poison." Mr Bull then takes an "immense" number of samples from public offices, drawing upon "shops" in Downing Street, Whitehall, Palace Yard, and elsewhere. When analysed, every sample is found to be

contagious and composed of seventy-five to ninety-eight per cent “Noodledom,” which is a deadly poison: “the germs of self-propagation contained within this baleful poison were incalculable: Noodledom uniformly and constantly engendering Noodledom, until every available inch of space was over-run with it” (320). Mr Bull assigns national importance to his findings on samples of the British Peasant he has taken from every part of the country. He suggests that each sample might have been better fitted for wear and tear if it had been “reared with a little more care, study and attention, as were rightfully bestowed on the vegetable world around it” (321). However, as it is, the samples are so broken down that they are not in shape to handle a gun or a sword in any defence of the country or in acting “as a disciplined body.”

The further degradation of the state of English politics is explored in the 1855 allegory in *Household Words*, “The Talkative Barber,” in which Dickens indulges his lifelong fascination with the *Arabian Nights* by using both its setting and its narrative technique. The barber piece has been ignored by anthology editors, biographers and critics, with the exception of Michael Slater who did not include it in his anthology but suggested in his biography of Dickens that the tale was intended simply as a lampoon of Palmerston, the then Prime Minister (389-90). John Forster, the first biographer, said that Dickens was delighted with the piece. But, why should Dickens have been so gleeful over this minor squib when, as Grahame Smith says, he was hostile to anyone who attempted to make propagandist use of childhood fairy-stories and, of all things, his revered *Arabian Nights*?¹² Fuller analysis has been hindered because many of the names of characters and ceremonies seem to be merely nonsensical jumbles of English and Arabic-like syllables. However, the

narrative is a complex discourse on how the public health of the country in 1855 was being undermined by politicians and bureaucrats.

In the original barber tale in *Arabian Nights*, Scheherazade provides the frame for other storytellers, such as a tailor who tells the barber's story.¹³ In Dickens's text, the frame storyteller is Hansardadade. This is less cryptic than other allusions because, starting in 1829, when he took full control of the Parliamentary journal *Debates*, Thomas Curson Hansard's last name appeared on the front page of each issue. The *Debates* were notoriously inaccurate because the journal did not employ gallery reporters but instead simply rehashed articles that appeared in the morning newspapers. The satirical point is made explicit when "Hansardadade" is decoded as an anagram of "A dead Hansard." The mordancy of Hansardadade's tale is apparent immediately when the host invites to the gathering a lame young man who has the appearance of having suffered much. The young man suddenly sees a barber among the guests and "instantly flew back with every token of abhorrence and made towards the door" (313). The host entreats the young man to sit and tell about his injuries and his reasons for disliking the barber. The young man's tale – or, "case history," because of its medical character – is the first internal narrative within the frame. His narration continues until near the end of the tale, with the exception of the barber's lengthy oratorical interjections that constitute the second internal narrative. The young man represents a broad population. He says he is called "Publeek, or The Many Headed." In 1855, the English "public" was indeed being conceived of in socio-political discourse as "many headed," divided as it was by class and money and challenged by industrial displacement and disease. In this allegory Publeek is attracted to a beautiful young woman he sees from afar, Fair Guvawnment. The duality of the language is

transparent: “fair” has a double meaning, suggesting both a just act and a beautiful maiden, and obviously there is an allegory here that reflects on the situation of the citizenry under a responsible government, exactly what Dickens and medical advocates believed the Parliament of 1855 was *not*. Overwhelmed with these prospects of obtaining both beauty and justice, Publeek, with his weak constitution, “screamed aloud with love” (313), became insensible and so violent in his passions that he fell into a fever and “was reduced to the brink of death.” In fact, as Jacalyn Duffin demonstrates, lovesickness was still occasionally seen as a serious disease into the Nineteenth Century.¹⁴

If the many heads of the public are to look to a just, visionary government to address the health of the country, then they need to understand their ailments and gain the help of executive politicians. Publeek describes how he was pulled back from the “brink of death” and his health restored fully when an old woman pronounced her diagnosis: his “disease is love.” But, once properly dressed in rich clothes befitting one who would court Fair Guvawnment, Publeek needs a barber to give him a shave. Once summoned, the barber says he wants to shave Publeek “pretty close” (to hoodwink him) and ebulliently brings on a second and lasting deterioration of Publeek’s health. Slater, in his biography of Dickens, identifies the barber as Dickens’s *bête noire*, Palmerston, because of his bellicose language: “an accomplished diplomat, a first-rate statesman, a frisky speaker, an easy shaver, a touch-and-go joker, a giver of the go-by to all complainers, and above all a member of the aristocracy of barbers” (314). Instead of shaving the young man, the barber sings jokes and dances until Publeek can stand it no longer and flees from his own house. He has now missed the appointment to meet Fair Guvawnment. The Barber and “the lineal descendants of the Prophet and aristocracy of born Barbers” chase and attack the young man until he is

injured and becomes the dissipated, disabled person described at the start of the tale. Thus, as the tale would have it, politicians are responsible for the ruin of the health of the public by denying them fair government.

The lampoon of Palmerston as the barber Praymiah is not, however, a simple one. In the version of *Arabian Nights* that Dickens's nurse read to him as a child, the barber in a traditional barber/surgeon role brings his lancet along with his razor. Dickens's Praymiah proudly bears the title of "the Careless" and has abandoned the ancient tradition, while leaders of the opposition Tories, who Dickens loathes as much as he does Palmerston, are given the traditional association. They are represented as no better than the rest of the political "aristocracy." "Darbee" (Lord Derby, leader of the Tories) would "clap on blisters," taking passive measures to treat the fever of the population. On the other hand, the real power within the Tories, "Dizee" (Disraeli) randomly "draws blood."¹⁵

As this allegory helps confirm, Dickens was fascinated by wily acts of power, even if those who executed them were morally repugnant. Whereas Publeek is a foolish, weak character, Praymiah is a politician who can sing and dance so well that he captivates the master of the house and his guests with his performance of political parody. The barber starts with the dance of Mistapit and then sings the song of Mistafoks, presumably figures for William Pitt the Younger and Charles James Fox, Pitt's arch political opponent. The performance of the barber is triumphant. The lame young man leaves and no one objects when the barber offers to tell the next tale. Frustratingly but typically, politics trumps the requirements of citizens who are most in need. This is a sobering, pessimistic outlook that condemns the whole treatment of the poor by the middle class, the rich, and the government that represents them.

While all the fanciful fever tales of *Household Words* demonstrate narrative creativity, enduring humour and coherent discourse on political folly, there are some differences between those by Dickens and those by the other writers. With the exception of Horne and Dickens, the other writers begin their narratives with such forms as an allegory or fairy tale and then “break the spell” by intervening to explain to the reader that these introductory stories have a contemporary political counterpart, the narrative of which they then relate. Dickens sustains and builds new layers of fancy as his narratives proceed. His earliest pieces borrow from his experience in writing drama – “A December Vision” is a monologue that could be performed on stage and “The Last Words of the Old Year” could be a short three-person play. “Red Tape” and “Our Commission” expand their levels of absurdity and satirical bite as they proceed. “The Talkative Barber” sustains its allegory to such an extent that most modern readers need to “decode” it if they wish to understand its political criticism. Dickens’s narratives also tend to represent a deeper and darker condemnation of politics and institutions than do those of the other writers. The remedies for the evils in the other narratives are specific: effective administration of *The Public Health Act* (“Health by Act of Parliament”), engineering works to improve the quality of water in the Thames (“Father Thames”), inclusion of Fulham within the Metropolis of London (“The Pen and the Pick-Axe”), the speedy passage of a Bill to eliminate the window tax (“Lord W. Tyler”), and the provision of spacious, clean and ventilated barracks for the British Army in England (“A Lesson Lost Upon Us”). It is difficult to imagine how the evils represented in any of Dickens’s fanciful fever narratives could be addressed without a wholesale replacement of the system of government and the bureaucracy, a great change in

the profit motivation of private industry, a fundamental modification to the class system, and the provision of good quality food, shelter and education to the destitute.

Journal Narratives and the Novels

With respect to all three types of articles discussed in this chapter, narrators observe such phenomena as disease, poverty, filth, smells and sewage waste – subjects that most middle-class Victorians would consider unpleasant at best and disgusting at worst¹⁶ – and they endow these scenes with human interest and social significance. I will argue that Dickens's novels do this as well. Although there are some notable exceptions,¹⁷ scholars have tended to examine Dickens's journalism for primarily biographical rather than literary purposes. However, these brief narratives do, notwithstanding, set some of the terms of debate in the three following chapters of this thesis on Dickens's mid-century novels. The journal fever narratives were published mainly between 1850-55, a period that began, as reflected in these articles, with hope and expectation for a public health program predominately featuring sanitary reform. This hope had been building up through the 1840s and was reflected early on in Dickens's exhortation in *American Notes* that the United States address sanitary reforms and follow the recommendations of Chadwick. One of the questions for the next chapter will thus be whether or not the fever narratives of the 1840s novels demonstrate a growth towards optimism through reform? Of course, there were external factors, such as unemployment and continued epidemics, that created quite an opposite kind of public reaction to hope. After 1852, while social unrest was less of a concern, there was a great deal of controversy over sanitary projects and public health reform. There were disappointing disputes with governments at all levels, delays, mistakes

made through incompetence, and the decline of the sanitarian movement. This darkening vision is analysed in Chapter Six, which discusses Dickens's novels of the 1850s.

A related factor is that, no matter how bleak the outlook, most of the journal narratives discussed here call explicitly or implicitly for reform. The presence or the risk of fever represented an urgent call for change, as it was seen, rightly, as a danger not only for the people in the immediate vicinity of its first outbreak but also for others, as disease expanded outward from neighbourhood to neighbourhood. Dickens appeared quite content to leave the call for specific reforms to *Household Words* contributors other than himself (he had more opportunities to voice his specific views on this subject in his speeches). However, he does not appear to regard his own fever narratives as a vehicle for a *direct* call for specific reforms. He does, even in his visitor's tales, draw his readers into his own imagination and meditations, leaving the reform question for readers themselves to decide. Nevertheless, his recognition of the need for reform is shared with readers by showing rather than haranguing. This need for reform becomes more urgent and profound even during a period as short as that in which these journal narratives were published. Even in the dystopian kinds of fanciful tales (such as "Red Tape") there is not only great satirical energy but also the expression of a need for dramatic change from the present. Such satire brings to mind the Office of Circumlocution that Dickens would later create in *Little Dorrit*. Therefore, the relationship of the fever narrative in the novels to an explicit or implicit vision of reform will be examined in the chapters that follow.

In the journal narratives, close observation is a virtue, particularly in the visitor's tale, where dark corners and sites of disease are depicted and reflected upon by a solitary narrator. These kinds of meditative wanderings are common in Dickens's novels and yet

one thinks of Mr Dombey's blindness to the neighbourhoods of the poor and sick outside the window of his speeding train and of Aunt Betsey calling David Copperfield "blind." In the expansive form of the novel, therefore, it is not only what characters observe of the sick and the poor that is important but also their blind spots that require examination.

Finally, the representation in this chapter of fever as "the scene of vengeance" for the treatment of the poor is most dramatically rendered in Dickens's "A December Vision," but threats of revenge and rebellion appear in other articles, such as "Hobson's Choice," "Death's Doors," and "Sir W. Tyler." Such depictions are always ominous but, at times, in the telling, the narrator appears to be joyful in the midst of the mischief, rather like Dickens's mixed allegiances when playing off Praymiah the strong and Publeek the weak in "The Barber's Tale." An examination of the relationship between the scene of vengeance and the fever narrative as a whole is an important consideration for each of those mid-century novels in which Dickens depicts these scenes. There are further questions to be answered about such scenes. Do the same factors (e.g. pride and riches on one side and poverty and disease on the other) trigger these violent scenes? Is feverish vengeance only to occur if health and social reforms are not made or is this scene inevitable in the near future, regardless of what the middle class attempts to do? Finally, what is the aftermath of the scene of vengeance?

Notes to Chapter Four

¹ Attribution of authorship of articles is from Anne Lorchli, *Household Words: a Weekly Journal 1850-1859* and Ella Ann Oppenlander, *Dickens' All the Year Round: Descriptive Index and Contributor List*.

² This phrase is used by the narrator of Dickens's "The City of the Absent" (discussed in Chapter Seven) and used as well in Dickens's correspondence.

³ A prime example of magazines that created imaginary characters is *The Spectator* (founded by Thomas Addison in 1711 and later co-edited with Richard Steele); the narrator is the fictional Mr. Spectator who tells of the actions and reflections of members of the Spectator Club.

⁴ Slater identifies it as the Marylebone Workhouse, with 1,715 inmates.

⁵ The 1888 *Encyclopedia Britannica* (Ninth Edition Vol. 19 476) provides an explanation of workhouse classification:

The general classification of paupers in the workhouse so far as the structure admits is as follows:—Class 1, men infirm through age or any other cause; Class 2, able-bodied men, and youths above the age of fifteen; Class 3, boys above the age of seven and under fifteen; Class 4, women infirm through age or any other cause; Class 5, able-bodied women and girls above fifteen; Class 6, girls above seven and under fifteen; Class 7, children under seven. To each class is assigned that ward or separate building and yard which may be best fitted for the reception of such class, and each class is without communication with those of any other class. Guardians are required to divide the paupers into the seven classes, and to subdivide any one or more of these classes in any manner which may be advisable, and which the internal arrangements of the workhouse admit; and the guardians are required from time to time, after consulting the medical officer, to make necessary arrangements with regard to persons labouring under any disease of body or mind, and, so far as circumstances permit, to subdivide any of the enumerated classes with reference to the moral character or behaviour or the previous habits of the inmates, or to such other grounds as may seem expedient.

⁶ I omit because it does not include scenes of fever and disease consideration of a third workhouse strolling narrative by Dickens published in 1856 in *Household Words* entitled “A Nightly Scene in London” (Vol. 13 No. 305 25-27). It recounts an experience that Dickens had while walking with a friend by the Whitechapel workhouse. They see five “bundles of rags” that turn out to be young women waiting all night (often for several nights on end) for admittance to the workhouse. Dickens knocks on the door and is convinced by the Workhouse Master that he has no room because he had to give priority to women with children. The narrative provides another occasion for impeaching utilitarianism: “Without disparaging those indispensable sciences [utilitarian arithmetic and political economy] in their sanity, I utterly renounce and abominate them in their insanity . . .” (27).

⁷ Brown’s first name was not recorded in the *Household Words* office slips.

⁸ Exeter Hall, on the north side of the Strand in London, opened in 1831 and was used for large meetings of religious and philanthropic organizations. Political meetings of the Anti-Slavery Society were held there: “Exeter Hall” became politically synonymous with the antislavery movement.

⁹ “Review: Narrative of the Expedition Sent by Her Majesty’s Government to the River Niger in 1841, under the Command of Captain H. D. Trotter, RN. and T. R. H. Thomson, M.D., One of the Medical Officers of the Expedition. Published with the Sanction of the Colonial Office and the Admiralty,” (*The Examiner* August 19, 1848), reprinted in Slater, *Dent Uniform Edition of Dickens’ Journalism* (Vol. II 108-126). As Slater suggests, this article has been primarily cited as a precursor for Dickens’s invective in *Bleak House* against the popularity of African charitable projects while poverty and the education of the poor of England were being ignored.

¹⁰ Morley’s highly specific focus on sanitation in this article and the next one discussed reflects perhaps his engagement in writing articles for sanitary journals prior to 1850.

¹¹ As pointed out by Slater and others, this part of the “vision” is close to that which appears in *Bleak House* with the death of Jo.

¹² In addition to discussing Dickens's reverence for *Arabian Nights*, Grahame Smith describes how Dickens castigated George Cruikshank for his illustrated re-telling of fairy stories in order to promote teetotalism (*Charles Dickens: A Literary Life* 45).

¹³ *The Thousand and One Nights, or Arabian Nights' Entertainments* (1864). This (somewhat expurgated) edition is likely similar to the one Dickens read many times.

¹⁴ Duffin adds that "Sex manuals aimed at the literate public appeared in multiple editions, perhaps because the unhealthy implications of a frustrated love life had captured and alarmed a wide audience." See Jacalyn Duffin, *Lovers and Livers: Disease Concepts in History* (57).

¹⁵ Wielding a scalpel is a fitting image for Disraeli as he was regarded in the 1850s as an "anatomist without a body on which to operate." See Sarah Bradford, *Disraeli* (222).

¹⁶ This fascination included, for example, the poor streets he visited on his night walks, where a scattering of beggars, sick people, street children, alcoholics, and prostitutes were the only other people who tended to be around.

¹⁷ These exceptions consider Dickens's own journal articles but rarely those of other contributors to his journals. Modern analysis of Dickens's journalism includes Drew, *Dickens the Journalist* (2003), Slater's introductions to selected Dickens journal articles in *The Dent Uniform Edition of Dickens' Journalism*, and various academic articles on *The Uncommercial Traveller*.

Chapter Five

DICKENS'S NOVELS OF THE 1840S: REAL AND FIGURATIVE FEVERS

In the 1840s, the subject of fever was topical not only in medical texts but also in public affairs. Perhaps memories of the 1831 cholera crisis were fading but more focused attention was now being drawn to the numbers and variants of epidemics that were still breaking out in waves.¹ The threat posed to the population motivated civil servants (such as Edwin Chadwick) and doctors (such as Southwood Smith) to study the empirical and statistical traces of fever in England, to postulate causes, and to argue for an emergency response from the government. And the government seemed, at least at times, to listen. However, the endemic “red tape” inevitably attached to governmental engagements with the crisis caused anti-government sentiments to be expressed in medical journals and newspapers, and at public meetings.

Thus, with the subject receiving all this public attention, and with his own active engagement in sanitary reform, it is not at all surprising that during the 1840s Dickens should recurrently have represented fever and addressed other public health issues in his novels. One of the ways he did this was through describing the course of disease experienced by one or more characters in the novel as if he were a doctor² closely observing his patients, noting both their physical symptoms and psychological behaviours. Dickens often provided enough detail that those readers of today with medical knowledge are able plausibly to diagnose specific physical diseases (such as smallpox, malaria, or tuberculosis). However, the most critical aspect of the representation of physical disease in Dickens's fiction is its rendering of psychological impact – what it reveals about character, what role it plays in changing a character's nature, what it says about a character's relationship with

others, and what it indicates about the society in which a character is situated. I include, as part of the representation of fever, those circumstances where a character's disease is not physical but mental – those narratives of fever-like psychological behaviour that are sustained through more than an isolated metaphor and are important to the novel as a whole. In all three novels that Dickens conceived in the 1840s there are principal characters that feverishly search for personal and social stability. They recover superficially from their “disease” – young Martin Chuzzlewit by abnegating “self,” Mr Dombey by retreating from imperialist power, David Copperfield by marrying Agnes, his “good angel” – but they are drained of energy and seem faded, diminished versions of their former selves and of what they imagined they would become. Moreover, there are often minor characters that play a significant role in the fever narrative.

In the 1840s novels, fever does not infect individuals alone. Fever outbreaks are projected upon the social body – such as neighbourhoods and towns, institutions of government and commerce, the administration of justice, and the proud gentrified and rising middle class. Many of the imaginative terms in which Dickens portrays fever of the social body in these novels were discussed in the previous chapter on journalism. These were organized into the visitor's tale, the history, and the fanciful tale, all of which also variously appear as component embedded parts of fever narratives in novels.

So far in this thesis I have focused on writing that contains one or two kinds of representations of fever. Dickens's novels of the 1840s, and the others to be discussed in succeeding chapters, have a considerable number of component parts within the fever narrative. Fever attacks the bodies and minds of individual characters as well as the social body at large. For each novel I will identify the numbers and kinds of these components

and, more significantly, discuss their relationship with one another in the formation of the overall fever narrative. The orientation of the fever narrative in the novel towards those that appeared in contemporary medical texts, specifically the narratives of the sanitarians and of the doctors, will be examined. I will also discuss the relationship of the fever narrative to one or more other narratives in each novel, and explore the question of whether the fever narrative reinforces or controverts this/these other narrative(s). The chapter will conclude with a discussion of whether there are changes in Dickens's representation of fever during this period.

Martin Chuzzlewit

The identity narrative of *Martin Chuzzlewit* establishes the moral purpose of the novel and seems intended by Dickens to subordinate all other narratives. This culminates near the end of the novel after young Martin professes his reformation from the former selfish person he was, and when old Martin makes a summary statement: "The curse of our house . . . has been the love of self; has ever been the love of self. How often have I said so, when I never knew that I had wrought it upon others!" (884). This "house" is very extended indeed and Dickens's readers would have taken old Martin's words to comprehend not just his own family but also his social class in England. Old Martin's revelation is a product of self-examination but other characters that are "reborn" to new selves appear to be so through the trauma of fever and the relief of recovery. Thus, at first sight, it seems that the fever narrative reinforces the dominant identity narrative. However, in what follows, I will discuss the various miasmas and fevered characters in the novel and argue that the fever

narrative, in fact, questions the ostensible “message,” raised in the identity narrative, that the route to individual and social reform is through the abnegation of self and selfishness.

The fever narrative of *Martin Chuzzlewit* is composed, for the most part, of depiction of sites of fever, combined with representations of individual fever at these locations. At three of these sites, characters are predisposed to physical disease because of their high level of anxiety or because they possess a secret that would be devastating to themselves or others were it to be exposed. After surviving the fever’s trauma, these characters reveal their secrets or strike a claim for a nobler, less selfish, moral standing, although their underlying questions and anxieties are not, in fact, resolved fully. The remaining two representations of fever are of places that are miasmatic only in the minds of the feverish characters that occupy or visit them. These places also serve to disrupt identity and provide no psychological harbour or beneficial social model.

There has been much critical debate on the merit and purpose of Dickens’s creation of the ironically-named “Eden,” a swamp in the United States where malaria has wiped out all but a few of the settlers. The American section is in the form of a visitor’s tale, wherein young Martin Chuzzlewit and Mark Tapley cross the seas to seek a quick fortune so that Martin can return to England in self-sufficiency and marry the young woman his grandfather has denied him. Dickens intended Eden to be the means by which the pride-filled, self-interested Martin is made to learn humility through surviving his own fever, nursing his friend Mark, and thus deserving a return to the affections of his grandfather. Clearly, one of Dickens’s other purposes for writing this, and indeed the whole American section, was to increase sales, because subscriptions for the instalments of this novel had fallen far behind those of its predecessor, *The Old Curiosity Shop*. Dickens used the American section to

stimulate the interest of readers across the Atlantic who had purchased *American Notes*, as well as to pique interest in Britain, where tales of travel in the North American wilderness were popular.

Given its recognized plot contrivance and commercial benefits, the American section has been questioned by critics and has even been regarded as a puckish add-on. Jennifer Wicke notes that the cost of Britain's colonial aspirations in the Nineteenth Century required increasing trade relations with the United States and that, in *Martin Chuzzlewit*, Dickens "gives a jaundiced version of this active commercial alliance wherein a morally bankrupt and corrupt United States tricks innocent Britishers into immigration by proffering a vision of paradise that turns out to be a fraudulent land deal" (264). However, while this novel does engage public issues contemporary with its serialization, neither the Eden episode nor the whole American section serves a primary intent to contrast one country's economic integrity with another.

Nevertheless, Eden is a central part of the fever narrative as it is a realistic and an imaginative rendering of a malaria site. The word "malaria" comes from the Italian "mal" meaning bad and "aria" meaning air, a term used loosely to denote not only the disease eventually discovered to be transmitted by the anopheles mosquito but also ague or various other diseases perceived as arising from a miasma (Eysell 71). The description of Eden pushes to the extreme what a terrified sanitary inspector might record upon discovering a massive source of noxious effluvia:

A flat morass, bestrewn with fallen timber; a marsh on which the good growth of the earth seemed to have been wrecked and cast away, that from its decomposing ashes vile and ugly things might rise; where the very trees took

the aspect of huge weeds, begotten of the slime from which they sprung, by the hot sun that burnt them up; where fatal maladies, seeking whom they might infect, came forth, at night, in misty shapes, and creeping out upon the water, hunted them like spectres until day; where even the blessed sun, shining down on festering elements of corruption and disease, became a horror . . . (442)

The significance to the novel of Eden as a site for Martin's individual fever narrative has been variously interpreted. Miriam Bailin in *The Sickroom in Victorian Fiction: The Art of Being Ill* claims that the importance of Eden is that it is the site of both a disease and a sickroom, and argues that, for Martin, as for characters in earlier novels such as *Oliver, Smike*, and *Little Nell*, "Illness . . . is the *sine qua non* both of restored or reconstructed identity, and of narrative structure and closure. . . . In addition to being the hallowed ground of matrimonial, filial and self-unification, the Dickensian sickroom serves as a kind of provisional or preliminary heaven . . ." (79). If I were to continue this line of argument to an extreme that Bailin probably never intended, Martin, the self-centred young man who does not deserve to be the heir of his grandfather or to be the husband of Mary, goes to Eden, a "provisional heaven," and is reborn through fever and the selfless act of caring for his friend. He returns to England to proclaim that he is now reformed and to deserve these rewards. Mark is also reborn because he has at last found, paradoxically in Eden, the kind of Hell where it is most difficult to be "jolly" so that he can now return to the Blue Dragon Inn, marry Mrs Lupin, and live in comfort.

Nancy Metz in "Fevered with Anxiety for Home" takes issue with Bailin's perspective on Eden (and the American episode generally), suggesting that, after his fever,

Martin becomes neither complex nor interesting and that, “as much as Dickens wants us to see Martin as transformed by suffering, he fails to realize this intention dramatically, falling back instead on various forms of narrative intervention and special pleading” (50). Metz claims that, instead, Eden’s significance comes from Dickens’s preoccupation with his recent trip to America. Metz argues that Eden is in part a cautionary tale, as reflected in publications that Dickens must have perused on how visitors from other countries came to peril by wandering into the wilderness without proper preparation. Eden’s other significance, according to Metz, is “nostalgia” that, in the mid-Nineteenth Century presented itself as a pathological condition of homesickness, “so intense that it endangers life itself” (54). Thus, from this perspective, Dickens was in part inspired to create Eden because of the recollection of his own homesickness during his trip to the United States and Canada, recorded in letters home that Metz quotes.

Like Bailin and Metz, I regard the Eden episode as being much more than a device to increase sales. My argument is that the representation of fever in Eden and in England is linked and serves both to expose softness in Britain’s prestige and to question the fitness of its citizens to sustain their empire. As in Dickens’s article³ on the 1841 expedition of the ships *Albert*, *Wilberforce*, and *Soudan* to the Niger, the “colonizers” of *Martin Chuzzlewit* discover that their foreign destination has inhabitants who are stronger than they are through being immune to infection. The English, who once truly colonized America, now perish in the course of entrepreneurial ventures while local Americans like Mr Hannibal Chollop are immune to disease. Chollop disrupts the quiet of Martin’s sickroom by barging in and announcing that he is fearless because he is “fever-proof.” He requires a protective zone of two feet in diameter, which he maintains by spit from his pipe, although he brags to Martin

that he has, on a wager, expanded his circle to ten feet. Not only is he “superior” to the English due to his immunity but he insists that the United States is the land of “Freedom” and denies that Eden is a mere “swamp.” When Mark responds that people in England would “rather be inoculated for fever in some other way” (591) than being exposed to the air of Eden, Chollop responds in the most derogatory terms he can find – “Quite European!”

Eden’s horror is a secret, its identity revealed to adventurers like Martin and Mark only when they arrive at its broken harbour. However, England has many more secrets and forbidden places than does America. For instance, prior to his voyage overseas, as Martin waits anxiously for a secret rendezvous with Mary Graham, he observes the region of St James’ Park as “raw, damp, dark, and dismal; the clouds were as muddy as the ground; and the short perspective of every street and avenue, was closed up by the mist as by a filthy curtain” (296).

In a London fever scene where a secret plays a major role, general practitioner Lewsome’s state of fear and guilt predispose him to fever, just as Martin’s gloominess and hopelessness do in Eden. Lewsome had rashly joined a group of young men to gamble and had accumulated large gambling debts to Jonas Chuzzlewit, who now calls them in. Lewsome becomes ill at the Bull Inn while waiting to meet with John Westlock, whom he knew as a schoolboy, presumably to confess that, under duress from Jonas, he provided the lethal drugs used to poison Anthony Chuzzlewit. Enough detail is provided of Lewsome’s fever – including restlessness, thirst, delusory episodes – that Joanne Eysell (84) diagnoses it as typhoid fever. Lewsome’s fever is fanciful – his imagining of over five hundred men wearing black crepe on their arms and marching four by four past the window of the Bull

accentuates the lavish funeral Jonas has arranged for his father. Dickens intervenes to expostulate on Lewsome's double burden of disease and shame:

Oh, weary, weary hour! Oh, haggard mind, groping darkly through the past; incapable of detaching itself from the miserable present; dragging its heavy chain of care through imaginary feasts and revels, and scenes of awful pomp; seeking but a moment's rest among the long-forgotten haunts of childhood, and the resorts of yesterday; and dimly finding fear and horror everywhere!

Oh, weary, weary hour! What were the wanderings of Cain, to these! (481)

By the time Lewsome becomes ill, his identity as a carefree, risk-taking young professional has already been challenged by his fear of being a party to parricide. The delusions of his fever serve to illustrate his anxiety and his inability to locate, in the past or present, a foundation for a new identity. He gains some relief later by informing John, Martin and Tom of his suspicions about parricide and how he abetted Jonas. However, the delusory nature of his disease from which he has barely recovered makes him a doubtful witness. Lewsome's room at the Boar connects to another sick room – that of Mr Chuffey in Jonas Chuzzlewit's house. In his delusory fever, Lewsome utters clues to his secret that increase his captivity rather than release him from his wearying disease. His mentioning of the name "Chuzzlewit" terrorizes the night nurse Mrs Gamp, whose nerves, as Dickens observes in an understatement, "are none of the weakest" (483). She rises to chastise the patient for disturbing her sleep, "presenting on the wall the shadow of a gigantic night constable, struggling with a prisoner" (481-82). When Gamp has determined that the house is not on fire and that she must have been dreaming, Lewsome's startled cry of "Chuzzlewit! Jonas! No!" (483) causes her to drop the teacup from which she is about to drink. Mrs Gamp and

Betsey Prig are thus obliged to repeat the role with Lewsome that they were paid to play by Jonas Chuzzlewit – to guard Chuffey and to keep any accusatory utterances from reaching other ears.

Chuffey's fever occurred twenty years in the past but Jonas portrays him as having never recovered, except for his retention of some bookkeeping skills and capability to communicate and play whist with Anthony Chuzzlewit while the latter is alive. As with the women that Uncommercial attentively observes in "Wapping Workhouse," Chuffey lights up into a "sentient human creature" (239) at the first sound of Anthony's voice. However, when Chuffey witnesses the efforts of Jonas to poison his father (and their failure), Anthony forbids Chuffey to reveal the plot. At the graveyard service for Anthony, who has died of an apoplexy, Chuffey cannot help voicing some clues: "His own, own, only son!" (389). Jonas nervously claims that Chuffey is mad and that his father left him to his care and that he will ensure this care is continued (for which the mourners are amazed at Jonas's "magnanimity"). Thus, Chuffey is confined to a sickroom in the house that now belongs to Jonas, and he is guarded around the clock by the duo fever team of Gamp and Prig. Mrs Gamp goes to any length to keep Chuffey quiet, including, on one occasion when Merry is present, tightening his cravat and shaking him until he is black in the face. When he is finally liberated, because detective Nodgett uncovers the intended parricide and the actual murder of Montague, Chuffey confesses to old Martin, "I never would have spoken, but for your finding out so much. I have thought about it ever since: I couldn't help that: and sometimes I have had it all before me in a dream: but in the day-time, not in sleep" (860).

Jonas's bedchamber is another site, like Eden, that is treated as a dangerous and contagious miasma, a place for identity crisis. While on his murderous journey, and in his feverish state, Jonas is infected by the room:

He was so horribly afraid of that infernal room at home. This made him, in a gloomy, murderous, mad way, not only fearful *for* himself but *of* himself; for being, as it were, a part of the room: a something supposed to be there, yet missing from it: he invested himself with its mysterious terrors; and when he pictured in his mind the ugly chamber, false and quiet, false and quiet, through the dark hours of two nights; and the tumbled bed, and he not in it, though believed to be; he became in a manner his own ghost and phantom, and was at once the haunting spirit and the haunted man. (804)

Jonas, psychologically the most “feverish” character in the novel, represents the result of the speculating, exploiting, self-serving society. He is in the company of other Dickensian villains such as Ralph Nickleby and Quilp, but in attempting to murder his father and then in actually killing his business partner, he most particularly is reminiscent of another murderer, Bill Sikes. Both Bill and Jonas go on long, circuitous journeys and experience identity crises when they become fevered with anxiety. Jonas pretends that he is having a long sleep at home but then he disguises himself and goes out a back door to murder Montague. As he is about to leave, the line between reality and fantasy begins to collapse. He fortuitously hears two workmen saying “So murder is not always found out, you see,” referring to the discovery that day of an exhumed skeleton of someone who had been murdered long ago. When Jonas forces open the disused back door there is “mingling with the sense of fever in his mouth, a taste of rust, and dust, and earth and rotting wood”

(797). When he returns to the room, he has feverish symptoms (“the raging thirst, the fire that burnt within him”) and, when Slyme and other detectives arrive at the house to take him, “He tried to call out more than once, but his mouth was dry as if it had been filled with burning sand” (805). Jonas imagines the deed he has committed is written on his face. He hears “his own heart beating Murder, Murder, and Murder” (805). Arrested, Jonas is treated like a carrier of the plague: “As he crouched upon the ground, they drew away from him as if a pestilence were in his breath . . . Even those who had him in their keeping shunned him” (869). It is to this room, the private place that was for Jonas both sinecure and prison and where he has lost his identity, that Chevy Slyme allows Jonas to return in order to take his own life.

Another imagined miasmatic site, Eden’s English counterpart and described in a visitor’s tale, is Todgers’s Commercial Boarding House and its neighbourhood near the Monument in London. Despite its comedic quality, Todgers’s is imagined to be as horrible a sanitary nightmare as is Eden, a site for the extinction of identity rather than the securing of one. The dizzying view looking down from the Monument provides a feverish compulsion to suicide.⁴ Dickens provides a tale (exceeding five pages) of a visitor trying, with great difficulty, to arrive at Todgers’s. As for Martin on the river in the United States, “A kind of resigned distraction came over the stranger as he trod those devious mazes, and, giving himself up for lost, went in and out and round about, and quietly turned back again when he came to a dead wall or was stopped by an iron railing” (185). The stranger’s sense of smell predominates: “one of the first impressions wrought upon the stranger's senses was of oranges – of damaged oranges, with blue and green bruises on them, festering in boxes, or mouldering away in cellars” (185-86). In this search for Todgers’s, rotting inner-city

graveyards, other classic miasmatic sites, are encountered: “many a ghostly little churchyard, all overgrown with such straggling vegetation as springs up spontaneously from damp, and graves, and rubbish” (186). The guests who frequent the old taverns in the neighbourhood deplore “the degeneracy of the times” and believe that “virtue went out with hair-powder, and that old England's greatness had decayed amain with barbers” (187). As to Todgers’s itself, if a stranger ever attains that establishment (Dickens suggests that many of the pilgrims give up due to the difficulty), it is:

. . . a house of that sort which is likely to be dark at any time. . . There was an odd smell in the passage, as if the concentrated essence of all the dinners that had been cooked in the kitchen since the house was built, lingered at the top of the kitchen stairs to that hour . . . In particular, there was a sensation of cabbage; as if all the greens that had ever been boiled there, were evergreens, and flourished in immortal strength. (181-182)

In “The Dickens World: The View from Todgers’s,” Dorothy Van Ghent underscores the link between Todgers’s and the figurative use of infection (and fever). She regards the following “hallucinatory” view from Todgers’s as the apex of Dickens’s imaginative power, where “non-human existences rage with an indiscriminate life of their own” (425):

. . . the revolving chimney-pots on one great stack of buildings seemed to be turning gravely to each other every now and then, and whispering the result of their separate observation of what was going on below. Others, of a crook-backed shape, appeared to be maliciously holding themselves askew, that they might shut the prospect out and baffle Todgers's. The man who was

mending a pen at an upper window over the way, became of paramount importance in the scene, and made a blank in it, ridiculously disproportionate in its extent, when he retired. The gambols of a piece of cloth upon the dyer's pole had far more interest for the moment than all the changing motion of the crowd. Yet even while the looker-on felt angry with himself for this, and wondered how it was, the tumult swelled into a roar; the hosts of objects seemed to thicken and expand a hundredfold; and after gazing round him, quite scared, he turned into Todgers's again, much more rapidly than he came out; and ten to one he told Mrs Todgers afterwards that if he hadn't done so, he would certainly have come into the street by the shortest cut; that is to say, head-foremost. (188-89)

Van Ghent notes how every detail, even the man innocently fixing a pen, is invested with vitality and that the hallucinatory danger of the passage increases as it departs from the conservative use of “as if” and “seems to be” and into the declarative. Rather than regarding Dickens’s act of imagination as that of an innocent child who skews reality, Van Ghent argues that it more resembles the imagined outbreak of disease – “illicit bacillary invasions, its hints and signals of a cancerous organization” (438).

A novel that has so many representations of fever tied to a locality may rightly be considered to have a sanitarian bias. Eden, as already discussed, is the archetypal sanitarian miasma. Yet the miasma is more than this because it represents a false idol, the object of both pastoral and mercenary desire for the feverish Martin and others who come to it as they would to a gold rush, only to discover that it is fraudulent and poisonous. Upon first being shown the grandiose map of Eden, Martin is worried that the architectural work he is

seeking to do has all been completed. He is relieved to hear that some of the buildings on the map had not yet been erected or designed (and he does not suspect, as does Mark, that the whole of it is a figment of the imagination). Todgers's, Eden's English counterpart, may be only a figurative miasma but it shares Eden's flawed construction. The ancient streets around Todgers's have a long national association with plague and fire, as it is located in a zone of reconstruction after the Great Fire of 1666. Dickens frequently reminds the reader that it is near the Monument, designed by Christopher Wren to commemorate the Fire, which followed the Great Plague of 1665-66. It is also useful to think of Dickens's later reflections⁵ on the post-Fire period of history. He believed that the chance to rebuild London as a more open and sanitary place had been missed. Thus, in both the United States and in England, the miasmas have developed from corporate or political sources and are not the product of the slothfulness and ignorance of the poor, as they are in the conventional sanitarian narrative.

In his note on the need for sanitary reform in the introduction to the 1849 Cheap Edition of *Martin Chuzzlewit*, Dickens says that in all his fictional works he represents the sanitary conditions in which poor people live. There is very little of this, however, in *Martin Chuzzlewit* itself. Dickens appends to his sanitary reform message the comment that "Mrs Sarah Gamp is a representation of the hired attendant on the poor in sickness. The Hospitals of London are, in many respects, noble Institutions; in others very defective. I think it is not the least among the instances of their mismanagement, that Mrs Betsy Prig is a fair specimen of a Hospital nurse. . ." (40). In his dark satire on the neglect and brutality shown patients, Dickens is making a claim, reflective of the assumptions of the medical narrative, on the need for higher-quality health care and professionalism.⁶ His satirical

depiction of health care applies as well to the doctors in the novel – starting with Pecksniff who styles himself as a man of medical knowledge who, when called to the inn where his relative Martin Chuzzlewit senior has become ill, sees an opportunity to exclude the other relatives from the old man's will. There is also the unprofessional doctor Jobling who does nothing to help Lewsome, attends uselessly upon Anthony Chuzzlewit's death, and is the showy medical officer on the board of the fraudulent Anglo-Bengalee Disinterested Loan and Life Insurance Company. The doctor's unprofessional attitude is symbolized on the morning of Anthony's funeral when he and Pecksniff accidentally exchange hats.

In this first novel of the 1840s, Dickens was beginning to explore the architecture of fever. The fever narrative of *Martin Chuzzlewit* turns back on itself, gets lost like the visitor who tries to find Todgers's. The sick rooms do not give birth to healed identities but they do raise questions about both individual and social identity. The narrative is largely influenced by sanitarianism but Dickens's interest in the condition of the individual rather than the collectivity implies a loyalty divided between the sanitarian and the medical narratives.

Dombey and Son

Fever narratives in *Dombey and Son* develop, like frictional heat, out of the clash of qualities that divide people and that also divide places: rich *versus* poor, masculine *versus* feminine, and modern *versus* old-fashioned. In this novel, as in other social novels⁷ by Dickens, the fever narrative illustrates the need for greater equality between the rich and the poor, including improved lodging, nutrition, and health services. The fever narrative also privileges women (and males with feminine sensibilities) because generally they are the only ones who have the tenacity to survive within a "self-enclosed space"⁸ and to avoid

“moral contagion.” They have the capacity to cross over to an oppositional place without spreading infection. Next to the fever narrative, the “modernity” narrative requires most analysis because the latter intertwines problematically with the former. The modernity narrative evolves from two, frequently overlapping, qualities – “unnatural” as distinguished from “natural” and “modern” as distinguished from “old-fashioned.”

The fever narrative in *Dombey and Son* culminates in an allegorical narrative of apocalypse that is as grim as scenes in *A Christmas Carol* (1843) and in “A December Vision” (1850). The narrator prophesies in Chapter 47 (“The Thunderbolt”) that fever will be the retribution for the overblown pride and greed of the modern British Empire that feeds upon exploitation of the poor. The reader can anticipate an explosive action because of the escalating friction between oppositional middle-class characters and their blindness to the damage caused to the lower classes by their prejudices and actions. The vision of an apocalypse sets in motion Edith’s flight with Carker and her rejection of him, Dombey’s attack on Florence, the fall of the House of Dombey and Son, Carker’s death and, finally, the salvaging of family and love relationships.

In “The Thunderbolt,” the “flinty opposition” between Dombey and Edith that “burned up everything within their mutual reach” (699) initiates a discourse on modernity. The narrative voice asks, “Was Mr Dombey's master-vice, that ruled him so inexorably, an unnatural characteristic?” (700). The vice is not spelled out but it logically relates to Dombey’s insistence on utter domestic obedience from Edith and Florence. Looked at normatively in the 1840s it might well be argued that it was natural for Dombey, a powerful man in commercial circles, to have the right to wield the same power at home as he did at work. However, why are there different standards of what is natural among the lower

classes? The narrator suggests that judges often confound the difference between the natural and the unnatural, particularly when they condemn the simply destitute for their “unnatural” vice, indecency, and ignorance. Then, in a fierce social admonition, the narrator announces that a day of reckoning will come when the poor will seek revenge through the spread of disease and moral contagion among the most “innocent” and “pure” of the land. He alludes to disease maps: “Those who study the physical sciences, and bring them to bear upon the health of Man, tell us that if the noxious particles that rise from vitiated air were palpable to the sight, we should see them lowering in a dense black cloud above such haunts, and rolling slowly on to corrupt the better portions of a town” (701). To all this, Dombey and those like him who exploit the lower classes are blind but, if they were aware, then how “terrible the revelation!” (701). Caution becomes rage when the narrator summons an apocalypse:

Oh for a good spirit who would take the house-tops off, with a more potent and benignant hand than the lame demon in the tale, and show a Christian people what dark shapes issue from amidst their homes, to swell the retinue of the Destroying Angel as he moves forth among them! For only one night's view of the pale phantoms rising from the scenes of our too-long neglect; and from the thick and sullen air where Vice and Fever propagate together, raining the tremendous social retributions which are ever pouring down, and ever coming thicker! (702)

This apocalyptic narrative is not parachuted into the text to promote the sanitarian cause even though, in his working notes for “The Thunderbolt,” Dickens wrote “Opening [*reflectio*] matter – sanatory.” He began to write the word “reflection” but crossed it out and changed it to “matter,” thus suggesting, as Stone notes, a greater integration with the rest of

the novel (91). This integration is greatly assisted by the intertwining of the fever and the modernity narratives whereby the uncertainties and oppositions of the modern world (such as the inability to distinguish between the natural and unnatural as discussed above) result in feverish outcomes. Before the sparks rise from the hostility between Dombey and Edith, “Thunderbolt” has already been smouldering because of personal and social frictions. Dombey’s acts of neglect and abuse of Florence, causing him later to strike her physically, are fuel for the inferno. These frictions imply anxieties that cut across all of Victorian society and are precursors of what happens when the bottled-up energies and anxieties overflow and explode on the page.

Among these feverish oppositions is the strong contrast between domestic settings, and the differences between the health and ethical qualities of the people inside their domiciles. The buildings wherein young Paul becomes ill evoke a sense of fever. One is Dombey’s large damp house on a “tall, dreadfully genteel street” (34) in Marylebone that reflects the demeanour of its owner through its coldness and closed-off rooms. The very books in the library convey the coldness of the rooms, as they are “precisely matched as to size, and drawn up in line, like soldiers, look[ing] in their cold, hard, slippery uniforms, as if they had but one idea among them, and that was a freezer” (67). Moreover, there is a suggestion that the putrefied body of Mrs Dombey has infected the house and its environs. With the furniture and other belongings wrapped up during the long mourning for Fanny, the house not only takes on a cold and funereal quality but an unsanitary one as well. From the chimneys arise “odours, as from vaults and damp places” and, cleaving to the house and blowing throughout the neighbourhood, are mildewed fragments of straw that were spread before the house while Fanny had been ill.⁹ Amidst these offences to sight and smell,

Dickens invokes the mummy-like presence of Fanny, whose picture has been wrapped up: “The dead and buried lady was awful, in a picture-frame of ghastly bandages” (34).

The houses in Brighton of the prickly Mrs Pipchin and the tiresome Dr Blimber, to which Dombey removes Paul at the suggestion of Miss Tox, are also cast as unsanitary sites, although in a different way from the Dombey house. Both houses are as dry as their owners are, and they are as unhealthy for Paul as is his home in London. Mrs Wickham, who suggests that Paul would have been healthier had his mother lived to nurse him, calls Pipchin’s house a “burying-ground of a place” (215). Humorously referred to as “the Castle,” soil surrounds it that is “unusually chalky, flinty, and sterile” (117) and, despite its proximity to the sea, it is unventilated and dirty:

In the winter time the air couldn't be got out of the Castle, and in the summer time it couldn't be got in. . . . It was not, naturally, a fresh-smelling house; and in the window of the front parlour, which was never opened, Mrs Pipchin kept a collection of plants in pots, which imparted an earthy flavour of their own to the establishment. . . . There were half-a-dozen specimens of the cactus, writhing round bits of lath, like hairy serpents; another specimen shooting out broad claws, like a green lobster; several creeping vegetables, possessed of sticky and adhesive leaves; and one uncomfortable flower-pot hanging to the ceiling, which appeared to have boiled over, and tickling people underneath with its long green ends, reminded them of spiders – in which Mrs Pipchin's dwelling was uncommonly prolific, though perhaps it challenged competition still more proudly, in the season, in point of earwigs. (118)

Doctor Blimber's house appears to be "a mighty fine house, fronting the sea" but inside it is quite the contrary, a dark, muffled, sad place where curtains "hid themselves despondently," fires are rarely lit in the rooms, and the students sound like "an assemblage of melancholy pigeons" (163). A "weak-eyed young man" admits Paul to the establishment and "looked at Paul as if he were a little mouse, and the house were a trap" (165). Under the "forcing" system of teaching at the school, the young gentlemen (such as Toots) become "prematurely full of carking anxieties" (164). The Doctor's daughter serves as an example to the students and digs up dead languages "like a ghoul."

Paul's individual fever narrative occurs in these lugubrious and unwholesome settings. He moves steadily towards death, a quiet passing away that contrasts with, and thereby amplifies, the "Thunderbolt" scene that will come later. Moreover, because Paul grows increasingly "old-fashioned" as he becomes more isolated and ill, he is a counterweight to the modernity that associates time with progress.

Although there has been critical debate about Paul's illness, the most convincing diagnosis, based upon his frequent fevers and delusions, is that he has tuberculosis of the bone, in Dickens's time generally called "phthisis." Although his son is seriously ill, Dombey senior continues to have great expectations of him. He tells Mrs Pipchin that Paul's "way in life was clear and prepared, and marked out before he existed" (160). As Paul progressed, he was to become a replication of his father and the controller of the firm, the most highly prized station that a man may obtain in life. In effect, it is the firm to which he is born, not the family. However, Paul cannot survive in the over-regulated corporate regime even though we are told that, had he lived, he would have surrendered and become even more entrepreneurial and exploitative than his father. Byrne claims that "Paul's

physical ‘decline’ foreshadows the financial decay of the firm and, as the Dombey empire was symbolic of the whole economic world, the collapse of the latter as well.” Katherine Byrne cites the novel in claiming “‘The earth was made for Dombey and Son to trade in, and the sun and moon were made to give them light’ (*Dombey* 12) . . . [and] . . . this can be read as an assessment of the ability of disease to disrupt, thwart and consume the powers and progress of capitalism” (8).

The influence of females sustains Paul for a time – the inheritance of his mother through the surrogate role played by Florence and the nourishment of Polly’s breast milk. Instead of a life run by unnaturally regulated means, he is an observer of life around him and exercises his imagination. As Goldie Morgentaler suggests, “Paul’s apparent susceptibility to his environment is in fact an inherited quality, transmitted to him by his mother” (*Dickens and Heredity* 56).¹⁰

Nevertheless, Dombey, with re-enforcement from Mrs Chick whose motto is “make an effort,” limits the opportunity for Paul to learn from women. Dombey is hesitant to hire Polly Toodle as a nurse for Paul in spite of the desperate need. He inspects the whole Toodle family, and finds them disgustingly low class and worries that Polly’s milk might be contagious¹¹ (she would have been rejected if a sore on one of her boys had not been caused by a fracas or if Tootle’s cough had not been due to the dust he has inhaled). Dombey demands that Polly take on a new, more respectable, identity under the name of “Richards” and that she limit contact with her family. Thus Paul, with his weak body and feminized sensibility, is figuratively “infected” by Polly. He goes into physical decline when Dombey fires Polly and even more so when he restricts Florence’s visits to him.

Whereas Dombey is “modern” through his unnatural entrepreneurship and utilitarianism, Paul is resistant and “old fashioned,” thus situating an opposition at the heart of the commercial enterprise. Paul fails to comprehend the magic of how money makes money through compound interest. He does not learn this lesson when his father attempts to teach him by setting up his first official act in the house of Dombey and Son by providing a loan to Walter. Paul’s natural (feminine) wish is to help Walter save his Uncle Sol from insolvency and desolation. As Paul becomes more isolated and sick, promptings appear of the question that will be raised in “The Thunderbolt” on the difference between the natural and the unnatural. Paul’s short life is a deeply-divided one, between the unnatural environment in which he lives and the natural one he imagines. He resigns himself to a sleep-like but measured movement towards timelessness. Mrs Pipchin, who is unnerved by his long and fearless staring at her, is an object of fascination to Paul because, being old and living in a crypt-like setting, she is a study of his increasing focus on death.

Paul’s fascination with clocks becomes another means of preparing the way for “Thunderbolt,” when time will run out, just as has that of the heir of the firm, and vengeance will be taken upon the middle class. For Paul, clocks represent, paradoxically, both that which represses him, the sterile measure of time in the calculated, dark world of his father, and that which frees him, his own measured but inexorable path towards light and death. These opposing forces of time are present on the night Paul is born, when Dombey’s watch chain jingles as he is “exulting in the long-looked-for-event” (11), the birth of a son to the firm. When Louisa tries to get her sister Fanny to “make an effort” Dombey’s watch and Dr Pep’s watch “seemed . . . to be running a race” (20), emblematic of the way that time runs in a competitive male world.¹² However, the reader is introduced to a more positive sense of

time when Paul is very young. Despite the darkness of the Dombey house, the sun shines briefly at breakfast time on the street and “it came with the water-carts and the old clothes men, and the people with geraniums, and the umbrella-mender, and the man who trilled the little bell of the Dutch clock as he went along” (34). Captain Cuttle’s watch, his prize possession that he offers valiantly as security for money that Sol owes, reinforces this alternative, life-giving, force of clocks. The Captain shows his high esteem for Sol by saying he is such a scientific genius that he is capable of making a clock. Nevertheless, pleasant associations between the sun (with Sol, French for “sun”) and time are drowned out by the ticking of Doctor Blimber’s clock, so loud and commandeering that it can be heard even in the garrets of the house (163). As Paul sickens and falls into a fevered state, the clock begins to speak to him in a variation on the question the Doctor always puts to him as a formality, “How is my little friend?” which, in clock language becomes “how, is, my, lit, tle, friend? how, is, my, lit, tle, friend?” (171). Then, when he is closer to death, the sound of the sea, speaking a language that Paul cannot understand, begins to meld with the “grave old clock [that now] had more of personal interest in the tone of its formal enquiry” (206). One step away from death, Paul wakes to find that the clock has stopped running. He descends the stairs to find a workman with whom he has a long discussion on clocks and their history. All the while, confused by the differences between the natural and the unnatural, animate and inanimate, Paul keeps his eye on the “clock face, leaning all askew, against the wall hard by, and feeling a little confused by a suspicion that it was ogling him” (217). With Paul dead and Dombey away, Florence is left alone in the sombre Dombey house, and time continues to be unnatural: “the clocks . . . never told the time, or, if wound

up by any chance, told it wrong, and struck unearthly numbers, which are not upon the dial” (351).

Nevertheless, progressive powers of modernism re-appear and Mr Dombey, rather like a phoenix who has not given over his regenerative desire, rises up again. After a period of isolation, Major Bagstock convinces Dombey to seek a diversion, a trip to the country with him. At the outset of the journey, Dombey is seized by a very different sense of time than the precise, linear measures through which he wished to rule Paul’s life. Disruptive pressure that has already been building up within Dombey is magnified by a chance encounter at Euston Station with Toodle, whose family has further increased, with all boys in fine health.¹³ Dombey thinks it is outrageously unjust that a poor man could have many healthy sons and a rich man not even one. But Toodle, ironically, is the opposite of what Paul had been as he is not old-fashioned. He was a navvy when Dombey first met him, working underground in the construction of Euston Station, but now he has moved up to become a stoker. Staggs’s Gardens where he lived has been dug up and replaced by the train station, tracks, warehouses, and railway shops. Dickens describes it as a place of eternal motion:

To and from the heart of this great change, all day and night,
throbbing currents rushed and returned incessantly like its life's blood.
Crowds of people and mountains of goods, departing and arriving scores
upon scores of times in every four-and-twenty hours, produced fermentation
in the place that was always in action. The very houses seemed disposed to
pack up and take trips. (245)

With this rush of excitement, Dickens is no longer privileging the old-fashioned over the modern, and thus he does not release the tension in the Dombey world. Dickens demonstrates his fascination with the railways, a quality that led Ruskin to say of this novel that Dickens “was a leader of the steam-whistle party *par excellence* – and he had no understanding of the power of antiquity”.¹⁴ Jeremy Tambling writes that “there can be no evasion of the power represented by modernity, and this in itself has profound implications for the extent to which the novel can allow itself to be aware of its underlying issues – for example, those of imperialism and of the sexual politics engendered by modern capitalism which extend to the Victorian family home” (“Death and Modernity” 310). Following Tambling’s view, but expressing it in different terms and in relation to Victorian health and medicine, I would add that the “power of modernity” begins to baffle the fever narrative. The health condition of the poor is Mr Dombey’s great blind spot.

As he begins his journey, Dombey’s re-invigorated interior is emulated by the train, its brief stops, and its roaring back into feverish motion. There is the rhetorical refrain of “away, with a shriek and a roar” as the train steams through a panorama of English town and country life. Progress is stimulating even though, always before and behind him, Dombey is aware of “Death!” (we are not told whether it is death of his son, the firm, or himself). Smoke and ashes from the train – surely a symbol of industrial development – blacken all that is around its tracks. What Dombey does not see out of his window, to which he is blind or which he refuses to recognize, is a wide swath of disease and death along the route:

There are dark pools of water, muddy lanes, and miserable habitations far below. There are jagged walls and falling houses close at hand, and through the battered roofs and broken windows, wretched rooms are seen, where want

and fever hide themselves in many wretched shapes, while smoke and crowded gables, and distorted chimneys, and deformity of brick and mortar penning up deformity of mind and body, choke the murky distance. As Mr Dombey looks out of his carriage window, it is never in his thoughts that the monster who has brought him there has let the light of day in on these things: not made or caused them. It was the journey's fitting end, and might have been the end of everything; it was so ruinous and dreary. (312)

Dombey's blindness to fever and deprivation among the poor introduces a sense of rage into the novel. It is as if a match were lit in the scene that explodes later in "The Thunderbolt." But, why is Dombey chosen for this? Despite his mental and physical abuse of Florence, he is not nearly as exaggeratedly cruel as are previous commercial tyrants such as Ralph Nickleby, Quilp or (the early) Scrooge. Nevertheless, he is chosen because he is a modern, unnatural man. For Dombey, colonial profits trump domestic well-being and he regards money as a pure good because it has the quality of making more money. Despite the advances of technology and the growth of wealth, men like Dombey are driven equally by pride and status (and thus the importance of a male heir, first Paul junior and, ideally, later, a son from the fashionable Edith). Thus Dombey, paradoxically a man with power to support reform but who is blind to the deprivation and disease that are set before his eyes, helps prepare for the scene of apocalyptic fever.

Another narrative of oppositions between the modern and the natural is between the Carker siblings. It begins in the form of two visitor's tales and ends in Carker's individual story of fever. The "mapping" of oppositions is clear from the title of the chapter concerning the Carkers ("Contrasts") and the opening line: "Turn we our eyes upon two

homes; not lying side by side, but wide apart, though both within easy range and reach of the great city of London” (513). Carker the manager’s house, situated in a private pastoral setting south of London, is “beautifully arranged, and tastefully kept” (513) with a lavish garden with “sweet-smelling” plants. Despite this “opulence,” we are told there is “something in the general air that is not well” (513). The suggestion that the missing element is a woman is made when we first see James Carker at home gazing at a portrait of an unknown woman who resembles Edith. However, the real source of his dissatisfaction is that his sister Harriet, who once lived with him and whose garden is preserved, no longer has any relations with him. When John Carker, the older brother, was disgraced at the firm and spurned by James, Harriet chose to support John and “went over to him in his shame and put her hand in his” (525).

While Dombey’s exterior disguises an inner anxiety that he cannot comprehend, Carker the manager puts up a front (like that of a smiling cat) and thinks he understands himself and the firm perfectly. Carker, as the fast manipulator of the firm, is the central sponsor of modernism – Goldie Morgentaler points out that “Carker is the one character most wedded to the elusive ideal of technological progress” (60). To get his way he is deliberately cruel, manipulative, and extortive. He also thinks he understands his sexual drive but he does not, because the root of his desire is an unconscious incestuous reunion with his sister. In his frustration, he has no hesitation to be sadistic – he has bought Alice Marwood from her mother, ruined, and abandoned her. He makes sexual advances to Florence, and manipulates Walter’s dispatch to Barbados – probably to his death – because he opposes the budding relationship of the two young people. Desire trumps his economic self-interest when he entices Edith (a woman already twice “sold”) to leave with him for

France. When they arrive in Calais, Edith shocks him by the “towering fury and intense abhorrence sparkling in her eyes and lighting up her brow [that] made him stop as if a fire had stopped him” (820). He becomes enraged and feverish: “The foam was on his lips; the wet stood on his forehead” (825). When Edith tells him that she has seen Dombey on a coach in Calais, he flees, not because he is a coward but because he is confused and afraid to have “his mask plucked off his face” (828). Time spins out of control as it does with Paul’s death and in scenes elsewhere in Dickens’s novels.¹⁵ Carker has “a fevered vision of things past and present all confounded together . . . Of musing and brooding over what was past and distant, and seeming to take no notice of the actual objects he encountered, but with a wearisome exhausting consciousness of being bewildered by them, and having their images all crowded in his hot brain after they were gone” (836). This feverishness and exhaustion continuing and growing more confusing when he reaches Dover, he loses track not only of the hours but also of the day of the week. He is unable to sleep and when he awakes feeling hot and “with death upon him,” he walks out to turn away from the signal-lights of the train and towards the glorious rising sun:

So awful, so transcendent in its beauty, so divinely solemn. As he cast his faded eyes upon it, where it rose, tranquil and serene, unmoved by all the wrong and wickedness on which its beams had shone since the beginning of the world, who shall say that some weak sense of virtue upon Earth, and its reward in Heaven, did not manifest itself, even to him? If ever he remembered sister or brother with a touch of tenderness and remorse, who shall say it was not then? (841-42)

Carker's feverish death represents, once again, the encounter of the natural with the unnatural that has been played out already with Dombey and his son. Anne Humphreys claims that "Dickens shifts into the mind of the 'villain' and renders with great effect the forms that guilt, fear, and isolation take in his mind. The result of this shift in point of view is to dislocate the reader's responses, forcing him, for the moment at least, to identify, even to sympathize, with the 'villain'" (397). The fevered state of Carker's mind and the distortion of his normal way of "seeing" are reminiscent of Paul's mental state during his fever. Carker's openness to see and to imagine even suggests to the reader that Carker might have seen through the window of the railway coach what Dombey could not. This is particularly evident on the morning of his death, when the suddenly-helpless Carker opens his eyes and walks out into the natural light and recollects Harriet's garden (John Gordon calls this Carker's "Rosebud" [63]). However, it is too late, as the natural must encounter the unnatural. The reader bears witness to the train with its unnatural "red eyes, bleared and dim, in the daylight" (842) pulverizing Carker.

The opposing, old-fashioned, house of the older brother, John Carker the Junior, and his sister Harriet, is in an area that Dickens says is neither town nor country, as if London, a "giant in his traveling boots, has made a stride and passed it, and has set his brick-and-mortar heel a long way in advance" (515). There are brickfields and smoke towers in the vicinity but there is still something admirable about what remains to be seen, such as a "scrap of hedge" here and there as well as birds that may be caught. The house is small and the furniture poor, but Harriet has established a small garden. Unlike the privacy of the brother's place, the proximity of the residence to the foot traffic along the Great North Road permits Harriet to become familiar with the destitute population walking to London to seek

work. She realizes that the town consumes these “stragglers” and they never return: “Food for the hospitals, the churchyard, the prisons, the river, fever, madness, vice and death” (523). She witnesses and understands that to which Dombey has been blind.

In fact, the strength of women in *Dombey and Son* – Harriet, Alice, Edith, and Florence – is that they are the only ones who are able to “cross over” to poverty after being fully or nearly “infected” by a family member. As a result, they obtain the clear vision that Dombey lacks. Alice, sold by her mother, “Good Mrs Brown,” to Carker, then to prostitution, is instrumental in tracking down Carker, and then makes her repentance to Harriet before she dies. Edith is also put on sale by her mother, but has the capacity to see the harm that may come to Florence from Carker and so makes the desperate decision to elope with him. Nevertheless, the reader sees that she has acquired tolerance and humility, as demonstrated in her last meeting with Florence.

Dickens intended, as the “stock”¹⁶ for the novel, the reversal of Dombey’s affections for Florence and the final showering of affection on his little granddaughter of the same name, who has “earnest eyes” (948). But, this is not fully convincing.¹⁷ Florence succeeds in creating a new identity by escaping from Dombey’s contagion which he has brought about by conflating house, family, and firm. To the firm Florence is “base coin . . . a Bad boy” (13). At home, she was deemed incapable of “making an effort” and, like her mother, was denied agency and doomed to physical or psychological death. Florence’s gain of value is symbolized when she is abducted by Good Mrs Brown and required to surrender her clothing in exchange for pauper garb. Thus, ironically, she is worth more because she is marketable, linked to Alice whom her mother has turned into coin but who has had to keep selling herself in order to survive. The incident also serves the purpose of allowing

Florence, dressed as a vagrant, to experience a social world to which her father is blind. In her new identity, she meets Walter and begins an understanding relationship with his family, fulfilling the old-fashioned fantasy of Captain Cuttle that Walter would one day marry the great Dombey's daughter.

The modernity narrative comprehends the father-daughter relationship, as it does the other major conflicts discussed above between the modern and the old-fashioned and between the unnatural and the natural. These conflicts refuse to be resolved fully which is, in itself, a characteristic of modernism. Fever – as narrated in “The Thunderbolt,” Paul's and Carker's individual fevers, the visits to unsanitary places, and the poor who are witnessed by Harriet and ignored by Dombey – is instrumental in the disruption of the modernity narrative. Thus, the “stock” of the novel comes, not only from the dynamics of the father-daughter relationship, but also from the blend of the modernity and the fever narratives.

The medical sources of the fever narrative in *Dombey and Son* are a combination of features from the sanitarian and the medical narratives. The rapid spread of fever from the overcrowded unsanitary dwellings of the poor to the homes and businesses of the rich is a regular feature of the medical narrative. However, in “The Thunderbolt” the “noxious particles that rise from vitiated air” (701), and that, if visible, would look like “black clouds” hovering over the poor areas, reflect the sanitarian concept of effluvia, as discussed in Chapter Four. The movement of the clouds with the winds from poor to rich areas, however, was far less commonly featured in sanitarian literature.

Seized with the imaginative possibilities of the fever map, Dickens does something that is quite out of character for him. He imagines the black clouds in “The Thunderbolt” as

transporting vice as well as disease from the poor to the rich areas. As discussed in previous chapters of this thesis, the association of poverty, filth, disease and vice (immorality) was inherent to sanitarian ideology but Dickens strongly rejected the connection of poverty and vice. In fact, the novel has established the locus for immorality as already existing within the middle and upper classes, exemplified by Dombey's blindness to the visible poverty outside the window of the train on which he is riding. And, in other respects, the novel departs radically from the sanitarian narrative. Rich middle-class residences that are proud and pretentious on the outside tend to be unsanitary indoors, regardless of whether they are damp or dry. Although we do not see many interiors of the domiciles of the striving poor in run-down neighbourhoods, those of the Toodles and of John and Harriet Carker are warm, wholesome, and healthy. "The Thunderbolt" foretells the scene of "retribution" for the abysmal health condition of the poor in *Bleak House*, although in the latter novel the fever that moves from one person to another will be part of a more profound and socially-damning narrative.

Dombey and Son has many powerful metaphors of fever that have social meaning. This figurative use of fever is further refined in *David Copperfield* where there is a topos of parents "infecting" children.

David Copperfield

Although there are only two brief stories of individual fever in *David Copperfield* – Little Emily's and Mr Dick's – there is an "epidemic" in the novel that is as pestilential to the characters, places and narrator as in the previous two novels discussed. The fever narrative derives from Dickens's metaphorical use of words such as "infected," "contagion,"

and “disease” as well as from the imaginative structuring of the novel. Dickens accomplishes this by tightly connecting the narratives of fever and of damaged childhood. In the Dickens world, the imprint of childhood is ever-present in the mind of the author and in the actions of his protagonists. In *David Copperfield* the “epidemic” so damages children that they are affected throughout the rest of their lives.

The narrative of damaged childhood is structured as if it were that of a physical fever. First, the etiology (cause) is considered. It is the physical and psychological disease caused by parents whose culture is to abuse, neglect, or over-indulge their children. Mr Wickfield best articulates this phenomenon late in the novel by saying, “My natural grief for my child’s mother turned to disease; my natural love for my child turned to disease. I have infected everything I touched” (584). Not only children but also homes and other buildings in England become sites of contagion. Second, the equivalent to a pathology of fever in these “infected” (often called “spoilt”) children manifests itself in various ways – guilt, low self-esteem, internalization, feverishness, and, in the worst circumstances, crime, cruelty and the will to spread contagion to others. Third, the “treatment” for these symptoms is difficult in part because doctors, if they are called upon, and however well intentioned they may be, have no capacities to deal with these problems. Early life experiences often have inevitable dire or fatal consequences in adulthood. In other cases, the impact is ameliorated through exile, learned self-discipline, and the guidance of parent surrogates. But rarely are the early imprints of childhood infection entirely eliminated. Fourth, and finally as a prognosis, disease bred domestically infects the social world because *David Copperfield* is in many respects Charles Dickens himself, one of the “patients,” taking stock of the society in which he lived.

First, as to cause, is the problem of an unhealthy childhood. Dickens believed, as did an increasing number of mid-Victorians,¹⁸ that the care of a child required a balance – indulgence balanced with firmness. Overindulged children would suffer a retardation of their advancement towards adult “discipline.” In *David Copperfield*, the children or child-like adults who are infected in this way include Clara Copperfield, Little Emily, Steerforth, and Dora. The novel suggests that, on some occasions, children become “diseased” – they are completely unprepared to achieve social stability – due to an incestuous zeal on the part of the parent (or parent surrogate).

David Copperfield senior and his wife Clara lived, according to Aunt Betsey, “like a pair of babies” (207). Betsey’s sudden arrival before David’s birth causes Clara to feel admonished:

“What, he [your husband] spoilt you, I suppose?” returned Miss Betsey.

“For being quite alone and dependent on myself in this rough world again, yes, I fear he did indeed,” sobbed my mother. (19)

Prior to the start of the story, Clara’s temperament was influenced by two experiences – neglect (by being an orphan who was obliged to work as a “nursery-governess”) and pampering (by David Copperfield senior who rescued her). Aunt Betsey’s assessment is that they lived like babies together and that they were “blind,” a characteristic that Aunt Betsey applies with some justice later in the novel to David. The older Copperfield took everything on trust including the existence of the rooks that he was informed lived in the nests behind the house but have never been seen. While Clara can play with David as if they both were children, she does not provide him with the foundation for becoming a healthy, educated youth and leaves that to the nurse, Peggotty. Flattery easily seduces Clara. Not

long after becoming a child widow, she is entranced by Murdstone's "garden of roses" (223) and does not foresee that her new beau, the opposite of her first husband, will become a tyrant who will fill the empty nests of Blunderstone Rookery by importing his sadistic sister and stripping Clara of any form of agency. Betsey (who, along with Agnes, is the novel's moral arbiter) says to Murdstone: "And when you had made sure of the poor little fool . . . you must begin to train her, must you? Begin to break her, like a poor caged bird, and wear her deluded life away, in teaching her to sing *your* notes?" (224). Never having the opportunity to get out of the cage, Clara sickens and dies.

Like Clara, Little Emily is an orphan who is infected by the man who rescues her from distress. Unlike Clara, she recovers through a radical series of identity changes, a process of escape, crisis, reconciliation, and emigration. She goes from being Mr Peggotty's favourite child to achieving briefly her ambition to become a "Lady" when she runs away with Steerforth; from becoming a fallen woman when he deserts her to being nursed back from fever; from running the risk of becoming a prostitute to being saved by Mr Peggotty, who takes her away with him to Australia. Of her as a child, David reports: "Little Em'ly was spoiled by them all, in fact; and by no one more than Mr Peggotty himself, whom she could have coaxed into anything by only going and laying her cheek against his rough whisker" (151-52). Mr Peggotty is infatuated with Emily, and like other characters, is blind to the contrary nature of his influence over her. He tolerates and even promotes her fantasies of becoming a "Lady," while at the same time he hopes that she will marry Ham, the most humble representative of the working class. After her fall, Mr Peggotty suffers more like a feverish lover than a surrogate father, with "his vest torn open, his hair wild, his face and lips quite white, and blood trickling down his bosom" (458). Emily's recovery

begins when she runs away in horror after Steerforth has abandoned her to the hands of his servant Latimer. She comes down with fever and is discovered by a country woman who nurses her back to health. Mr Peggotty notes that, although Emily was fully fluent in the woman's tongue, "the language of that country went out of her head, and she could only speak her own, that no one understood" (732).

Martha, Emily's shadowy fallen friend, has a fate that is not far different. Mr Peggotty, who once demanded that Emily dissociate herself from Martha, also "rescues" her from privation, prostitution, and disease. The English middle class in the Nineteenth Century was not prepared to welcome back fallen women and they were kept hidden and obliged to emigrate.¹⁹ Martha immediately becomes "respectable" by marrying one of the settlers she meets on the sea voyage while Emily is through with marriage and fantasies of becoming genteel and has returned to what, for the modern reader, is an ambiguous complete devotion of her life to Mr Peggotty.

Steerforth, an only child, is "infected" by his adoring mother who believes he is "always generous and noble" (304), despite his capacity for feverish rage, such as when he disfigured Rosa Dartle by throwing a hammer at her. A family relation, Rosa acts as a double to Mrs Steerforth, desiring the son sexually and hostile in her protection of him from Emily. She is described in words that evoke fever and disease: "Her thinness seemed to be the effect of some wasting fire within her, which found a vent in her gaunt eyes" (301). When Steerforth is first introduced at Creakle's school he is admired and polished but he adopts an aristocratic cruelty in manipulating the dismissal of Mr Mell. He hints at his worst nature when he is moody, warning David, "I tell you, my good fellow, once more, that it would have been well for me (and for more than me) if I had had a steadfast and judicious

father!” (329). David’s worship of Steerforth borders on the homoerotic (Steerforth playfully calls him “Daisy”). However, Steerforth does not return this affection through loyalty: he lays deliberate plans to steal Little Emily away and ruin her, well aware that his actions may spell destruction to the old boathouse where David has been treated as a family member.

Dora Spenlow – the “child wife” and “Little Blossom” – is pampered by her father, and doted upon by Julia Mills, her aunts and David. Remembering how Betsey had challenged him, David the older narrator reflects, “I seriously believe it had never once entered my head for a single moment, to consider whether she was [silly] or not. I resented the idea, of course; but I was in a manner struck by it, as a new one altogether” (509). Dora is not the “earnest” and “disciplined” wife that David needs. So he tries to introduce discipline, although in a more balanced way than that displayed in Murdstone’s harsh treatment of his wives. Nevertheless, the regime is doomed to a similar kind of failure, as Agnes and Betsey can see when the child wife becomes desperate and humiliated. Too late, it is Dora who comes to a realization: “I am afraid dear, I was too young. I don’t mean in years only, but in experience, and thoughts, and everything. I was such a silly little creature!” (772). One of David’s recollections of domestic life with Dora, while humorous, conveys guilt and alludes to epidemics:

“The fact is, my dear,” I began, “there is contagion in us. We infect everyone about us.”

I might have gone on in this figurative manner, if Dora’s face had not admonished me that she was wondering with all her might whether I was

going to propose any new kind of vaccination, or other medical remedy, for this unwholesome state of ours. (699)

While overindulgence and cloistering damage the child, co-dependency is equally harmful to both the child and the parent or surrogate. In *David Copperfield*, Dickens creates co-dependent relationships between Agnes and Mr Wickfield, Annie and Dr Strong, Uriah and Mrs Heep, and Emma and Wilkins Micawber.

Agnes brushes off compliments on her generosity and wisdom by saying, “Everyone who knows me, spoils me, I believe” (284). And, in fact, she is damaged by having to take on, from childhood, the role of her dead mother for whom Mr Wickfield mourns deeply. Most humiliating of all, Agnes must tolerate the overt sexual advances of Uriah Heep. At last, Wickfield understands the harm co-dependency has brought about: “Weak indulgence has ruined me. Indulgence in remembrance, and indulgence in forgetfulness” (584). Doctor Strong and Annie became co-dependent when she was one of his students. The Doctor basked in her kind regard and hoped, as her husband, he could offer her a “refuge . . . from the dangers and vicissitudes of life” (624). However, a “refuge” is not sufficient because it is founded on co-dependency rather than equality. Annie wavers when she permits her cousin and childhood sweetheart, Jack Maldon, to carry off her pink bow. When a malicious Uriah presents his evidence against Annie, the Doctor becomes morose at the thought that Annie may have been too young to marry him. However, Annie, prompted by Mr Dick, says that the ribbon incident came from “the first mistaken impulse of my undisciplined heart” (668). She says her “love was founded on a rock” and her fidelity in marriage, like that of the Doctor, has never wavered (671). So healing is possible, just as it

is for Agnes and Mr Wickfield, when relationships are rebuilt on a more conscious and equal foundation.

The Micawbers are childishly co-dependent. Despite Micawber's loquaciousness, he is a big, gentle baby. He has "no more hair upon his head (which was a very large one and very shining) than there is upon an egg" (166). And, although Mrs Micawber mourns the loss of gentility and wealth she enjoyed with her birth family, she is perversely devoted to her husband. The recurrent refrain of "I will never desert Mr Micawber," leaves the reader with the false expectation that some time perhaps she might. However, she is just as glued to Micawber as are the twins and the new "unconscious stranger" (765) constantly affixed to her breasts. Like Dickens's own improvident father, Micawber dispenses advice on financial solvency to his son-figure David that he cannot himself observe. Micawber takes childish delight in eating, singing, playing skittles, and making punch. But he lives through the charity and gullibility of other people, such as Traddles. Nevertheless, Micawber is less of a calculating "child" than is Harold Skimpole in *Bleak House*. He has genuine affection for David, Mrs Micawber and his children. He becomes a secret agent to expose Uriah Heep and to save Wickfield and Agnes from being ground down.

So far, I have been discussing the more conventional kind of situations where parents or parent surrogates infect or "spoil" children, largely through over-indulgence. However, Dickens long lobbied for a massive cultural and institutional response to a different kind of spoiling of children, caused by abuse, abandonment, and deprivation, that had dire outcomes for the child, such as starvation and predisposition to death by epidemic. Speaking at an 1858 benefit for the Great Ormond Street Hospital for Sick Children, Dickens mused on the ambiguity of the term "spoilt child," contrasting the disagreeable, overindulged child with

the disadvantaged child who has been “spoilt” only by the “two grim nurses” of poverty and sickness.²⁰ Although he gave the speech more than eight years after the appearance of the first number of *David Copperfield*, it is clear that he had a similar idea in mind when writing *A Christmas Carol* in 1843. Child neglect was a major social problem as Victorians were a young population. Life expectancy for the population as a whole was improving slowly while the death rate of infants and young children remained extraordinarily high – between 1837 and 1900, infants represented at least one quarter of all recorded deaths.²¹ James Walvin claims that, at the London Foundling Hospital, 10,389 out of 14,934 children admitted at age two months or less died (18). Frederick Engels, Charles Booth, Henry Mayhew and others wrote about the appalling condition of the poor, among which were neglected, homeless children. Doctors had little idea, until late in the century, that child illness was any different from that of adults.

While he was conceiving and writing the first numbers of *David Copperfield* in early 1849, Dickens was writing articles, mentioned in Chapter One, for *The Examiner* on the scandal that took place on Drouet’s child farm in Tooting. The high toll of fever among the children resulted not only from gross neglect by the owner of the farm but also from the institutions that washed their hands of the situation – the Poor Law Commissioners claimed that Tooting was outside their zone of authority in London, and the newly-appointed Board of Health had even less power to intervene. The judiciary was no more helpful, as Drouet was acquitted largely as a result of opinions expressed by the judge in giving direction to the jury. Dickens said in “The Verdict for Drouet” that appeared on April 21, 1849 in *The Examiner*:

The hunger and thirst were proved; the bad food and the insufficient clothing; the cold, the ill-treatment, the uncleanness; the diseases generated by filth and neglect; the itch. . . the scald[ed] heads, the sore eyes, scrofulous afflictions, the pot bellies and the thin shanks . . . It was in evidence that every indecent and revolting incident that could aggravate the slightest illness, or increase the horrors of the most dangerous infection, existed in the establishment for which Drouet was responsible . . . but. . . . The judge . . . directed an acquittal on the ground that there had been no evidence to show that . . . [a] . . . child was ever, at any time, in such a state of health to render it probable he would have recovered [through proper action by the defendant]. (A. W. C. Brice and K. J. Fielding 240-41)

Brice and Fielding conclude that, after the acquittal, “Dickens learned . . . to turn from seeing life as primarily afflicted by villains such as Monks and Squeers, and to recognize, in the words of the first-chosen title of *Little Dorrit*, that it was ‘Nobody’s Fault.’ Society itself was to blame . . . inhumanity was a result of the *system*” (242).

An institution - a foundation school - has infected Uriah Heep, and the narrative sustains some sympathy for his inability to control his behaviour. His late father attended the same school and, like Uriah, won the monitor medal. His mother was “likewise brought up at a public sort of charitable establishment” (580). The Heeps learned humility – Uriah cites his father as saying, “Be umble Uriah . . . it’s what goes down best” (581). It does go down best because the other side of humility is the power to be wielded under the cloak.²² The Heeps are co-dependent, as their name implies – all of a “heap,” and Mrs Heep is “the dead image of Uriah, only short” (264). Despite their self-serving philosophy, the Heeps are

“much attached to each other” (245). Mrs Heep kisses her son when he comes home and “take[s] notice of him with a mother’s eye” (577). They collaborate seamlessly in the power business, subjecting David to such an inquisition that he remarks, “A tender young cork . . . would have no more chance against a pair of corkscrews . . . than I had against Uriah and Mrs Heep” (265). They infest Wickfield’s house and dictate what happens in it. David warns Uriah by saying to him, “there was never greed and cunning in the world yet, that did not do too much, and overreach themselves. It is as certain as death” (764). Once Uriah has been exposed, David returns with Agnes and Mr Wickfield and notes, “We passed the night at the old house, which, freed from the presence of the Heeps, seemed purged of a disease; and I lay in my old room, like a shipwrecked wanderer come home” (787). But even after the renunciation and subsequent imprisonment, the pampered and unredeemable prisoner gets the last word: “The best wish I could give you Copperfield . . . is that you could be took up and brought here” (860).

The two types of “spoiled children” are reflected in David’s written memories of his own childhood. David and Mr Dick (both writers, both linguistically tied to Dickens’s own name) are the only characters affected by both kinds of “spoiling.” David begins life by being “spoiled” in the conventional sense by his mother. One of his memories is of being with his mother in the garden:

. . . where the fruit clusters on the trees, riper and richer than fruit has ever been since, in any other garden, and where my mother gathers some in a basket, while I stand by, bolting furtive gooseberries, and trying to look unmoved. A great wind rises, and the summer is gone in a moment. We are playing in the winter twilight, dancing about the parlour. When my mother is

out of breath and rests herself in an elbow-chair, I watch her winding her bright curls round her fingers, and straightening her waist, and nobody knows better than I do that she likes to look so well, and is proud of being so pretty.

(28)

While the biological mother is his prime object of desire, by who he is both bewitched and restrained (“trying to look unmoved”), his “second mother” Peggotty introduces him to a wide, mysterious and adventurous world through fairy stories and the alligator book. This mildly confuses David and gives him the earliest doubt about whom and what he is, living with these two women, both named “Clara.” Infected in this way, he suffers anxiety from his inability to process a reaction to his departed father. He has heard about his father’s goodness. However, he is frightened by the room where the company had gathered in black cloaks for his father’s funeral, especially when Peggotty reads to him in that room about the raising of Lazarus and, for reassurance, he must be shown the graveyard where his father lies, apparently at rest. However, his father has left failure and the signs of want behind him. The doghouse, the pigeon-house, and the stables are empty. He has named the house “The Rookery” after the former inhabitants of deserted nests in the garden.

The start of the second kind of “spoiling” begins when the phantom of David’s father is replaced by Murdstone, who takes him on a business outing and who is less than careful in talking to his colleagues about the young widow who represents yet another commercial transaction for him. David (“Brooks of Sheffield”) is sharp enough to understand the gist of the conversation and is on Peggotty’s side in her estimation of Murdstone. Nevertheless, he is powerless in the face of this man who is used to securing a sale. And, after the

transaction, his mother has no power to intervene in the emotional and physical violence that the Murdstones inflict on David.

By biting through Murdstone's hand when he is being whipped, David shows that he has taken to heart that he will need to obtain power to keep himself from being abused and neglected. Murdstone is a man without a heart and who has power both to "have" and "take," in this case taking control over both the mother and child and consigning the child to a school and, later, to an "occupation" among the lowliest of drudges in a bottling factory. David is permitted one last chance to visit his mother before her death, and he is surprised by the baby that has appropriated his former place at his mother's breast. But, even then, his delight in seeing his mother again and the comfort of holding his young brother in his arms is disrupted by the untimely return of the Murdstones, who proclaim a world of difference between the incompetent Copperfield's son and the triumphant Murdstone's son.

David's anxiety over having a safe and secure foundation for establishing himself in life now comes to a crisis point. The older narrator remarks upon the clarity of his memories from so many years before. Today's readers, familiar with the most poignant episode in Dickens's biography, perhaps read this part of the novel somewhat nonchalantly because they know Dickens went through a horrible experience while his father was jailed for debt in the Marshalsea Prison and that Dickens subsequently spiralled upward by his own efforts to become the most famous novelist of his generation. Nevertheless, contemporary readers of the novel's instalment would be filled with empathy and would probably recognize that the story of a child being "thrown away" was a not infrequent circumstance.

Upon his mother and brother's deaths David is not sent back to school. He is separated from Peggotty and is left either to sit in silence with the Murdstones or to be consigned to his room. His "spoiling" in the second, more negative, sense that Dickens had defined in his speech starts with neglect and isolation:

And now I fell into a state of neglect, which I cannot look back upon without compassion. I fell at once into a solitary condition, apart from all friendly notice – apart from the society of all other boys of my own age, apart from all companionship but my own spiritless thoughts – which seems to cast its gloom upon this paper as I write. . . . Day after day, week after week, month after month, I was coldly neglected. I wonder sometimes, when I think of it, what they would have done if I had been taken with an illness; whether I should have lain down in my lonely room, and languished through it in my usual solitary way, or whether anybody would have helped me out (160).

However, David discovers that there is a much worse fate than isolation. His exposure to the next level of degradation and fear is when he is dispatched to work at Murdstone and Grinby's warehouse, a kind of miasma. The older narrator says his fears of this horrible place are "before" him "just as they were in the evil hour" when he came to them, ". . . literally over-run with rats . . . decaying floors and staircase . . . dirt and rottenness . . ." (165). Now he has the companionship of other boys of his age but his anxiety is worse than the former humiliation: "No words can express the secret agony of my soul as I sunk into this companionship . . . and felt my hopes of growing up to be a learned and distinguished man crushed in my bosom" (166).

David does not recover fully from the infection of both kinds of child “spoiling” – overindulgence on the one hand, abuse, neglect and trauma on the other – despite escaping from the perils of the street and seeking aid from Aunt Betsey, becoming educated, acquiring a circle of devoted friends, helping others, finding a “soul mate” in Agnes, and developing into a successful author. David’s memoir attests to his continuing anxiety through his many expressions of nostalgia at memories of his mother, Dora, Steerforth, Ham and Little Emily and his reiteration of fear and anger over Murdstone, Mr Creakle and Uriah Heep.

The clue to David’s continuing anxiety is given in the first line of the novel, where David, the middle-aged narrator, questions whether he will become “the hero of my [his] own life” (13) or will someone else hold that “station?” This question is often understood to be a rather transparent riddle that can be answered in the affirmative because of the title character’s identification with Dickens himself (DC=CD). Taking the lead of John Forster’s biography (1872-4), Edgar Johnson regards Dickens’s “favourite child,” as the working through of Dickens’s own developmental and ethical dilemmas in the context of a “larger [social] world.”²³ “Not so,” say a stream of subsequent critics who argue that the social content of *David Copperfield* is pale when compared with that of *Bleak House*, *Great Expectations*, *Little Dorrit*, and *Our Mutual Friend*. Barbara Hardy (1970) suggests that, “In Dickens’s other study of psychological growth, *Great Expectations*, the psychological concerns are socially expressive. But in *David Copperfield*, because he is closer to his hero . . . he found it hard to be distanced and objective” (Bloom 10). More recent criticism of *David Copperfield* also tends to shy away from the social and moral elements of the novel and to focus, instead, on other subjects. Ned Lukacher in *Primal Scenes: Literature*,

Philosophy, Psychoanalysis (1986) offers a psychoanalytic approach to argue that the primal scene (especially David's biting of Murdstone's hand) is central to understanding Dickens's treatment of his title character. Robert Higbie (1998) provides a spiritual interpretation in speaking of the autobiographical fragment that Dickens provided to Forster and adapted for this novel, claiming that "*Copperfield* . . . surrounds that fragment (like an oyster surrounding sand with a pearl) with layers of fiction that transform the fragment, giving it meaning, making it the basis for a spiritual belief that can deal with the conflicts it arouses" (97). However, other recent critics have seen the novel as dealing with issues beyond autobiography, psychology and religion. For example, Brenda Ayres in *Dissenting Women in Dickens's Novels* (1998) regards the discourse about the "undisciplined heart" and gender roles as central to the novel and suggests that we must re-evaluate previous readings of the novel because Dora is a "dissenting woman, a woman who does not conform to the domestic ideal" (13).²⁴ Goldie Morgentaler (2000) claims that this novel marks a watershed in the sense that, "for the first time, Dickens posits the question of nature versus nurture in terms of the difference between autonomy and determinism" (64). The argument in this thesis differs from those above, in that the fever narrative (the metaphor of parents and institutions infecting children) connects a biographically-informed moral emphasis with a more broadly social agenda. The answer I would suggest to Dickens's opening question is that spoiled children, in both senses meant by Dickens – of which there are many in the novel, including David – are the heroes of *David Copperfield*.

David's anxiety expressed in the act of telling his own story is echoed by that of another "spoiled" child, Mr Dick, who is Dickens's half-serious, half-comical representation of himself in the novel, a person who is always lauded by Aunt Betsey as being a man of

good sense. Mr Dick has never recovered from the mistreatment and fever that befell him suddenly in childhood. Without the kindness of others, he would have been left to poverty and disease, caused not only by villainous individual acts but also by neglect of “the system.” Dickens was thinly disguising his own history, aware that the initials for the title of the novel were his own inverted and that “Dick” and “Dickens” are only three letters apart, with a “Charles” in both cases: Mr Dick’s abused childhood keeps reappearing in the form of the severed head of Charles I. He papers kites with the spoiled pages of his memorial so the wind can carry away his words, a parody on publication. As she does when she rescues David and renames him “Trotwood,” Betsey has given Richard Babley a new identity. Mr Dick could not bear his old name because it reminds him of how his family has mistreated him. Betsey says he is “only a little eccentric” (214) even though some have called him “mad”, including his own brother who would have committed Mr Dick to an asylum where he would have been shut up for life.

Betsey says that the head of Charles I is an allegory or simile which “connects his (Mr Dick’s) illness with great disturbance or agitation” (215). Certainly, a period of English political strife could be an allegory for the Babley family turmoil, and stand equally for the many feverish anxieties represented in the novel. Thus, if “Mr Dick” is a textual surrogate for “Mr Dickens” we can understand that the disease of childhood, as represented in this novel, has infected the writer’s life. As Dickens imagines characters that have been similarly infected, he takes on a relationship to them that is not unlike that of a doctor to a patient, thus aligning with the medical narrative. David, Dickens’s surrogate, is like a doctor who observes a patient but is sometimes blind to the underlying “disease” – especially in the case of Dora and of Steerforth until after their death. In other cases David

has premonitions (of the outcome of Little Emily's audaciousness, for example) but he is incapable of intervening to avert disaster or to provide relief. Also, as in the medical narrative, the "infection" moves predominately from person to person, in this case from parent to child.

As in the journal stories discussed in Chapter Four, the fever narrative plays a vital role in all three of the 1840s novels.²⁵ In each novel, there are components of the fever narrative representing doubles and variations on individual case histories. Some of these components are similar to the kind of simpler narratives, particularly the visitor's tale, that were published in the journals. However, the skill and creativity of Dickens brings these components together into a single story. Contagious places relating to the fevered characters that haunt or visit them are also depicted in each of the novels.

The conclusion of Chapter Four also suggested that each fever narrative of a novel is related to another central narrative, whether or not the relationship is one of mutual support or conflict. This is indeed the case in the three 1840s novels discussed above. In *Martin Chuzzlewit* the fever narrative both accentuates and confuses the identity narrative. In *Dombey and Son* it is the medium through which the uncertainties of the modernity narrative are expressed. In *David Copperfield* it is the metaphorical means for representing damage done to children by parents and institutions.

Other questions at the end of Chapter Four concerned the orientation of each novel towards medico-social reform and whether or not the novels at the end of the 1840s demonstrated increasing optimism as the government elevated the issue of public health into a Parliamentary priority.

Dickens does not lobby for specific reforms in the novels, in the way that contributors other than he had in their narratives published in *Household Words*. What can be said on this topic with respect to all three novels is that Dickens continues to be influenced by the language arising from discourse on public health and that he maintains his interest in the health condition of those he portrays. Dickens is not a “reformer” although he is a strong voice, perhaps the most powerful of his age, for the need for fundamental “change.” His representation of fever becomes progressively more figurative throughout the decade, while at the same time being made more invasive of the whole text – there is a movement from representation of many fever cases and an actual miasma in the first novel, to representation of fewer fevers and a miasma that is purely figurative in the second, and finally to a fully metaphoric representation of fever in the third.

The enormous difficulty of either self-generated or social change leads to consideration of mood in the novels. Do the novels become more optimistic in light of a growing hope near the end of the decade when the government promised to take leadership of the first and, according to Dickens, the most fundamental step in helping the poor – sanitary reform? At one level, the answer to this question is positive, as *Martin Chuzzlewit* seems the darkest novel of the lot, with the only ray of hope coming in at the end with reconciliation between grandson and grandfather. However, even that is shaded by considerations – arising from the fever narrative – that the “selfishness” of neither Martin has been expunged. The middle novel is pessimistic because of the long, sad decline of Paul, signifying the decline of the firm as well, and the death of Carker, which symbolizes uncertainty and anxiety over modernism. The inheritance of belonging to which Florence finally becomes attached is no longer the corporation but a somewhat strengthened domestic

relationship with her father. The last novel of the decade, *David Copperfield*, seems more optimistic with the ultimate triumph of its narrator, rewarded by Agnes and a career that is guaranteed to keep him off the streets, where he was in his despairing, abused youth. And yet, the infectious “disease” that has been shown to run through family relations has not been stamped out and even the abusers – Murdstone, Heep and Creakle – parade as model prisoners and are utterly unrepentant.

With *David Copperfield* Dickens was less disposed than he was earlier to represent the signposts of sanitarianism – filth, miasma, effluvia – but this does not mark the end of his use of them in fiction, as the next two chapters will show.

Notes to Chapter Five

¹ Haley notes that, following the first wave of epidemics highlighted by cholera in 1831, there was a second wave from 1836 to 1842 that included influenza, typhus, smallpox and scarlet fever, followed by a third wave from 1846 to 1849 of major typhus, typhoid and cholera (6).

² Rothfield (14) says that Dickens, along with other nineteenth-century realists, including Zola, Chekhov, Balzac, Flaubert, George Eliot, and Henry James, made claims to treat his characters as a doctor treats his patients.

³ “Review: Narrative of the Expedition Sent by Her Majesty’s Government to the River Niger in 1841, under the Command of Captain H. D. Trotter, R. N. . and T. R. H. Thomson, M.D., One of the Medical Officers of the Expedition. Published with the Sanction of the Colonial Office and the Admiralty,” (*The Examiner* August 19, 1848), reprinted in Slater, *Dent Uniform Edition of Dickens’s Journalism* (Vol. II 108-126).” This review is discussed in Chapter Three.

⁴ Metz says in *The Companion to Martin Chuzzlewit* (145) that Dickens probably makes this allusion to the Monument because of the notorious suicide there in 1839 of Mary Moyes, which was followed by a copycat suicide and numerous pamphlets and broadsides on the subject that Dickens would have read.

⁵ In *A Child’s History of England* (1851), discussed in Chapter Two of this thesis.

⁶ Murayama claims “There is no room for trustworthy medicine in this fictional world; the hypocrite Pecksniff is like a doctor and the doctor Jobling is a wily impostor” (404).

⁷ Katherine Byrne (5) supports the view of F.S. Schwarzbach that *Dombey and Son* is “the first of Dickens’s novels which can be said without qualification to be a social novel, in that its primary goal is to directly depict society and social relations” (*Dickens and the City* 101).

⁸ J. Hillis Miller claims that Dickens creates in *Dombey and Son* a “world of self-enclosed spaces” (143).

⁹ Andrew Sanders notes that the spreading of straw was common Victorian practice to reduce the sound of horses and carriages near the house where someone is sick (961).

¹⁰ Morgentaler's interpretation is that the novel serves to "champion women as equal and positive contributors to the rungs of genealogy. . . . It is only when she [Florence] reaches sexual maturity and with it the potential for motherhood that she attains the kind of moral power which will eventually swamp and erase the masculine dominance of the unbending Dombey" (*Dickens and Heredity* 56).

¹¹ Eysell suggests (161) that Dombey's queasiness might also be due to a Victorian belief that a child drinking "contaminated" breast milk could take on the identity traits of the provider. Byrne suggests that Dombey's fear of Polly's breast milk "locates the novel within a discourse of politicized disease" (6).

¹² On the significance of this scene Byrne quotes Auerbach, who claims that it "can be read as the attempts of modernity (as represented by these two scientific patriarchs) to impose order and control over the sickbed and its feminine occupant, to 'race' medical and economic power against natural illness and death—a race they ultimately lose when Mrs. Dombey 'cuts herself loose from time'" (Byrne 8).

¹³ Byrne notes that "The Toodles represent an idealized, almost pastoral vision of the working class family: against all expectations and despite their living conditions they are the very essence of health . . . The Toodles are like fruit or seeds, constantly and successfully fertile and reproductive, as Mr. Dombey bitterly notes when contemplating them and contrasting his own family and posterity with that of Mr. Toodle . . ." (7).

¹⁴ Quoted in Tambling, (*Going Astray* 111).

¹⁵ For example, time becomes confused when Oliver Twist, Esther Summerson, Arthur Clennam and Pip suffer from fevers. Bill Sikes becomes confused about time when he tries to evade the law after murdering Nancy and Jonas Chuzzlewit becomes confused about time when he sets out to murder Tigg Montague.

¹⁶ Dickens called the father-daughter relationship "the stock of the soup" (Andrew Sanders xii).

¹⁷ Hilary Schor provides a further rationale, claiming that it is only "her own conversion Florence can recount. Somehow, her realization of how much she loves her child has demonstrated anew to Florence how much she should have loved her father, and not how much he should have loved her; her earlier fantasy that she could die and her father would miss her has been translated into how much she would grieve if her child left her" (*Dickens and the Daughter of the House* 64).

¹⁸ Jules Kosky in *Mutual Friends* (1989) explores how Dickens and Charles West, founder in 1852 of the Children's Hospital, held similar tolerant views on child rearing and treatment of the sick child. This included, for example, the therapeutic value of telling stories and tales to children.

¹⁹ In addition to his many artistic and household activities, Dickens had a mission to help fallen women. In 1846, he began planning, with Angela Burdett-Coutts, a home (Urania Cottage) for young fallen women and he continued his engagement in the project throughout the writing of *David Copperfield*. He wrote the advertisement for the Home and developed a point system to "encourage" appropriate behaviour. He monitored the Home's management and reported to Miss Burdett-Coutts on the outcomes of the clients. Most of these women were assisted to emigrate.

²⁰ In a fund-raising speech attended by the Board and many patrons of the Great Ormond Street Hospital for Sick Children on February 9, 1858, Dickens also recollected an impoverished, feverish child he had encountered in Scotland. The lasting impression the child had left on him related not so much to the physical manifestations of fatal illness but to the mental burden the boy endured, forced as he was to wonder "how it could possibly come to be that he lay there, left alone, feeble and full of pain, when he ought to have been as bright and as brisk as the birds that never got near him" (Fielding, *Speeches of Charles Dickens* 5).

²¹ Steedman points out that, from 1800 to 1900, children under 15 represented 30% to 40% of the population. As well, the death rate of children was probably higher than reported due to under-recording (125-26).

²² In his gloating moods, Uriah is not afraid to boast that he has “a little power” (534).

²³ For example, Edgar Johnson says, “Into David Copperfield he [Dickens] has not merely precipitated the painful experiences of his childhood and youth; he has so surrounded them with life itself as to make them part of a larger world” (700).

²⁴ Also, see Gail Turley Houston, *Consuming Fictions: Gender, Class and Hunger in Dickens’s Novels*.

²⁵ Kate Flint claims that fever and dream states are common in Dickens’s novels of the 1840s. One of her illustrations of this is that, particularly after Dora’s death, David’s “vocabulary of dreaming is disconcertingly close to Carker’s nightmarish state of mind” (Jordan, ed., *The Cambridge Companion to Charles Dickens* 36).

Chapter Six

NOVELS OF THE 1850s: THE WORKING OUT OF VENGEANCE

In the 1850s, epidemics continued to strike England. For all those who had been engaged in the previous decade to press the government for a program of public health, the continual delays in government action became increasingly aggravating. Cholera, the “shock” disease, had been quiescent in England for nearly two decades, until it struck again near the end of the 1840s and killed nearly twice as many people as it had during the epidemic of 1831-32. Concern over cholera among medical men in the 1850s was justified because there was another, but somewhat smaller, outbreak in 1853-54.¹ As discussed earlier, miasmatic theories had so dominated public thought that little attention was paid in mid-decade when John Snow demonstrated that cholera could be transmitted through water contaminated with the faeces of cholera victims. Less dramatic but more deadly outbreaks of typhus and typhoid (not distinguished medically from one another until 1869) occurred throughout the 1850s; typhoid outbreaks were particularly confusing because carriers did not always show symptoms, and the imperfect development of sewer systems to purge “miasmatic diseases” had the unfortunate side effect of increasing the spread of typhoid. Tuberculosis remained the greatest killer, accounting for nearly one-third of deaths from disease. However, there were many epidemics that were particularly dangerous to children, such as scarlet fever, diphtheria, measles, and whooping cough. All major fevers, with the exception of tuberculosis, were classified as “miasmatic” by the Registrar General. Despite the official predominance of sanitarian precepts, doctors were by now aware that some diseases such as smallpox and measles were contagious and, more generally, there was a “tacit admission among medical men that diverse causation and not merely miasmatic

explanations”² could be the basis for identifying causes and preventing epidemics. If fear of cholera marked the opening years of the 1850s, the tragic loss of troops by fever in the Crimea at mid-decade and the notoriety of the “Great Stink”³ of the Thames in 1858 and 1859 are indicators that the fear of fever remained a public concern throughout the decade. The expectation of the sanitarians, in wake of the 1848 *Public Health Act*, was that Parliament would take the lead in establishing a disciplinarian administration and in funding local sanitary works throughout England. This hope began to fade after the first few years of the 1850s, as Parliament began to make clear that its role would be purely advisory and, after the dismissal of Chadwick and Southwood Smith and the closure of the General Board of Health, the national voice of sanitarian reform became diminished. By mid-century, Parliament was preoccupied with the Crimean War and, after that, with Parliamentary Reform. While sporadic at first, efforts at improving public health were made by civil vestries in towns, where local doctors, church officials, workhouses, town officials, and others worked with medical officers of health on sanitary projects and improvements to medical practices. Following the *Metropolis Local Management Act* of 1855, civil vestries in London began collaborating with John Simon, the medical officer of health for the city. Late in the decade, working for the Privy Council, Simon was to take on a larger, national role in the guidance of public health reforms.

In the early 1850s, as Chapters Two and Four of this thesis have demonstrated, Dickens considerably increased his involvement in the call for a public health system aimed at serving the poor of England. He was in a strong position to be influential through his speeches, thought-provoking and imaginative articles in *Household Words* and, at least in principle, the register of public health events in *The Household Narrative*. Chapter Four has

discussed how many of the articles in *Household Words* written in the form of fever narratives have elements that invoke the sanitarian vision of decaying animal and vegetable waste generating deadly effluvia in poor neighbourhoods of towns. Nevertheless, these articles, written or influenced by Dickens, are also shaped by the fault lines that Dickens had long recognized in the sanitarian narrative – that an engineering solution to the improvement of health was not sufficient, that hunger needed to be addressed, and that children were among those who suffered most and who needed urgent attention. He also advocated that poor people could be inherently generous, moral persons even though some of them had been driven to crime and drunkenness due to their unfulfilled needs.

However effective the journal articles were in advancing the cause of public health, fever narratives in the novels captured far wider public attention. In his novels of the 1840s, Dickens represented the rich and powerful as being blind to the health conditions of the poor. His imaginative fictionalization of the medical narrative and his rhetorical interventions signalled that the blind spot of those in power was such a grievous act of neglect that it would rebound feverishly upon them unless they engaged in fundamental social reform and attitudinal changes. My argument in this chapter is that in the 1850s novels Dickens regards a feverish vengeance for neglecting the poor as no longer predicted for the future but as about to begin in the present. Moreover, rather than representing the poor as “blind spots” – such as residents of a neighbourhood that could be seen only through a railway carriage window, or as migrants taking a one-way journey to London, or as glimpses of fallen women – Dickens places the fevered bodies of the poor at the centre of the fever narrative, so that the reader can understand the thoughts of the sick poor rather than merely guess what they are from afar.

Bleak House

In *Bleak House*, the reader is taken into the illiterate mind and child body of Jo, the homeless sweeper of a street crossing. Jo becomes literally and symbolically the agent of contagion. He inhales effluvia from a miasma that is described in sanitarian language and then spreads the disease through personal contact, the mode of transmission recognized in the medical narrative. If Krook's internal combustion foretells the collapse of Jarndyce and Jarndyce and the incineration of the legal system, Jo's needless death represents the collapse of all social responsibility and the self-destruction of the "systems" represented in the novel. Jo is always "moved on," never taken care of by the middle class and not fully accepted by the underworld, because he has been tainted through his contacts with the upper classes. His fever connects biologically with Esther's because he spreads smallpox to her. However, as later argumentation will demonstrate, Esther's fever itself becomes a symbolic "infection" of her ordered, chronological journey through life as recorded in her narrative. Moreover, a figurative fever infects the suitors and wards of Chancery, and thus the fever and the Chancery narratives are closely connected, as will also be demonstrated.

The link between Jo and fever is made early in the novel. He is a creature of Tom-All-Alone's, a London slum of the worst sort and a fever den. We see it through the fearful eyes of Mr Snagsby, brought there by Inspector Bucket to seek out Jo. Snagsby qualifies to go on this walking tour because the boy trusts him. Snagsby has dispensed half crowns to him when his wife has not been watching. Like the swamp in *Martin Chuzzlewit*, Tom-All-Alone's is depicted as a sanitarian miasma:

Between his two conductors, Mr Snagsby passes along the middle of a villainous street, undrained, unventilated, deep in black mud and corrupt water – though the roads are dry elsewhere – and reeking with such smells and sights that he, who has lived in London all his life, can scarce believe his senses . . . [such that he] . . . sickens in body and mind, and feels as if he were going, every moment deeper down, into the infernal gulf. (358)

It is indeed a nightmarish scene where stench is overwhelming. Snagsby is like the sanitary reporters who were obsessive about holding handkerchiefs over their noses because they believed that smell was disease. He is drawn back by Bucket when a covered litter passes by. Bucket shines his light on a row of “stinking ruins” that Constable Darby confirms are fever houses where the sick are taken and where they die “like the sheep with the rot” (358).

The conundrum represented by Tom-all-Alone’s is that which faced the sanitary reformers in the early 1850s – facts and figures were available, enquiries, speeches and laws were made, but no action was taken. The omniscient narrator later returns to the subject of Tom-all-Alone’s to offer a parody on the inability of the “system” to address evident health problems. Police, parishes, churches, prisons, statistical inquiries, and scientific investigations have all been touted as possible remedies, but these remain and will continue to be theories only, not action. The slum is personified – it is another “Tom,” like the Jarndyce who blew out his brains:

Much mighty speech-making there has been, both in and out of Parliament, concerning Tom, and much wrathful disputation how Tom shall be got right. Whether he shall be put into the main road by constables, or by beadles, or by bell-ringing, or by force of figures, or by correct principles of

taste, or by high church, or by low church, or by no church; whether he shall be set to splitting trusses of polemical straws with the crooked knife of his mind, or whether he shall be put to stone-breaking instead. In the midst of which dust and noise, there is but one thing perfectly clear, to wit, that Tom only may and can, or shall and will, be reclaimed according to somebody's theory but nobody's practice. And in the hopeful meantime, Tom goes to perdition head foremost in his old determined spirit. (708-10)

What has been discussed so far supports the sanitarian agenda – an account similar (although heightened to fanciful proportions) to that of a medical officer visiting a miasma where houses decay in a zone of filth and infect those who live in them. It is also a satire on the vacuum among the authorities whom one might expect to be responsible for carrying out sanitary reform – criticism such as appeared in various forms in articles appearing early in the 1850s in *Household Words*.⁴ There are many other sanitarian influences in the novel, beginning with the foggy evocation of London in the opening pages, with dogs and horses indistinguishable in the mire and the “general infection of ill-temper” (13) among foot-passengers. Despoliation is evident in houses, such as that in London of Mrs Jellyby (whose philanthropic attention is drawn only to Africa): the cold and the “marshy smell” of the rooms makes Esther miserable and brings Ada to tears. The dwelling of the brick makers in the vicinity of Bleak House is filthy and a site of domestic violence and child mortality. With the exception of the airy rooms of Miss Flite, Krook’s rag and bottle shop is a depository of filth and bad odours. When Tulkinghorn’s candle is extinguished on entering the room where Nemo lies dead, we are told, “The air of the room is almost bad enough to have extinguished it, if he had not. It is a small room, nearly black with soot, and grease,

and dirt” (164). After Krook has self-combusted, Mr Guppy and Tony Weevil arrive to discover a terrible stench. Guppy tries to open the window and is horrified with what gets on his hands: “thick, yellow liquor defiles them, which is offensive to the touch and sight, and more offensive to the smell. A stagnant, sickening oil, with some natural repulsion in it that makes them both shudder” (516).

One of the most frequently-published sanitarian topics – the visit to a pauper graveyard – figures more prominently in *Bleak House* than in any other of Dickens’s novels. Nemo’s body, after gaining some local notoriety because of the inquest, is assigned to one of these miasmatic sites. The narrator comments cynically that a party of paupers “bears off the body of our dear brother here departed, to a hemmed-in churchyard, pestiferous and obscene, whence malignant diseases are communicated to the bodies of our dear brothers and sisters who have not departed” (180). The graveyard is twice visited by Lady Dedlock. The first time she is conducted there by Jo, who is accustomed to these settings and is excited by seeing a rat. He tells Lady Dedlock that Nemo’s body is “Among them piles of bones, and close to that there kitchin winder! They put him wery nigh the top. They was obliged to stamp upon it to git it in. I could unkiver it for you, with my broom, if the gate was open” (262).

It is reasonable to say that Dickens’s foreboding representations of the unsanitary conditions of slums, households and inner-city pauper graveyards were intended as a clarion call to Parliament and to all the other parties of the “system” (a word frequently used in the novel) to wake up, as the sanitarians were hoping would happen in the early 1850s to launch the machinery necessary to put in force *The Public Health Act* of 1848. His famous and angry address in *Bleak House* to the Queen, gentry, church and civilians at the death by

fever of Jo is an epic call for systematic action: “Dead, your Majesty. Dead, my lords and gentlemen. Dead, Right Reverends and Wrong Reverends of every order. Dead, men and women, born with Heavenly compassion in your hearts. And dying thus around us, every day” (734).⁵

The trouble with a sanitarian interpretation of the novel’s fever narrative is that Jo is much more than a statistic among the thousands who live in impoverished, unsanitary settings and die of disease. This is partly because Dickens often used the example of the death of a sick child as the most tragic victim of disease or neglect, rather than the loss of a working-age male as the sanitarians always did.⁶ More significantly, the sanitarians looked to a central system, Parliament, to enforce sanitary reforms. But Jo’s connection with the system is ambiguous. Far from being a statistic, he is portrayed as an individual whose inner thoughts are shared more frequently with the reader than those of any other character in the novel, with the exception of Esther, with whom he has a biological connection because he gives her smallpox and has a psychological similarity because both are orphans. At the inquest into Nemo’s death, Jo is put aside by the authorities like an ignorant animal, but thereafter he provides to Snagsby the only human identity for the dead man who has given himself the name of “no one.” Jo says “He was wery good to me, he wos!” (178) and later tells Woodcourt that Nemo “wos the only one I knowed to speak to, as ever come across my crossing” (714).

Jo’s importance to the fever narrative and to the novel as a whole is that he both sustains the “system” and threatens its demise. The connectedness of people is vital to an understanding of the system. Dickens poses this as a question: “What connexion can there be, between the place in Lincolnshire, the house in town, the Mercury in powder, and the

whereabout of Jo the outlaw with the broom . . .?” (256). As a sweeper of a street corner, Jo is integral to the crosscurrents of London. He has been a material witness, brought forward and rejected at the inquest, cross-examined and made the subject of an experiment by Tulkinghorn, and conscripted by Lady Dedlock as a guide to the sites where her former lover lived and was buried. Mrs Snagsby pursues Jo because she is convinced that the boy is her husband’s bastard. As if in answer to his question on connections, Dickens presents various views of systems in the novel. According to Harold Skimpole, “everybody’s business in the social system is to be agreeable. It’s a system of harmony, in short” (294). But this harmoniousness is undermined when Skimpole puts his self-interest above the well-being of his own family and of Richard Carstone. Gridley’s view on Chancery appears to prevail: “The system! I am told, on all hands, it’s the system. I mustn’t look to individuals” (251).

Jo, however, while part of the system, is made to play a role to disrupt it. Jo’s dilemma is first articulated when a police constable orders him to “move on.” When Jo inquires to where he might move, and when Snagsby, who is present, indicates that he raises a good point, the constable answers, “My instructions don’t go to that. . . . My instructions are that this boy is to move on” (308). The omniscient narrator underlines the blasphemy of a system in which “the great lights in the parliamentary sky” have failed to provide an example for someone like Jo but only “the profound philosophical prescription –the be-all and the end-all of your strange existence upon earth. Move on!” (308). The narrator distinguishes between the agreed-upon but indecipherable “moving on” and the prohibited “moving off,” which would imply Jo has the right to be in some place.⁷

Although Jo does not understand the meaning of the system, he witnesses its hypocrisy and criminality and, in having the capacity to remember clues to Lady Dedlock's identity, he is perceived as an antagonist. Thus, he regards himself as distinguished from the "crowd" which seems to move with a purpose. If directed to move on so that he has no place where he is welcome on earth, then Jo seeks unconsciously for a spiritual harbour when he comes to Saint Paul's. His act of obeisance is to stop and to sweep the church steps. Again, he is a witness of the crowd that streams past him, supposedly with a purpose, and he does not comprehend the religious significance of the great cross overhead but, in his eyes, it represents "the crowning confusion of the great, confused city"(315).

The legal system represented by Tulkinghorn, the institution of marriage humorously portrayed by the Snagsbys, and the surreptitious force of the law as executed by Constable and Bucket, oblige Jo to move on, carrying with him the fever from Tom-all-Alone's and the pestiferous graveyard into the countryside, as he follows the circuit of those who go on tramp. His previous act of kindness in seeking medicine for the bricklayer's wife is returned when, fevered and delirious, he encounters her again. Charley finds him and calls Esther to help. He reveals further clues antithetical to the system by confusing Esther with Lady Dedlock and referring to the infested graveyard to which he believes his body will be assigned. Jarndyce sees Jo as an example, "a horrible reflection . . . that if this wretched creature were a convicted prisoner, his hospital would be wide open to him, and he would be as well taken care of as any sick boy in the kingdom" (494). Skimpole suggests that Jo ought to turn criminal but that, for now, he ought to be turned out, as he is "not safe" (493).

Jo sets a pattern for the other victims of the "system" when he returns full circle, near the end of the novel, to London. He has mostly recovered from smallpox but now has a

painful disease of the lungs, possibly tuberculosis, or asthma,⁸ when the bricklayer's wife, whom Woodcourt is helping after her husband had physically abused her, recognizes Jo. After an ineffectual attempt to escape, Jo collapses, still the embodiment of fever, appearing to Woodcourt like a "growth of fungus or any unwholesome excrescence produced there [in Tom-all-Alone's] in neglect and impurity" (714). Jo has returned to die, after being moved on from place to place. He was once starving but now he is unable to eat, and compares himself to a broken-down cart. Woodcourt hears Jo drawing breath like a creaky cart. Yet Jo is still frightening as a disease carrier and, when Woodcourt takes him to George's shooting gallery for refuge, George asks, "I take it for granted, sir . . . you being one of the medical staff, that there is no present infection about this unfortunate subject?" (723).

Esther's social standing and history are far different from Jo's but her psychological experiences of fever are similar to his. Until her fever, Dickens has presented the potential for an ordered world, built upon control and self-restraint, through Esther's linear narrative, which acts as a restorative to the voice of the omniscient narrator, who draws sinister connections and expounds on the hypocrisy of institutions, class relationships and the law. Esther exercises a different kind of law, one which creates order, which parks disagreeable things in the past and which moves forward to reconciliation. She is not being pushed like Jo by an external force to move on – quite the contrary, as Jarndyce has nurtured her to become the stable, domestic centre of Bleak House. She has a strong desire to move from the present to the future in an ordered, practical way. She tries to put behind her the horrible declaration by her godmother that she is her "mother's disgrace," at a time when she could confide her thoughts only to her "dear dolly." When her godmother dies and she moves on to school she buries the dolly in the garden, symbolically quashing those thoughts. With her

passion for order, she is delighted to receive the gift of the keys designating her as housekeeper of Bleak House, and she quickly adopts the role, eager to provide further polish to the order that John Jarndyce has already brought to the house, and happily receiving appellations such as “Dame Durden” and the “Little Old Woman” from the rest of the household. According to Gordon Bigelow, the latter pet name associates Esther with the Bank of England, colloquially known as “The Old Lady in Threadneedle Street,” which has the role of keeping order in the currency of the country. Bigelow suggests that “Esther’s domestic narrative seems positioned to compensate the reader for the terrors of Chancery” (607). Nevertheless, Esther’s linear narrative is disrupted when she contracts fever and she is, as Nicola Bradbury says, “both an agent and a victim of the narrative” (xxxv). Esther revisits the inexplicable shame of her childhood and reveals the disruption of her carefully nurtured identification:

. . . the way in which these divisions of time became confused with one another, distressed my mind exceedingly. At once a child, an elder girl, and the little woman I had been so happy as, I was not only oppressed by cares and difficulties adapted to each station, but by the great perplexity of endlessly trying to reconcile them. (555)

Her greatest horror is at the recollection of a dream of being a bead in a “flaming necklace” in a great dark place and of “inexplicable agony and misery” (556) at not being able to extricate herself. This loss of control, of not being able to order her world or her narrative, is the correlative of Jo’s illiteracy, of his looking up to the dome of Saint Paul’s and wanting to comprehend but being unable to do so.

After her fever, Esther follows the pattern set by Jo in the simile of the broken-down cart, although these words are not applied to her. She looks in the mirror at her scarred face and decides that the life she had hoped for is now a fanciful wish and that she is not fit to marry Allan Woodcourt. She crumbles to dust the small bouquet he had given her on his departure for the South Seas. She convinces herself that it would be proper, now that she has become disfigured, to return the gratitude she has for John Jarndyce by accepting his marriage proposal.

Like Jo, Esther becomes the carrier of “disease” after Lady Dedlock reveals herself to be her mother. Esther’s existence is part of the living evidence that will expose Lady Dedlock as having had a child out of wedlock before she married Sir Leicester. We have been prepared from early in the novel for the footsteps on the Ghostwalk and now Esther imagines those footsteps to be her own, a child returning to a mother who will be exposed to an uncomprehending Sir Leicester. Esther says she was “Seized with an augmented terror of myself which turned me cold, I ran from myself and everything” (586). However, it is Lady Dedlock who sets off on a circuitous tramp, like Jo, exchanging clothes with the bricklayer’s wife and dying of exposure at the gates of the pestiferous graveyard where Captain Hawdon has been buried.

Thus the components of fever narrative echo one another with their emphases on the act of being moved on, the fevered child, the contagion caused by secrets, and the loss of control. In Jo’s case, being moved on is essentially a weakness of the system – reflecting the attempts of poor law unions or municipal authorities to offload their poor on some other centre of responsibility, as well as the irrationality of the unavailability of hospital care for the poor. In Esther’s case, change means the acceptance of guilt for that for which she is not

responsible, her own illegitimacy. Lady Dedlock's journey to a fever site is an attempt to evade the shame that will fall to her illegitimate child and her fears of undermining the world of her husband, a kindly man but one who reveres only tradition and fears that "the floodgates of society are burst open" (648). The miasma is thus a beginning place for the disease that is spread by Jo, who serves as an unwilling agent but who is forced to move on. The miasma is also the ending place where the fever narrative concludes. Both the sanitarian and the medical narratives are entwined – fever from a static miasma and fever from a contagious source on the move.

On the other hand, Dickens's representation of the field of medicine reflects an unambiguous need for reforms as promoted in the medical narrative. Jarndyce has sardonically remarked on the inaccessibility of hospital care for the poor unless they are criminals and, late in the novel, Woodcourt and George agree that the hospital, with all its restrictions, would not be the place to take the dying Jo. A range of ineffectual doctors is represented in *Bleak House*. There is the "testy little man" whom Miss Flite summons to examine Nemo's body but who is anxious to return to his dinner. Harold Skimpole, trained for medicine, once had an appointment in the household of a German Prince but, when summoned, was "found lying on his back in bed, reading the newspapers, or making fancy-sketches in pencil, and couldn't come" (89). However, Woodcourt is the model for the professional doctor – although he can practice surgery, he is part of the newly emerging profession of general practitioners. He works among the poor, most especially at Tom-all-Alone's, where there is much disease but little payment for services provided. Dickens shows the dilemma faced by such doctors, invaluable as they are. Unless they can obtain a hospital appointment as a physician, they are obliged to work in proximity to contagious

patients and to earn insufficient funds to raise a family. Woodcourt chooses an equally dangerous assignment, as surgeon on a ship that trades in the South Seas. But, this too, will hardly make his fortune, as Boythorn points out in his usual hyperbolic way: “the treatment of Surgeons aboard ship is such, that I would submit the legs – both legs – of every member of the Admiralty Board to a compound fracture . . .” (198). When Woodcourt returns, and despite the fame deriving from the shipping news write-ups of his heroic acts among passengers of the sinking vessel, he tells Esther that his financial prospects are no better than when he had left.

Woodcourt’s mode of caring for patients is to listen sympathetically to their complaints and find ways to comfort them – English medical practices promoted in the medical narrative. Woodcourt tries to help the bricklayer’s wife who has been abused by her husband, attends Miss Flite during her illness, and watches over Richard as his obsession with the court suit becomes life-threatening. He attends Jo in his last illness and faces a dilemma because no English institution can possibly be helpful in a circumstance such as this:

I am unwilling to place him in a hospital, even if I could procure him immediate admission, because I foresee that he would not stay there many hours, if he could be so much as got there. The same objection applies to a workhouse; supposing I had the patience to be evaded and shirked, and handed about from post to pillar in trying to get him into one – which is a system that I don't take kindly to. (722)

There is little else than “attendance” that a doctor such as Woodcourt can provide when epidemics break out. No medicine is mentioned in the novel except for mercury-based

calomel in the sceptical reference to a doctor's authority by the hypocritical Reverend Chadband in his expostulation on "Terweth [truth]" (412).⁹ Nevertheless, *Bleak House* elevates the quality of caring for the sick by doctors and others who have this domestic skill. Esther cares for Charley during her fever and Charley, in turn, cares for Esther. Esther senses that, with Mrs Jellyby hyper-focused on Africa, Caddy needs someone to take care of her: "Caddy had a superstition about me . . . ever since that night long ago, when she had lain asleep with her head in my lap. She . . . believed that I did her good whenever I was near her" (769).

If care for the fever patient is often misguided but well-intended, the same cannot be said for how Chancery deals with its clients.¹⁰ The latter are treated by an unfeeling administration that is proud of its undertakings, even when they render middle-class suitors penniless and diseased. The Chancery and the fever narratives intertwine through metaphorical representation of the explosive vengeance wreaked for the unconcern England has shown in its treatment of individuals, both through neglect and through its relegation of social responsibility to ineffectual institutions. The law is represented thus as an epidemic. The association of law with contagion is present in the novel's opening pages, in which the Court of Chancery is situated as the destination of a Turner-esque¹¹ journey through London mud, fog, stench, and refuse: "at the very heart of the fog, sits the High Lord Chancellor in his High Court of Chancery" (14). The reader, treated as a newcomer to London, is taken on this coach trip. It is only later in Chapter One that those who perceive the scene are revealed – two of the wards born into Chancery who will be affected by its contagion in ways comparable to Esther's infection with smallpox.

The practitioners of law see the legal system as rational and integral to English identity. The omniscient narrator, in introducing the vampire-like Vholes, suggests that there is a self-interested system underlying the whole field of law: “The one great principle of the English law is, to make business for itself. There is no other principle distinctly, certainly, and consistently maintained through all its narrow turnings” (621). Vholes keeps Richard on the hook by assuring him that the case is moving, especially with his own efforts to keep his shoulder to the wheel. The meaning of “moving on” for Richard is comparable to the meaning it has for Jo because it represents the act of wearing down, of passing no meaningful milestone, and of arriving at a sudden, disastrous termination. In Richard’s case, this finale is the dramatic ending of the court case and in Jo’s case it is his death and the ensuing explosion of narratorial oratory.

For the privileged classes the law is rather like a sport, such as the suit between Sir Leicester Dedlock and Laurence Boythorn over riparian rights. However, for most people who come to it, the law infects like poison and makes the afflicted contagious to others. Esther recognizes that Richard has alienated himself from John Jarndyce and is in danger of being lost to her, to Ada, and to all of his other friends, except for Skimpole who has received a commission for bringing Richard to Vholes. Vholes’s practice is to suck his clients dry of funds, like a vampire feeding on their blood. Esther remarks of Richard that, “Jarndyce and Jarndyce had obtained such possession of his whole nature, that it was impossible to place any consideration before him which he did not – with a distorted kind of reason – make a new argument in favour of his doing what he did” (670). However, she wonders how it is that Richard has become suspicious of John Jarndyce, who responds, “His blood is infected, and objects lose their natural aspects in his sight. It is not *his* fault” (560).

Jarndyce implies that it is the nature of Chancery to make its suitors become fevered and impoverished and that the fault lies with the system.

There are two alternatives for the Chancery suitors. They can either follow the route of Gridley, so long in attendance at the court that he has lost his surname and has become simply known as “the man from Shropshire,” or they can follow the route of Miss Flite, who has become slightly mad. Miss Flite, despite her collapse and long convalescence, can cope only because she has fantasy outlets that connect her to a community of other suitors that she symbolizes in the caged birds that she will set free on the “day of judgment.” Richard, unfortunately, becomes like Gridley, suffering from rage and internalized anxiety. As with a man suffering a fever and awaiting a crisis, he has been observed by Guppy and Weevil showing symptoms that resemble Krook’s prior to his spontaneous combustion: “there’s combustion going on there! It’s not a case of Spontaneous, but it’s smouldering combustion it is” (630). Richard “wins” because the case is finally settled due to the Will found under Lady Jane’s bed but, simultaneously, he “loses” because the case dissolves due to exhaustion in legal costs of all of the property value. It is difficult to tell if the shock of the legal victory or the financial disaster is the trigger to Richard’s final crisis. He is sitting like a “stone” when approached by Woodcourt. When suddenly aroused he becomes like Gridley and “made as if he would have spoken in a fierce voice to the judge . . . [but] . . . He was stopped by his mouth being full of blood” (960). Woodcourt takes him home and gives him restoratives, as one might to a fever patient, but when Esther sees him she notices how very pale his face is, like someone dying of fever.

The connections between the fever and the Chancery narrative are not limited to their parallels in demarcation of contaminated places, victimization of the poor and innocent, and

creation of infected human agents. The two narratives are also bound together by Dickens's network of ironic metaphors. For example, Miss Flite's birds are a long-suffering group of avians named after the suitors and the impure associations of the legal system. The whole collection has died out and been replaced many times in captivity and, if and when the day of judgment does come, the cat Lady Jane will be lying in wait to make short work of them after their release. Krook's rag and bottle shop is not only an unsanitary trap (Krook symbolically infects Ada by grasping her hair and offering to buy it) but it is also a parody of the Court of Chancery because of its disordered collection of cobwebbed documents, with Krook himself as the Lord Chancellor presiding over this cluttered domain. Krook's spontaneous combustion foreshadows both the breaking up of the great Jarndyce and Jarndyce suit and the explosive narratorial address made at the death by fever of Jo. The Jarndyce Will itself serves as a bleak metaphor for equity among English people. This great Will has been overlooked and neglected, the final document misplaced under the bed of the ferocious Lady Jane, whose name at the time was well understood as a reference to female genitals. When given rebirth the Will does nothing to assuage the blight that has fallen on three generations of suitors. Yet Kenge regards it as a victory not only of the legal system but also of the country itself. Kenge says to a sceptical Jarndyce, "O really, Mr Jarndyce! Prejudice, prejudice. My dear sir, this is a very great country, a very great country. Its system of equity is a very great system, a very great system. Really, really!" Similarly, *The Public Health Act* has done very little by the time of the writing of *Bleak House* to help Jo or other poverty-stricken sick people. Vengeance appears in the form of contagion and the bringing-down of Lady Dedlock to death and disgrace, as she lies dressed in pauper clothing at the gates of the infested graveyard.

While it is clear that the fever narrative helps articulate and reinforce the primary Chancery narrative of *Bleak House*, are there other social implications in the bringing together of these two narratives? One answer, specifically concerning the fever narrative, is that it helps to expand the evidence to support the 1983 argument of Schwarzbach in “The Fever of *Bleak House*” that the use of disease in the novel will “help the modern reader appreciate the ways in which Dickens transformed and transfigured the topical as he weaved it into the larger patterns and concerns of his art” (27). Yet, the questions (to what purpose and with what effect?) remain. I agree with Terry Eagleton that the social change Dickens seeks goes much beyond what the advocates of public health were proposing:

Bleak House implicitly advocates practical reform, the need to combat red tape and improve sanitation, the ousting of a self-serving bureaucracy in the name of collective responsibility. Yet what the novel dramatizes so magnificently, as one of the finest of all English satires, is a social order so pervasively false and dehumanized that it would require a good deal more than improved medical facilities in Tom-all-Alone's to set it to rights (Preface, xii).

The difficulty of articulating the social implications of narratives in *Bleak House* lies in the environment in which they are situated – two narrators, so many characters, occupations, settings. Dickens’s questioning of “connection” and his use of “system” pointedly ask the reader to think about the way in which various narratives link with one another, both in the way I have suggested above with fever and Chancery and in even more expansive ways involving other narratives. But it might be argued, based on trends in some of the recent criticism, that my approach is not sufficiently holistic, particularly if used to

draw conclusions about Dickens's imaginative representation of medical, social, and institutional reform, as I have been doing. An example of this "macro" approach is seen in Caroline Levine's 2009 article "*Bleak House* and the Affordances of Form," with its suggestion that this novel "relies heavily on the form of network in a way that paves the way for recent narratives about political, technological, economic and social networks" (517). According to Levine, the lawsuit constitutes the primary network but it must be considered dynamically with others, including disease, philanthropy, aristocracy, rumour, the "space of the city," and the family. Thus the novel is to be understood as structured upon "distributed networks" that allow the reader to "connect one to another without having to go through any central site or in any fixed order" (518). Similarly, Bigelow suggests that, in *Bleak House*, "failing systems [for the creation of order] demonstrate Barthes' 'metonymic confusion', a static, horizontal circulation of the signifier, without transcendence to any principle of signification" (595).

Despite this complexity due to multiple narratives, there are advantages in seeking meaning through links between the two particular narratives that I have analysed – fever and Chancery. In both of these narratives innumerable obstacles are thrown in the way of making progress or, as expressed in this novel, moving *off* to some place rather than just moving *on* in a way that ultimately becomes self-destructive. Jo is denied shelter, even a street corner, where he is allowed to stop. As he is moved on by the system, he becomes an agent of disease that brings revenge back upon that same system. The Court of Chancery is the national institution that is supposed to provide equity but, instead, makes progress only in the minds (and purses) of the lawyers who live upon the perpetuation of the Chancery processes and feed upon its clients. However, some characters attempt to isolate themselves

from these negative forces by moving off from the grinding systems of urban life and the Chancery suit in particular. John Jarndyce has renovated Bleak House from its former desolate state, turning it into a sanitary, comfortable setting, apart from the Growlery, which is like an isolation chamber where he can exhaust his anxiety. In spite of these precautions, and the enthusiastic way in which the wards initially embrace this environment, the house is invaded by fever and divided by the Chancery suit. Chesney Wold is similarly isolated and imbued with the tradition of the past but invaded by the new economy when Mr Rouncewell arrives. Ironically Chesney Wold is also attacked by the past that Sir Leicester reveres, because the wife he so worships has hidden her history of having had an illegitimate child. Esther (that child) spreads “moral contagion” to Chesney Wold when she walks up the Ghost Walk. Symbolically, she re-enacts the legend of the lady who would one day return and take vengeance on the house.

However, part of what the novel promotes with the “move on” *motif* is the hope that can arise with a new generation. It is of course this hope for the future that is threatened in the death of Jo. Other children, however, like those of Ada and the Woodcourts, need perhaps not be brought up in contaminated settings – they can live in yet another Bleak House that Jarndyce has built for them, free of the Growlery and, presumably, of the poisonous forces that drove Jo to his death. Thus child-like innocence can still be celebrated in positive ways – not the hypocritical Skimpole brand but the type witnessed by Esther when she regards Richard, near death, still possessing child-like qualities, and, at the actual time of his death, saying that he wanted to “begin the world” (979).

Yet for these changes to occur as actuality and not mere wishful thinking, a great expanse of time, a generation at least, of “moving on” would be needed. Dickens has

emphasized in his savage satire that there must be fundamental reforms in sanitation, in the practice of medicine, in the law, in Parliament, and in class relations.

Little Dorrit

In *Little Dorrit* there is no physical equivalent to the ravages of smallpox found in *Bleak House*, but this mid-decade novel still has a fever narrative, one dominated by irony and metaphor and by two types of story-telling. In the second chapter (on quarantine), Dickens plants the seeds for the growth of the complicated fever narrative later in the novel. Fever becomes a critical metaphor in the prison and in the Merdle episodes. The fever narrative contains story-telling, and it is notable that Amy Dorrit's stories, although imbued with sadness and loss, are restorative. There is a darker kind of story-telling that possesses a magnetic, infectious attraction. This is predominantly Arthur's imagination at work in his perceptions of London, perceptions infected by his deprived and abusive childhood and the emptiness of his current life.

The pathology of fever in this novel resembles that of cholera or other epidemics in that it slips through quarantine, becomes a general infection, creates deadly crises and, finally, relents. But any calm that is gained is unstable and temporary because it is the nature of fever to return, through literal fevers and the general feverishness of the English economy and institutions, as depicted most specifically in the mad rush to invest in Merdle. Dickens provides a clue to the relationship between individual and figurative fevers when he claims, "The changes of a fevered room are slow and fluctuating; but, the changes of the fevered world are rapid and irrevocable" (837). In *Little Dorrit*, as in *Bleak House*, the symbolic role of the innocent child is important to the fever narrative, although not as an

unwilling agent of contagion. Amy, a woman and yet a child, plays a key role as a positive force for the imagination and for conciliation in an environment that is everywhere infected with disease and tainted with the smell of prison. Her characterization also shows that Dickens has moved further in privileging the role of the kind of caring attendant emphasized in the medical narrative.

What is said above about imagination might be taken as an affirmation of Lionel Trilling's perspective on *Little Dorrit*, as published in the 1953 *Kenyon Review*. But, in fact, it is not quite this, as the following argument will demonstrate. Trilling argues that it is a mere tautology to say that *Little Dorrit* is a social novel – so are almost all of Dickens's other novels, especially those he wrote in the 1850s. Trilling claims that what makes this novel different is that its imagination “is marked not so much by its powers of particularization as its powers of generalization and abstraction” (589), with the prison as the dominant vision of life in society. The novel thus seeks a moral ideal which is most fulfilled in religious experience and exemplified through the duty shown by Amy Dorrit, “the female Paraclete”(590). In 1958 J. Hillis Miller gave additional articulation to the dominating images that emerge from this novel – the labyrinth and life as a journey (232). However, following Trilling's lead, he implies that Amy Dorrit's “redemptive” powers and Christian morality counterbalance the omnipresent immorality of the crowd (those who at the end of the book are in the “roaring street”). However, in 1970 John Lucas took issue with Trilling's idea of generalization by claiming that the novel “explores more lives more deeply than any other of Dickens's novels” (252) and that it “provides a great creative criticism of the terrible damage done to human potentialities by beliefs, assumptions and social attitudes” (265).

Recent critics have approached the book in more targeted ways. For example, Georges Letissier (2010) regards the novel as a satire on the Victorian economy (267-70), and Regina Gagnier (2011) argues that it is a critique of “the making of money from money” (340). Other commentators have privileged Dickens’s critique of the government administration through his depiction of the Circumlocution Office and have related this to his decision in 1855 to join a political association, the Administrative Reform Committee, to protest against the government’s mismanagement of the Crimean War. The results of the public enquiry found that the misfortunes were “nobody’s fault,” the original name for *Little Dorrit*.¹²

I will attempt to bridge the critical divide that results from posing the question of whether *Little Dorrit* is or is not a “social” novel. My answer is no in the sense that it does not, like other novels, posit either a program or vision for social reform. But my answer is yes in the sense that Dickens draws upon key social preoccupations of the English public during the mid-1850s to develop his narrative. The mishandling of the Crimean War effort should indeed be noted as an influence, but Dickens’s continued frustrations over public health and the condition of the poor were formative in the development of the extensive fever narrative of *Little Dorrit*. The public were profoundly afraid of epidemics in the 1850s, as tuberculosis, smallpox, cholera, typhoid, typhus, measles, influenza, and other outbreaks continued. And, as discussed in Chapter Four of this thesis, *Household Words* had many documentary and narrative pieces by Dickens and other contributors on this topic. Moreover, as in some of the journal fever narratives, the style of the “fanciful tale” is used extensively in the fever narrative of *Little Dorrit*. Dickens’s 1851 narrative “Red Tape” offers much the same kind of dystopian humour that is used in the depiction of the

Circumlocution Office in its perfection of doing nothing. “Our Commission” (1855) is a mock inquiry into the sanitary quality of England’s centres of power – the same panorama of “society” that attends the Merdle parties – and finds them to be poisoned and contagious. The most relevant article however is “The Talkative Barber” (1855), in which Publeek has parallels with Arthur Clennam. Both are maimed by love and cast aside. The satire of the article depends upon the rhetoric of the story-teller and the satire of the novel is most strongly expressed in the rhetoric relating to the Circumlocution Office.

The fever narrative is evident from the start of the novel. The two opening chapters – the first of which is set in the Marseilles prison and the second in the quarantine grounds nearby – provide a model for a superficial contrast and underlying similarity that will be carried forward by Dickens to the prison and to other sites (mostly in London) in the fever narrative throughout the novel. I will start with the quarantine episode because its irony and imaginative tenor set in motion most of the rest of the fever narrative.

The quarantine episode reflects the controversy over fever that continued throughout the first two-thirds of the Nineteenth Century and was a subject of debate between the sanitarian and the medical narratives. As Stephen Wall observes in his notes to the Penguin Edition of *Little Dorrit* (924), the Lazaret was a fifty acre enclosure to the west of the port of Marseilles, established in 1720 at a time when half the town’s population died of the plague. Travellers, such as those we meet in the second chapter who enter the port from the east, would be retained at the Lazaret for a period of time. France’s policy was controversial, even though the country had been promoting international cooperation on quarantine standards. The European meeting held finally in 1851 could not reach any consensus and it was not until the end of the century, after another ten meetings, that a limited agreement was

reached (Maglen 2873). By mid-century, in England, where the predominant political view was that most epidemics were generated from local filth, the economic advantage of importing goods and delivering passengers as quickly as possible trumped the concern of medical professionals over the risk of contagion.

The first reference to the Lazaret is when Cavaletto, incarcerated with Rigaud in the Marseilles prison, demonstrates that, although brought in by boat at night, he has a good awareness of where he is. On the dusty floor of the jail cell, he sketches a map of much of Europe that includes “Quarantine Ground.” Cavaletto’s sense of geographical grounding contrasts with Arthur’s sense of being “nobody,” an alien to all after his father’s death, as emphasized by his departure from China where he has lived for more than twenty years. Cavaletto’s incomplete map also previews the broken discussions and recollections among the inmates of the Lazaret. It is useful to recount these discussions because they resonate with ironic meaning for the fever narrative. Although it is the last day of the travellers’ detention, Mr Meagles, a former banker, is disgruntled and says to Arthur that he cannot understand the need for quarantine. Arthur acknowledges that there is probably no “very strong reason” for it “but we come from the East, and as the East is the country of the plague . . .” (30). Here Meagles interrupts and jokes that the only plague is the one he has himself, by being compelled to wait in quarantine, under suspicion. He then brings forward his daughter Minnie (called “Pet”) and protests that it is “damned nonsense” that any one could dare place one of such innocence and beauty in quarantine. Miss Wade counters Mr Meagles’s cheerful final farewell to the company with a fatalistic prognostication that has suggestions of contagion: “In our course through life we shall meet the people who are coming to meet *us*, from many strange places and by many strange roads . . . and what it is

set to us to do to them, and what is set to them to do to us, will all be done” (39). However, later in the novel, Meagles places a more positive gloss on the time spent in quarantine, saying, “It was an uncommonly pleasant thing being in quarantine, wasn't it? Do you know, I have often wished myself back again? We were a capital party” (209).

The seeds of a plague will germinate in England after members of the quarantine party – Rigaud, Miss Wade, Tattycoram, Pet, Mr Meagles, and Arthur – land there. Rigaud’s murderous disposition has already been displayed at the Marseilles prison in the opening chapter. He is dangerous because he is able to put on a front, as displayed at the dinner celebrating the party’s release from quarantine – “raven hair and beard, of a swart and terrible, not to say genteelly diabolical aspect . . . [he] . . . had shown himself the mildest of men” (36). His capacities to fascinate, threaten, conceal, and murder are unleashed once he comes to London. Miss Wade’s life has already been infected by Henry Gowan and now, as a “self-tormenter,” she boycotts any regime of control, including that which is kindly meant by the Meagles in relation to Tattycoram. The Meagles will imagine her seduction of Tattycoram as a form of disease (whether the power Miss Wade exerts is intended to be lesbian or not is of little consequence). Moreover, it is ironic that Meagles should single out Pet as someone who has no place in the Lazaret, as imposing quarantine is exactly what they have been doing to her in the course of their travels by trying to keep her apart from Gowan. When Arthur and Doyce visit the Meagles’s “retreat” in Twickenham, with all of its travel souvenirs, and when Arthur thinks of how this retired banker regards himself as superior to Doyce, he wonders “whether there might be in the breast of this honest, affectionate and cordial Mr Meagles, any microscopic portion of the mustard-seed that had sprung up into the great tree of the Circumlocution Office” (212) – the government department that has grown

to infest government bureaucracy and which has a diseased mission to show how things are not done. However, it is Arthur who is the prime carrier of the plague from the East. He has come from China where he has been “grinding in a mill [he] always hated” (35), the House of Clennam, owned and run by both his “parents” of a “strict religion” who “weighed, measured, and priced everything” (35). Arthur bears that which will be like a plague to his mother – the watch with the initials d.n.f. (do not forget) given him by his delirious and suddenly-repentant father on his deathbed.

The next phase of the fever narrative concerns Arthur’s panoramic perceptions upon his return to London. This introduction to the metropolis differs considerably from that narrated in the opening pages of *Bleak House*, not because of the omnipresence of dirt, decay and squalor that evoke associations with disease, but because the reader is presented with this panorama through Arthur’s imagination – what he sees is coloured by his early painful memories and his long absence. Later in the novel there is a metaphoric account of how he has come to have such a perspective. Arthur thinks that, “To review his life, was like descending a green tree in fruit and flower, and seeing all the branches wither and drop off one by one, as he came down towards them” (181). He experiences this “dropping off” when he meets Flora, the passion of his young adulthood, who was denied him by her father but who now is overweight and silly. However, his perceptions of London blend his depressive childhood memories with his adult morbid imagination, narrated through “as if” constructions:

In every thoroughfare, up almost every alley, and down almost every turning, some doleful bell was throbbing, jerking, tolling, as if the Plague were in the city and the dead-carts were going round. Everything was bolted and barred

that could by possibility furnish relief to an overworked people. No pictures, no unfamiliar animals, no rare plants or flowers, no natural or artificial wonders of the ancient world –all *taboo* with that enlightened strictness, that the ugly South sea gods in the British Museum might have supposed themselves at home again. (43)

Arthur imagines London to be a spiritual wasteland as well as a place for disease and death. As he arrives at Ludgate Hill, closer to his mother's residence, he goes into a coffee house and finds himself "counting one of the neighbouring bells, making sentences and burdens of songs out of it in spite of himself, and wondering how many sick people it might be the death of in the course of a year" (44). The chiming becomes more urgent as the time for service approaches – Arthur imagines the clocks are singing an anxious chorus of "They *won't* come! "They *won't* come!" (44), before they finally cease and give a last groan of despair. Even when Arthur comes in sight of his mother's house, childish imagination is still at work in the narrative. The old house is personified as a patient who, in its distant past, "had it in its mind to slide down sideways." Thus it was allowed to lean on huge "crutches" that became a "gymnasium for the neighbouring cats" but now, because of weather, smoke, and weeds, even the cats distrust it. It is as if the house has suffered from the plague for a long time. Inside, Flintwich is stooped over as if he had been braced against the wall when the house slumped.

Once inside the house Arthur discovers that his imagination cannot come to his aid in mitigating his lack of will and feeling of guilt for what he has participated in as a member of the House of Clennam. The spreading of disease is part of this self-incrimination. He breaks down in tears at discovering that all has remained much the same, a disappointment

that has been part of his nature “from the dawn of its perceptions” (48). The *motif* of plague from the East is stronger inside the house than it was in quarantine and Arthur is re-infected by the building, the firm, and his mother. The old furniture is placed as it was decades before, and paintings of “the Plagues of Egypt, much the dimmer for the fly and smoke plagues of London, were framed and glazed upon the wall” (48). His mother has become an invalid, and confines herself to one room, but she retains her anxious possession of the trading company and rules through her harsh religious beliefs. Arthur is subjected to a reading by his mother, whose voice is stern and wrathful, fitting with the subject of a prayer that her enemies “might be put to the edge of the sword, consumed by fire, smitten by plagues and leprosy, that their bones might be ground to dust, and that they might be utterly exterminated” (51). When Arthur announces his decision to leave the firm, and he presses to know whether or not there is anyone to whom the firm owes reparation, his mother angrily dismisses his demands and adds to his guilt. She says that if he persists he will be her murderer: “If after all, you were to come into this darkened room to look upon me lying dead, my body should bleed, if I could make it, when you came near me” (66).¹³

Thus far, Dickens’s representation of fever narrative in *Little Dorrit* has been discussed as a type of precursor for his novel of two years later, as a kind of “tale of two cities” in reverse that contrasts the “capital party” in Marseilles with plague-ridden London. The analysis now turns to how contrasts and similarities between prisons in both cities play a complementary role in the fever narrative.

The prison in Marseilles is the site of a sanitarian miasma. Dickens uses the word “taint,” the terminology he will repeat to signify both the disease of imprisonment and all that exists beyond the prison walls that enslaves the individual:

A prison taint was on every thing there. The imprisoned air, the imprisoned light, the imprisoned damp, the imprisoned men, were all deteriorated by confinement. As the captive men were faded and haggard, so the iron was rusty, the stone was slimy, the wood was rotten, the air was faint, the light was dim. Like a well, like a vault, like a tomb, the prison had no knowledge of the brightness outside; and would have kept its polluted atmosphere intact, in one of the spice islands of the Indian Ocean. (16-18)

London's Marshalsea prison shares (with the exception of its yard) the darkness of the French prison but it seems a much more healthy place of confinement because it is presented through the biased perspectives and imaginations of two persons – Arthur and William Dorrit – and because of the luminescent presence of Little Dorrit (Amy), who was born there. Arthur's perception is still influenced by his own sense of decay and hopelessness, and he is driven to visit the prison as an act of restitution because he believes that somehow the imprisonment of the Dorrit family has been caused by the underhand dealings of the House of Clennam. Frederick Dorrit leads him through a dark but clean corridor and up to a second-story room where Amy is preparing supper for her father with a "clean cloth" and all the accoutrements suited to his taste, as if he were dining as a man of wealth. The "Father of the Marshalsea" describes how he has obtained a high social standing, with "quite a levee" of guests who offer him testimonials to show their respect. William Dorrit is appalled by the dirt and poverty that exist outside the prison walls – he is embarrassed by the shabby apparel of his brother Frederick who has worked outside the prison to raise William's daughter Fanny to become a dancer and "accepted the task of serving as her escort and guardian, just as he would have accepted an illness, a legacy, a

feast, starvation – anything but soap” (89). Arthur provides a generous financial testimonial upon leaving Dorrit’s room but, while urged to depart quickly when the prison bell rings, he persists in posing questions to Amy and to John Chivery until it is too late and he is locked up. In the room he rents for the night, Arthur’s guilt disrupts his sleep and he has “involuntary flights of fancy” with three people – his father, his mother, and Amy – disturbing his sleep. He is let out in the morning with an impression that he has an odd equality with William Dorrit such that “justice” cannot be served in such circumstances: “He withers away in his prison; I wither away in mine . . .” (104).

The fever narrative up to this point in the novel has been primarily a product of the imagination of Dickens’s characters, principally Arthur and William Dorrit. Dickens then provides a more objective depiction of unsanitary conditions at the Marshalsea in the history of Little Dorrit’s birth and of those who attended it. The doctor at the birth is a prisoner who was once a ship’s surgeon. He wears filthy clothes, including “the dirtiest white trowsers [*sic*] conceivable by mortal man, carpet slippers, and no visible linen” (76). Mrs Bangham, charwoman and messenger, acts as fly catcher and has but grim comfort to offer to the mother: “What between the buryin ground, the grocer’s, the waggon-stables, and the paunch [tripe] trade, the Marshalsea flies gets very large. P’raps they’re sent as a consolation, if we only know’d it” (77). And, just as the veil of imagination drops on occasion with Arthur (when he re-encounters Flora, for example), so too are we given a second perspective on the nature of the Father of the Marshalsea’s prison fever. He is subject to a nervous disorder that at times causes forgetfulness and his shaking hands to fly up to his lips. These attacks cause him to say things that shatter his façade of dignity and that expose the association between the prison and fever. When he is embarrassed that Amy has to work outside the

prison to support him, he has one of his fits where he supposes that he has been infected with jail fever: “Thus, now boasting, now despairing, in either fit a captive with the jail-rot upon him, and the impurity of his prison worn into the grain of his soul, he revealed his degenerate state to his affectionate child. No one else ever beheld him in the details of his humiliation” (246). However, Little Dorrit, born to the prison, appears to have developed immunity to its influence. Arthur observes that there is only one exception when she presents the slightest case of prison taint. It is when she is angry about why, once Pancks has uncovered the family inheritance, her father, who has suffered so much in prison, should also be obliged to discharge his financial obligations: “it was the first speck Clennam had ever seen, it was the last speck Clennam ever saw, of the prison atmosphere upon her” (444).

The continuation of the fever narrative in Book II (ironically entitled “Riches” by comparison with Book I, “Poverty”) indicates that class and social standing do not provide any shields against physical and moral contagion. William Dorrit’s imagined high social standing behind the “protection” of the prison walls is undermined once he is released and has obtained a fortune. While he takes the advice of Mrs General to travel abroad where his daughters may be educated in the refinement necessary for their new situation in society, the Dorrits do not escape sites and memories of disease and the prison. For example, when they move from Venice to Rome, they pass

. . . through a repetition of the former Italian scenes, growing more dirty and more haggard as they went on, and bringing them at length to where the very air was diseased . . . A fine residence had been taken for them on the Corso, and there they took up their abode, in a city where everything seemed to be trying to stand still for ever on the ruins of something else. (536)

These scenes of infection and decay are complemented by Amy's dedicated watch over her father's instability, and her realization of the continuing influence of the prison taint:

A faint misgiving, which had hung about her since their accession to fortune, that even now she could never see him as he used to be before the prison days, had gradually begun to assume form in her mind. She felt, that, in what he had just now said to her, and in his whole bearing towards her, there was the well-known shadow of the Marshalsea wall. (501)

Still with the taint of prison upon him, William Dorrit strives to become a member of Mrs Merdle's "society" and is taken up with the fever of "investing in Merdle."

Terminology needs to be considered here. One term is "society," used loosely by Mrs General to connote gentility. However, in *Little Dorrit* the term denotes those who are invited to the parties and the presence of Mrs Merdle, whose breasts are metonymic of the high point of society – Mr Merdle, the "Man of the Age" hangs jewels upon them. This society includes the elites – Physician (society doctor), Bishop (the church), Bar (the law), Boots and Brewer (rich merchants) and, last but not least, the Barnacles (of the Circumlocution Office, the greatest government department of all). The latter, in particular, fan the flames of investment in Merdle. The second term needing explanation is "Merdle," used variously to mean the individual Mr Merdle and the bank he owns, the one inseparable from the other. Merdle is a man of no character who has a habit of hiding his thoughts just as he hides his hands under his coat sleeves. Yet because of the society his wife has collected for his support and because of the financial manipulations of his bank, he is known as "The Man of the Age," (Dickens exercising an unsanitary pun because investing in

Merdle has an association with investing in excrement). Merdle's investors will carry this disagreeable taint with them when the bankruptcy occurs and their investments are lost.

But, Merdle is also associated with physical disease. Despite his meteoric economic and social rise, something is apparently wrong with Merdle's health. Other than his anxious appearance, the first sign of trouble is in the overheard discussion between Merdle and Physician. Physician is then pressed to reveal Mr Merdle's "complaint" but he only confuses listeners with his polymorphous similes. They can be assured that Merdle "has the constitution of a rhinoceros, the digestion of an ostrich, and the concentration of an oyster" (272). Plainly, Merdle is not understood, even by Physician, who can only suggest that the complaint is "deep-seated." Later, the complaint again surfaces as sparks fly between the Merdles, rather in the manner they did between Mr Dombey and Edith prior to the summoning of a fever holocaust in *Dombey and Son*. Mrs Merdle announces that she too has a complaint – her husband ought not to go into society if he is to remain so moody and distracted. Mr Merdle retaliates by saying that no one "showers" more money on society than he does, and that he might almost be said to be harnessed "to a water-can of money, and go about, saturating Society, every day of my life" (418). This is an ironic comment as the showering of money is like the spreading of contagion. As for his health, Merdle says Physician does him no good – his complaint is that, despite his fame and reputed fortune, he feels he is "nobody." It is a similar complaint to Arthur's and both men are sick with anxiety over their involvement in commerce – past harm done by the merciless House of Clennam and future harm to be caused by the bankruptcy of Merdle.

The premonitions of plague are now coming to fulfilment. In the fever narrative there has been much made of the taint of the prison, a malady that is more psychological

than biological. However, its chief sources can be represented on a map even though it adheres like a bad smell to those who come out of prison or to those who live in imprisoned circumstances. But Dickens reserves what is arguably the most violent interdiction expressed in his fiction for those responsible for the feverish condition of the country. Chapter 13, Book II, entitled “The Progress of an Epidemic,” concerns the fever in England to invest:

A blessing beyond appreciation would be conferred upon mankind, if the tainted, in whose weakness or wickedness these virulent disorders are bred, could be instantly seized and placed in close confinement (not to say summarily smothered) before the poison is communicable.” (597)

Who or what has started this epidemic? It is apparently “Nobody’s Fault,” the original title for the novel. Dickens tells us that the “sacred flame which the mighty Barnacles had fanned caused the air to resound more and more, with the name of Merdle” (597) but it seems that all the representatives of institutions, commerce, professions, and the church that Mrs Merdle has brought together in her society share the blame. It does not seem to be the great Merdle who is to blame; he says he would rather be a carpenter than a great man of society. Dickens has sympathy for the man, particularly given that he is pushed around by the bosom of his wife. Although they never meet, Merdle and Arthur are similar in their role as victims and as being “nobody.” Arthur is a stranger to the country of his birth and to his family. Merdle is a shell of a man. Neither is understood by others nor do they understand themselves.

However, the epidemic progresses, among the rich and the poor. The Merdle contagion leaps all bounds in a way similar to a fever epidemic in the medical narrative, with the exception that this is a disease of infected morality:

That it is at least as difficult to stay a moral infection as a physical one; that such a disease will spread with the malignity and rapidity of the Plague; that the contagion, when it has once made head, will spare no pursuit or condition, but will lay hold on people in the soundest health, and become developed in the most unlikely constitutions; is a fact as firmly established by experience as that we human creatures breathe an atmosphere. (597)

An investment in Merdle is promoted by the normally-sagacious Pancks as being “safe” and “certain:”

Of whom Mr Pancks had taken the prevalent disease, he could no more have told than if he had unconsciously taken a fever. Bred at first, as many physical diseases are, in the wickedness of men, and then disseminated in their ignorance, these epidemics, after a period, get communicated to many sufferers who are neither ignorant nor wicked. (609)

Pancks, like Wemmick in *Great Expectations* or Riah in *Our Mutual Friend*, is the paid agent of a hard and unscrupulous master but he himself is a humanist, a rough character with a soft side to him. Thus he is not culpable in the evil of the “plague.” He does play a hand, however, in the spreading of the disease to the poor in Bleeding Heart Yard, “where there was not one unappropriated halfpenny” (597). Arthur, too, who had renounced speculation when he left the House of Clennam, is infected: “he found it difficult even to remain at his desk a couple of hours, without having it [the name of Merdle] presented to

one of his bodily senses through some agency or other. . . . Such symptoms, when a disease of the kind is rife, are usually the signs of sickening” (612-613).

The summation of the Merdle epidemic’s crisis – “the Bank was broken, the other model structures of straw had taken fire and were turned to smoke” – is not nearly as rhetorically elevated as was “The Thunderbolt” in *Dombey and Son*. Neither Pancks’s anguished head-bashing nor Arthur’s expressions of guilt over Doyle’s losses inspire the reader with a sense of irremediable failure. However, in Dickens, the shaking of the earth in one location often causes damage in another and, later in the novel, with Rigaud’s threat to expose Mrs Clennam, the latter is fired with nervous energy and runs from her house in search of Amy Dorrit. The house, metonymic of the cruelty of its masters and their commercial malfeasance, as was Krook in *Bleak House*, makes one last effort to redeem itself by crushing out the evil of at least one person, Rigaud, who has entered its space:

In one swift instant, the old house was before them, with the man lying smoking in the window; another thundering sound, and it heaved, surged outward, opened asunder in fifty places, collapsed, and fell. Deafened by the noise, stifled, choked, and blinded by the dust, they hid their faces and stood rooted to the spot. The dust storm, driving between them and the placid sky, parted for a moment and showed them the stars. As they looked up, wildly crying for help, the great pile of chimneys which was then alone left standing, like a tower in a whirlwind, rocked, broke, and hailed itself down upon the heap of ruin, as if every tumbling fragment were intent on burying the crushed wretch deeper. (827)

The fever epidemic so encouraged by “society,” institutions, commerce, class, empire, and so planted everywhere in English soil that its cause can be attributed to “nobody,” now afflicts Arthur with physical fever in the Marshalsea prison. Before examining this component of the fever narrative, it is useful to consider the impact of Maggy’s fever from when she was ten years old and taken to hospital (probably the Great Ormond Street Hospital for Children). Before the fever, she lived poorly and her strict grandmother mistreated her and eventually abandoned her to life on the street. Amy has been helping this large, grown woman, who mentally remains ten years old, to keep up her spirits and to get by in the world. Arthur does not let the significance of the name that Maggy calls Amy (“Little Mother”) slip by him. Maggy’s happiest hours are spent in listening to Amy tell stories that she has made up, thus living a life of imagination. The role reversal is touchingly revealed on a cold London night when a prostitute chastises Maggy for taking her child out at such a time. When Amy lifts her bonnet and shows her face, the prostitute is shocked to find a grown woman. Amy is friendly to the woman, a further demonstration of the kindness of spirit she has had to learn in order to survive as a Child of the Marshalsea.¹⁴ Both this generosity and role reversal – mother/child – are significant in her attendance on Arthur during his time of fever.

Arthur is “nobody” because he lacks a foundation for his life – no loving father, mother or lover (Pet is a candidate but turns him down), and no attachment to country or empire. He waits for someone or something to come to him, like the strangers that Miss Wade indicated would come into one’s life. Three-quarters of the novel show him sliding down further into nothingness. He is finally motivated because he suspects that there is some harm done to the Dorrit family by the House of Clennam and he tries to redress past

injuries by hiring Pancks to undertake an investigation. Arthur's instinct is correct but the fortune that Pancks uncovers is entirely unrelated to the House of Clennam, and leads to the Dorrit family rejecting Arthur as socially inferior. Employment with Daniel Doyce helps sustain him but, because he catches the infection to invest in Merdle, against Doyce's better judgment, he believes he has no future. He becomes restless and has trouble drawing his breath. Before long a fever sets in. He hallucinates and thinks he is being tended by a number of women. When Amy appears before him, her first words are "O, my best friend! Dear Mr Clennam, don't let me see you weep! Unless you weep with pleasure to see me. I hope you do. Your own poor child come back!" (789). Little Dorrit is both his "child" and the replacement for the mother that Arthur has never known and never will know.

As a "mother" to both Maggy and Arthur, Amy tells them stories that she has invented, the most important of which, the story of the old woman, the princess and the shadow, reflects the pattern of the fever narrative of the novel.¹⁵ Like Arthur's mother, who has kept the secret of Arthur's birth in a box, the old woman keeps a shadow of an unknown person (a "nobody") in a case. The old woman shows the shadow to a princess who immediately wants to possess it, just as Amy desires to know the secret because it is a black mark against Arthur. In the story, the princess cannot find the shadow once the old woman dies but Amy is given the document containing the secret of Arthur's birth (and an inheritance for her). She chooses to have Arthur destroy it, never knowing what it contains. Most secrets in this novel have been plague-like and have led to murder and suicide (Flintwich's brother, Merdle), sadness and resentment (Arthur's father) and massive financial loss (Merdle's bankruptcy). Shadows in the novel are associated with the shadow of the prison wall, both inside and outside the prison. Thus, symbolically, the shadow and

the secret connect with loss and risk of disease. Amy's imagination, as she continues to read to Arthur and invent stories, and her acts to show that she loves Arthur through cleansing of his past, create a haven for the two of them in prison, even before they are fortuitously rescued by the "good" and profitable technology of Daniel Doyce.¹⁶ Dickens would have us satisfied with Arthur's polymorphous relationship to Amy, who can apparently be mother, child and wife to him.

Despite its emphasis on the valuable resource of imagination to shield temporarily the individual from biological, political and social contamination, the novel sounds many disruptive notes, most especially in the last line, that disturb the resolution of a prospective happy marriage: "They went down into the roaring streets, inseparable and blessed; and as they passed along in sunshine and in shade, the noisy and the eager, and the arrogant and the froward and the vain, fretted, and chafed, and made their usual roar" (859-860). The "shade" is an echo of the shadow of the prison. The adjectives Dickens uses for the crowd on the street – "noisy," "eager," "froward," "vain," "fretted," "chafed" – might well describe "society" as depicted at the Merdle parties. If the Merdle epidemic has collapsed in the manner of Mrs Clennam's house, there is no indication that the crowd will be the wiser when some other sensational speculation comes along. The epidemic will come back. Although in his working notes Dickens wrote "Very quiet conclusion" (Stone 311), the fever narrative, with all its violence and risk, continues to the very end.

A Tale of Two Cities

A Tale of Two Cities differs from other novels discussed in this thesis because its protagonists neither have a history of fever nor exhibit behaviours described in the lexicon

of fever. Notwithstanding this, the novel does have a fever narrative that includes representations of sanitarian miasmas in prisons and courts of law. These sites illuminate what constitutes the core of the fever narrative: “Revolutionary fever,” a disease of the social body. My argument is that the fever narrative is a critical element of Dickens’s imagination in this novel, set eighty years in the past but with a much broader and more forbidding outlook on contemporary life in the 1850s than had earlier works that promoted health, economic, educational, and governmental reforms. The dial has moved beyond the hour of reform and Revolutionary fever is a greater manifestation of revenge for the treatment of England’s poor in the Nineteenth Century than was represented in “taking off the rooftops” in *Dombey and Son* and the death of Jo in *Bleak House*.

Nevertheless, some critics have suggested that *A Tale of Two Cities* cannot be talked about in the same terms as other novels written by Dickens in this period. Georg Lukács, for example, argued that social novels such as *Little Dorrit* succeed in their purpose but that this novel fails to represent the French Revolution: “Dickens, by giving pre-eminence to the purely moral aspects of causes and effects, weakens the connection between the problems of the characters’ lives and the events of the French Revolution. The latter becomes a romantic background” (243). Dickens did indeed intend the book as a historical novel and to some extent as a companion piece to Thomas Carlyle’s *The French Revolution*, not by supplementing Carlyle’s philosophy but by undertaking “to add something to the popular and picturesque means of understanding of that terrible time” (Preface to the First Volume Edition, *A Tale of Two Cities* 398). But, as Gareth Stedman Jones has argued in “The Redemptive Power of Violence? Carlyle, Marx and Dickens,” the novel is highly credible although not in tune with Carlyle’s philosophy. According to Jones, although Dickens

included scenes (such as the violent killing of Foulon) that were also in Carlyle, his concept of the source of violence that set off the Revolution differed significantly from that of Carlyle, which “was drawn from a notion of the conflicting forces which reside within the self” (5). Jones argues further that Dickens represented this violence as arising from the hunger of the poor as well as “unequal laws and uncontrolled punishment” (15) and that the novel also represented the social anxiety of the late 1850s when it was written. My argument in this chapter is similar to that of Jones, although I do not focus on the credibility of Dickens’s political philosophy but on the way that the novel continues and extends the imaginative fever narrative of his previous 1850s novels.

There is a further challenge in making the above argument from those who are less concerned than is Lukács with genre but who criticize what they regard as a shallow work because it does not operate on the kind of scale and with the kind of detail that, for example, *Bleak House*, does. Daniel Stout points out that “The novel doesn't track nations, nor does it, in spite of its title, track cities. It tracks a handful of characters that move between England and France and make an eventual escape to an English life bought at the cost of Sydney Carton” (33). Yet this is not quite the full case. The novel does a brilliant job of tracking revolutionary fever that ferments and then explodes in Saint Antoine, a quartier of Paris that is personified variably as an individual or as a collective. Saint Antoine is in proximity to the Bastille and, before 1789, those who frequented it were hungry, sickly, downtrodden and, increasingly, angry. There are elements of both the sanitarian and the medical narratives used in the imaginative representation of this fever.

The predisposition to fever is first shown in the “momentary gleam” in the eyes of the “saintly countenance” (32) of Saint Antoine when a wine cask is dropped in the street in

front of Defarge's shop. The ensuing scene demonstrates the extreme hunger and deprivation of all who happen to be present when this happens. Viewed by middle-class audiences, it would be a site of degradation and madness, where paupers eat as much dirt as they lick up wine. But Dickens renders this a humanistic scene, where underprivileged people can bond with one another and escape their otherwise dull lives: "There was a special companionship in it, an observable inclination on the part of every one to join some other one, which led, especially among the luckier or lighter-hearted, to frolicsome embraces, drinking of healths, shaking of hands, and even joining of hands and dancing, a dozen together" (31). This activity foretells the Carmagnole, the song and wild dance popular during the Revolution and that is reminiscent of the mad dancing during times of the Plague. Dickens ensures that readers understand the symbolism of the scene – the connection between people and earth stained with wine and the word "Blood" traced out on a wall by one of the revellers: "The time was to come, when that wine too would be spilled on the street-stones, and when the stain of it would be red upon many there" (32).

In this novel the sanitarian miasma, and its association with the living conditions and bodies of the poor, returns after having been muted in the mid to late 1850s. Saint Antoine exhibits this condition: "cold, dirt, sickness, ignorance, and want, were the lords in waiting on the saintly presence – nobles of great power all of them; but, most especially the last" (32). In the following passage, where Jarvis Lorry and Lucie Manette ascend the stairways of Defarge's wine shop, the sanitarian miasma is particularly evident:

Such a staircase, with its accessories, in the older and more crowded part of Paris, would be bad enough now; but, at that time, it was vile indeed to unaccustomed and unhardened senses. Every little habitation within the

great foul nest of one high building – that is to say, the room or rooms within every door that opened on the general staircase – left its own heap of refuse on its own landing, besides flinging other refuse from its own windows. The uncontrollable and hopeless mass of decomposition so engendered, would have polluted the air, even if poverty and deprivation had not loaded it with their intangible impurities; the two bad sources combined made it almost insupportable. Through such an atmosphere, by a steep dark shaft of dirt and poison, the way lay . . . Through the rusted bars, tastes, rather than glimpses, were caught of the jumbled neighbourhood; and nothing within range, nearer or lower than the summits of the two great towers of Notre-Dame had any promise on it of healthy life or wholesome aspirations. (38)

Dickens draws particular attention to this passage, in part because the preceding narrative had been following Lorry's thoughts, but now it is Lucie's "unhardened" senses which become the criterion for the degree of foulness of the environment. The "foul nests" in the building are projected as spread throughout the whole of Saint Antoine, the quartier that becomes representative of the site for under-privilege and anger in the whole of Paris (and France). The "impurities" added by the poor and deprived are "intangible," like the effluvia of the sanitarian narrative. Just as the preconditions for disease are "uncontrollable and hopeless," so too will be the feverish mood of the residents of Saint Antoine in the course leading to the Revolution. And, notably, the narrator disrupts his account to indicate that these conditions continue to exist in the present (1859).

With these unsanitary conditions present, both physical and revolutionary fever ferment in Saint Antoine: "A narrow winding street, full of offence and stench, with other

narrow winding streets diverging, all peopled by rags and nightcaps, and all smelling of rags and nightcaps, and all visible things with a brooding look upon them that looked ill. In the hunted air of the people there was yet some wild-beast thought of the possibility of turning at bay” (33). Madame Defarge directs this type of wild look towards the old Marquis Saint Evrémonde, whose carriage has run over a child, and he has been insulted because someone has thrown back the compensatory coin he tossed out in the mud. The people are frightened in the presence of someone who holds so much power over them and they are compared to rats, capable of spreading disease.

With this foretelling of fever and violence, Saint Antoine joins in the frenetic conspiracy to strike back at oppression. In this feverish state, identity becomes altered. Not every day starts off this way, however. Saint Antoine, in the vicinity of Defarge’s wine shop, enjoys the slow sunny morning and has a “vinous” character. This changes when two dusty men approach the wine shop, obviously to conspire with Defarge: “Their arrival had lighted a kind of fire in the breast of Saint Antoine, fast spreading as they came along, which stirred and flickered in flames of faces at most doors and windows” (172). The ensuing scene marks a new phase in the progress of Revolution fever when identities become unstable, as signified by codes that join people by giving them the same name (Jacques) and differentiate them only by assigning them a number to go with the name. This identity change will influence the character of the executions, when the identity of all those led to the guillotine will be lost (along with their heads) and they will be known simply as numbers.

The violent and feverish uprising of the Revolution, as shown in Saint Antoine, is metonymic of what happens throughout France. The body of the nation is compared with the body of a fever patient: “Though days and nights circled as regularly as when time was

young, and the evening and the morning were the first day, other count of time there was none. Hold of it was lost in the raging fever of a nation, as it is in the fever of one patient” (283). When the fever reaches its crisis, we see its violent outbreak in Saint Antoine: “Every pulse and heart in Saint Antoine was on high-fever strain and at high-fever heat. Every living creature there, held life as of no account, and was demented with a passionate readiness to sacrifice it” (223).

Moreover, Revolution fever has other symptoms that are familiar from individual fevers described in Dickens’s other novels. The capacities of a fever to stop time or to make it circulate back to an earlier time or to become a mechanized instrument that has a mind of its own are familiar motifs. For example, James Carker and Jonas Chuzzlewit lose the sense of time in their feverish journeys, young Paul Dombey becomes fascinated with clocks, their ticking, and what they are trying to say to him, and Esther dreams of time as a circular constellation or necklace, destroying her attempt to order it linearly. In the Reign of Terror the Carmagnole is danced with wild abandonment to lose the sense of self and to celebrate a new freedom. Its contagion terrifies Lucie: “No fight could have been half so terrible as this dance. It was so emphatically a fallen sport – a something, once innocent, delivered over to all devilry – a healthy pastime changed into a means of angering the blood, bewildering the senses, and steeling the heart”(288). The guillotine, like the clocks in previous fever narratives, develops a mind and personality of its own. It is worshipped as if it were a religious icon, replacing the cross in some cases:

It was the popular theme for jests; it was the best cure for headache, it infallibly prevented the hair from turning grey, it imparted a peculiar delicacy to the complexion, it was the National Razor which shaved close: who kissed

La Guillotine, looked through the little window and sneezed into the sack. It was the sign of the regeneration of the human race. (283-284)

The motif of regeneration is vital to the fever narrative because it relates to great moments in history for “treatment” or, stated differently, for rare social reform opportunities to improve the health and welfare of the poor, and of the country as a whole. As will be recalled from Chapter Four of this thesis, Dickens’s intent in his description of the Great Plague of 1665 in *A Child’s History of England* was not only to narrate the unsanitary conditions and the social irresponsibility of “not-so merry” Old England but also to point out that, following the further “vengeance” of the Great Fire of 1666, opportunities were missed to rebuild London, and potentially use it as a model for towns in the rest of England, to better accommodate and preserve the health of the poor. Dickens thus used the occasion of writing *A Child’s History* to refer to the remnants of physical and social evils that continued at the time he was writing. The fever narrative of *A Tale of Two Cities* has similarities to the earlier piece, establishing unsanitary conditions (along with deprivations of the poor) as the pre-condition for a massive scene of vengeance, the French Revolution, and then showing the failure of regeneration, through a worsening of the fever and of the de-humanization during the Reign of Terror. In fact, the psychology of self-destruction during periods of de-humanization is pitched to an audience not only wishing to comprehend the terror of the French Revolution but also to understand the failings of contemporary England at the time Dickens was writing the novel:

. . . a species of fervour or intoxication, known, without doubt, to have led some persons to brave the guillotine unnecessarily, and to die by it, was not mere boastfulness, but a wild infection of the wildly shaken public mind. In

seasons of pestilence, some of us will have a secret attraction to the disease –
 a terrible passing inclination to die of it. And all of us have like wonders
 hidden in our breasts, only needing circumstances to evoke them. (292)

The components of the fever narrative in London are clearly not as dramatic as those in Paris but they are equally significant to this narrative. The fever sites include the prison, the law court, and the vaults of Tellson's Bank. As in previous novels discussed in this chapter, the English prisons and law courts come under scrutiny and, in this case, the novel also aligns with the sanitarian narrative in respect of the highly-contagious nature of prison air and of "gaol fever." Charles Darnay's imprisonment and trial in London provide the narrator with opportunities to condemn and to satirize the English legal system. The narrator comments that the English prison in those days "was a vile place, in which most kinds of debauchery and villainy were practised, and where dire diseases were bred, that came into court with the prisoners, and sometimes rushed straight from the dock at my Lord Chief Justice himself, and pulled him off the bench" (62-63). At Darnay's first trial in England, Sidney Carton comes forward as a double for the accused, and the judge is astounded and "slowly paced up and down his platform, not unattended by a suspicion in the minds of the audience that his state was feverish" (79). The fever seems to be transferred by effluvia. Vinegar is sprinkled and herbs are strewn all about the court as a "precaution against gaol air and gaol fever" (63) although offensive odours seem more to be directed towards Charles Darnay the prisoner than to emanate from him, the narrator describing how "all the human breath in the place, rolled at him, like a sea, or a wind, or a fire" (64), including Jerry's beery breath along with that of others attending the trial who have taken "refreshments." The swarms of blue flies may be carrying disease and seeking carrion, but

they act as a chorus to the court scene, buzzing loudly or going silent as the tide of the case recedes. The flies depart with the disappointed spectators who had “mentally hanged, beheaded, and quartered” Darnay during the case. Although the court episode is comic, it echoes the lust for violence and blood of the Revolution fever that is depicted in France. Catherine Gallagher comments that, “Here [in the English execution] it is not just the walls or rooftops of the house that are ripped away, but the walls of the body itself . . . the hangman’s seemingly arbitrary activities only contribute further to the disorder and violence that can easily turn against the State . . .” (128).

The fever narrative includes miasma in the vaults of Tellson’s Bank. Mr Lorry, the bank’s prime representative, is always conscious of his employer and yet he exercises the most humanity of any character in the novel. One needs to return to the early novels to find anyone like him who is both enterprising and kindly – perhaps to the Cheerybles in *Nicholas Nickleby* or the Garlands in *The Old Curiosity Shop*. Yet his goodness is tintured by dark thoughts on privacy and on the shortness of life. A similar paradox is apparent in the narrator’s treatment of the goods placed in the vaults of Tellson’s:

Your money came out of, or went into, wormy old wooden drawers, particles of which flew up your nose and down your throat when they were opened and shut. Your bank-notes had a musty odour, as if they were fast decomposing into rags again. Your plate was stowed away among the neighbouring cesspools, and evil communications corrupted its good polish in a day or two. Your deeds got into extemporized strong-rooms made of kitchens and sculleries, and fretted all the fat out of their parchments into the banking-house air. (56)

In this passage, despite its metaphoric use of disease which at first sight reminds one of the corrupted goods stored in Chancery or in Krook's shop in *Bleak House*, the very unchanging and antique nature of Tellson's serves as a refuge (and a site for refugee money from France during the Revolution). Paradoxically, the miasma becomes a sanctuary. This same irony applies to the graveyards in the novel that are raided by the resurrection men in the interest of science. Jerry Cruncher successfully defends the legitimacy of his part-time "trade" and reveals secrets (such as the faked death of Roger Cly) that help the protagonists save their lives. Thus, through the retrospective and comparative components of the fever narrative, Dickens demonstrates that the preconditions also existed in England for the breaking out of Revolutionary fever but that English values, institutions, and trades were not then, in 1789, despite their "rot," at the breaking point.

By the same token, and particularly in light of Dickens's treatment of corrupted institutions and distorted class values in other novels of the 1850s, *A Tale of Two Cities* is not intended to be purely a historical novel but also a warning to people of a rising risk of fever in both physical and political manifestations.¹⁷ Public Health had dropped off the political agenda despite low-profile advances that were being made under the guidance of John Simon. Dickens was still outraged over the cover-up of the mistakes made in the Crimea. And Parliamentary Reform was moving at a snail's pace. He was still feeling, as he had felt when writing to A. H. Layard in 1855, that "There is nothing in the present time at once so galling and so alarming to me as the alienation of the people from their own public affairs. I have no difficulty in understanding it. They have had so little to do with the Game through all these years of Parliamentary Reform, that they have sullenly laid down

their cards and taken to looking on . . .” (Jones 17). However, in *A Tale of Two Cities* Dickens shows how “alienation” has a capacity to turn into “vengeance.”

As in the journal narratives discussed in Chapter Four, tours of observation, especially at night and by characters such as Inspector Bucket, Arthur Clennam, and John Harmon, provide the reader with more insight into the situations of the sick and disadvantaged poor than there had been in the 1840s novels. While the fever narrative plays as vital a role, if not a greater role, in the 1850s novels as it did in the 1840s, this chapter demonstrates that there were major changes made to these narratives. The decline of Dickens’s use of the sanitarian narrative over the course of the 1840s is, to some extent, reversed in the 1850s, although certain elements of the medical narrative remain and are even enhanced. A prime example is a much closer representation of the bodies and minds of the poor, with poor children playing a large part in this. However, there are fewer cases of individual fever in these novels while fever of the social body is more pronounced and represented more forcefully than it was in the earlier novels. Finally, the scene of fever’s revenge is brought much closer to the time of writing of the novels rather than being seen as a kind of removed “Christmas to Come,” as it was in *A Christmas Carol*. Each change is discussed briefly below.

Miasmatic sites – from Tom-all-Alone’s and Nemo’s burial place in *Bleak House*, to the prisons and streets of London in *Little Dorrit*, to the prisons and quartier of Saint Antoine in *A Tale of Two Cities* – are vital to the fever narratives. And, as discussed above, the unsanitary conditions in *A Tale of Two Cities* are represented as a significant factor in the stirring up of Revolutionary fever. Dickens’s continued depiction of miasmas may be

seen as anti-intuitive because, by 1859, while sanitation remained a key public health issue, the sanitarian movement had virtually disappeared and medical journals, as well as Dickens's own journals, had greatly reduced the number of articles published on the topic. Perhaps the explanation is that Dickens's motives for depicting unsanitary sites were also changing from what they had been a decade earlier, when he was personally engaged in the sanitary cause, and his works were promotional in spirit, if not serving specifically as testimonials. In the 1850s he was more imaginatively engaged in representing the poor as both individuals and groups. The smells and sights of the poor neighbourhoods and the constant exposure of the poor to scenes of hopelessness came into greater focus. Sanitary reform was only a small part of the changes needed to preserve these lives and to make them worthwhile, and "reform" was hardly an adequate word for the fundamental change that would be required.

In the 1850s novels, Dickens reminds the reader of the essential role of "attending" upon fevered patients, especially those who are poor, without judging or controlling them. There are the medical men who wish either to interfere or to stand off, like Skimpole and Physician, but they are balanced by more sensitive professionals, such as Woodcourt and Dr Manette. Similarly, there are the women, such as Esther, Amy, and Lucie, who accept their "patients" for what they are; they stand against those who exert control, such as Mrs Pardiggle and Mrs Clennam. These examples, and others mentioned in the above discussion, show a continuing alliance with the medical narrative.

Although the representation of the poor sick child was not entirely missing from the 1840s novels (David Copperfield's fears of illness, for example), this representation is highly significant in the 1850s. Jo's fevers play a central role in *Bleak House*. In *Little*

Dorrit there is the lingering effect of Maggy's childhood fever and Arthur, although a middle-aged man, becomes like a child when he is assisted through his fever by Amy, the "Little Mother." The death of the poor child who is run over by the speeding cart of the Marquis serves as a fuse to ignite Revolution fever in Saint Antoine. The emphasis on the poor child rather than the working man again reflects priorities of the medical narrative. Individual cases of fever are strongly represented in *Bleak House* (Jo, Esther, Charley) and in *Little Dorrit* (Arthur, Maggy) but not in *A Tale of Two Cities*. However, in all of these novels, fevers of the social body are central to the narrative. In *Bleak House* what I have called "Chancery fever" is the most infectious of all epidemics, complemented by Dickens's expression of outrage over the treatment of the poor in his oratorical outburst following the death of Jo. *Little Dorrit* has two contagious fevers of the social body – "Merdle fever" and prison fever. And, in *A Tale of Two Cities*, there is prison fever and Revolution fever (in both France and England, in the 1780s and in the 1850s respectively). Components of these social fevers are comparable to elements in the journal narratives.

Finally, from Jo's sad story in *Bleak House* to the ever-present prison shadow in *Little Dorrit* and the violence in *A Tale of Two Cities*, the novels of the 1850s represent a world that is increasingly dark, where the prospect of reform is utterly distant, and in which vengeance for the mistreatment of the poor is already taking place.

Notes to Chapter Six

¹ There were approximately 32,000 mortalities in 1831-32 compared with 62,000 in 1848-49 and 20,000 in 1853-54. The information provided in this paragraph is based on Wohl (118-130).

² See Hardy, *Epidemic Streets* 6.

³ Haley says that "The Thames had become so polluted with waste as to be almost unbearable in the summer months. People refused to use the river-steamers and would walk miles to avoid crossing one of the city

bridges. Parliament could carry on its business only by hanging disinfectant-soaked cloths over the windows” (10).

⁴ *Household Words* articles, other than those authored by Dickens in the early 1850s, that expressed impatience over sanitary reforms included Wills, “Health by Act of Parliament” and “The Royal Rotten Row Commission” (both 1850), Thomas, “A Suburban Connemara” (1851), Horne, “Father Thames” and “The Pen and the Pick-Axe” (both 1851) and Sala, “Up a Court” (1852). Dickens’s own articles included “A December Vision” (1850), “Red Tape” and “The Last Words of the Old Year” (both 1851).

⁵ The irony of this rhetoric is partly that it is aimed at those who do not have “compassion in their hearts” and particularly at those who, around the time of the Great Exhibition of 1851, believed that class superiority and inferiority was Divine Providence. Pam Morris discusses this issue in *Dickens’s Class Consciousness* and cites the following clear example from *The Christian Observer* in 1851: “how important is the lesson conveyed by this law of the Great Ruler of the universe - to the inferior classes of creation - that subjection which we are tempted at first sight to regard as an evil, may be - and is calculated to be - a blessing” (81).

⁶ Examples of child death represented in Dickens’s novels include little Dick in *Oliver Twist*, Little Nell in *The Old Curiosity Shop*, Paul in *Dombey and Son*, David Copperfield’s infant brother and Little Johnny in *Our Mutual Friend*. In his 1858 speech in support of the Great Ormond Street Hospital for Children, Dickens claimed that the “unnatural” death of impoverished children amounted every year to about one-third of all deaths in London and he asked his middle-class audience to take action: “And I shall ask you, by the remembrance of everything that lies between your own infancy and that so miscalled second childhood when the child’s graces are gone, and nothing but its helplessness remains, – I shall ask you to turn your thoughts to these spoilt children in the sacred names of Pity and Compassion” (Fielding, *Speeches of Charles Dickens* 249).

⁷ Lougy connects Nemo and Jo as “sites of contagion” (483) when they are moved about and suggests that “Like Nemo, Jo must be repressed, buried, consigned to a category that will finally assume some stability, settling into its proper or consigned space or place” (484). I agree with Lougy that this momentum towards burial and oblivion in the novel is societally-driven but my approach to the “world” of *Bleak House* departs from Lougy’s as I do not discuss it as a “trace” or “unreadable abbreviation” (482).

⁸ Dickens may have been drawing upon his observations made when his sister died painfully of a lung disease, possibly tuberculosis or asthma (Eysell 27).

⁹ Schwarzbach suggests that Dickens chose to imagine a smallpox epidemic rather than cholera because there was more evidence that the former was contagious (23). It is curious, however, that the novel does not refer to smallpox vaccination since Dickens would have been well aware of it.

¹⁰ Butt writes that “Dickens’s indictment of Chancery was more than merely topical. It followed in almost every respect the charges already leveled in the columns of the *Times*” (6).

¹¹ J. Hillis Miller claims that, “The world in a painting by Turner or Monet is melted into a single shimmering atmospheric surface which seems to be the mask for an unattainable reality just beyond appearance. In the same way, the fog in *Bleak House* transmutes the banal presences of a November day into signs of an impalpable extra-sensible reality which they seem obscurely to reveal” (162).

¹² Michael Slater notes that the Administrative Reform Committee, established by the Radical M.P. Henry Layard, was the only political movement that Dickens ever joined. In part, Dickens was acting in opposition to the formation of a new government under Lord Palmerston, one of Dickens’s “chief bête noires” (*Charles Dickens* 389-90).

¹³ Stephen Wall notes that this was an ancient superstition and was used by Shakespeare when Lady Anne reviles Richard III for the murder of her husband (“Notes,” *Little Dorrit* 930-31).

¹⁴ J. Hillis Miller calls this “one of the most poignant scenes . . . perhaps in all of Dickens. Here are juxtaposed an adult innocence so pure it is almost childlike and the impurity of the fallen woman. But the juxtaposition shows us that even Little Dorrit cannot really remain a child” (242).

¹⁵ Robert Tracey identifies a further irony of the story in that it at once reveals and conceals Little Dorrit’s love for Arthur (134).

¹⁶ Gagnier claims that, “In Dickens’s description of the modest, patient, and precise Doyce, we see the ideal scientist/engineer who transcends his own subjectivity in favour of his object — an object of desire so unwavering to him that it cannot be obliterated by the erosion of the Circumlocution Office with all its powers of inertia . . .” (340).

¹⁷ Schor also comments on the pessimistic ending of *A Tale of Two Cities* and writes “Dickens nowhere suggests [in these novels of the 1850s] that ‘beginning the world again’ in *Bleak House* is an easy or even an achievable goal” (“Novels of the 1850s: *Hard Times*, *Little Dorrit*, and *A Tale of Two Cities*” 75).

Chapter Seven

THE MID-CENTURY FEVER NARRATIVE IN RETROSPECT

In the years following completion of *A Tale of Two Cities*, it might be expected that Dickens would either stop entirely or change significantly his use of the fever narrative in his novels. He had reached, with this novel, a peak in his rendering of violent scenes of vengeance fuelled by the “flinty opposition” between two fever narratives of a kind that offered radically different perspectives on the morality and rights of England’s poor. I would argue that in the first half of the 1860s there were radical changes in Dickens’s fever narrative, in part because of social and health developments during this period and in part because Dickens’s creative focus changed. It was as if the fever crisis that he had foretold in the earlier decades had already taken place and a period of devastating quiet had settled in. Dickens’s imagination was moving beyond the literal or figurative epidemic and into the representation of the aftermath, in which fever had left its devastating traces. However, the first steps of regeneration were possible upon the dust of the ruined London, in the once-pestiferous city graveyards, and along the polluted but salvageable, and still potentially life giving, Thames. This argument will be examined, first, by giving a brief account of the public health environment from 1860 to 1865; second, by discussing relevant articles that appeared in *All the Year Round*; and, finally, by providing an analysis of the fever narrative of *Our Mutual Friend*.

Public Health, 1860-65

There was a decline in the outbreak of epidemics of cholera and typhoid during this period but other “filth” diseases, such as typhus and tuberculosis, continued to bring about high mortality rates. Nor was there yet legislation to make it mandatory that babies, particularly those of the poor, be vaccinated against smallpox. Public panic about epidemics and professional disputation over the cause of fever and over public health priorities quieted in tone and were less reported in the press. The sanitarian political organizations had died down but, as Pelling indicates, sanitarian generalizations were not wiped out and, in fact, continued to exert an influence during the 1860s and into the 1870s (296). Nevertheless, the spotlight was turning away from the possibilities of political intervention and towards advances in medicine and infrastructure. This was a period for the establishment of sanitary works, for the development of local water facilities and the construction of new sewers, as well as improvements in home and workplace plumbing and ventilation. The water pollution issue came to the fore and, in 1864, the Royal Commission on Prevention of Water Pollution presented harsh criticism of sewage systems. It would not be until 1866 that Parliament passed *The Sanitary Act*, which provided compulsory powers for local governments to make water, sewer, street, and household improvements to ensure better sanitary conditions. This came well short of the militarizing of sanitation procedures that Chadwick had recommended twenty years earlier, but it was effective nonetheless. The project that interested Dickens most was the construction of the Thames Embankment and of the drainage systems leading to it. The work commenced in 1862 under the engineering direction of Joseph Bazalgette. Dickens wrote enthusiastically to his Swiss friend M. de Cerjat on November 13, 1865: “Meantime, if your honour were in London, you would see a great embankment rising high and dry out of the Thames on the Middlesex shore, from

Westminster Bridge to Blackfriars. A really fine work, and really getting on. Moreover, a great system of drainage. Another really fine work, and likewise really getting on” (Storey, ed. *Pilgrim* XI 116).

The politics of Public Health also became less heated than it had been during the previous two decades. In 1858, a revised *Public Health Act* had abolished the central Board of Health and made local authorities responsible for sanitary improvements. While politicians in Parliament, through their passivity, greatly disappointed the advocates of public health, the civil service began playing a much more influential role than it had previously, and one that was more amenable to the thinking of the medical profession. This occurred when the Board of Health’s functions were taken over by John Simon of the Privy Council. Previously Medical Officer for London, Simon was a thoughtful medical man who took into account the views of a wide range of stakeholders. He was especially effective in working with local authorities. This departure from sanitarian doctrine on centralization occurred despite the fact that Simon had shared the sanitarian etiological perspective until as late as 1850: “the power of [cholera] infection may be considered an appurtenance of the district rather than a property of the sufferers” (*General Pathology*, 271). By the 1860s, however, he was ready to accept the evidence that most fevers were contagious from one person to another and, in looking back on his career in 1879, he admitted that the theory of John Snow from three decades before was now a “certainty” (Pelling, 236). In fact, upon taking the lead national role on public health in 1858, Simon had already demonstrated a broader vision of population health than had the majority of his contemporaries; he was convinced that the mere absence of fatal disease did not necessarily imply good health. And, although he was not as categorical as Dr Alison was on the need to address poverty

before taking sanitary and health measures, he was sympathetic to the kind of modified view that Thomas Wakely had advanced. In his “Preface to Reports” (1854), Simon had chastised Parliament and the middle class for neglecting sanitary and medical reform and, although he did not think that Parliament should legislate a minimum wage, he wrote:

. . . before wages can safely be left to find their own level in the struggles of an unrestricted competition, the law should be rendered absolute and available in safeguards for the ignorant poor – first, against those deteriorations of staple food which enable the retailer to disguise starvation to his customers by apparent cheapenings of bulk; secondly, against those conditions of lodgment which are inconsistent with decency and health.
(“Preface,” xiii)

The public health regime Simon helped to guide in the 1860s was the main victory in improving medicine in Britain at that time. A century later, this decade in Britain would be given a name that reflected its importance: “The Heroic Age of State Medicine.” During this decade, John Simon was helping guide local authorities across England to undertake sanitary projects as well as to build or expand hospitals. In addition, most of the quack doctors were eliminated by new legislation. With the responsibility for administration of public health moved down to local levels, and with greater professionalization of doctors and nurses (the latter significantly influenced by Florence Nightingale), medical care was becoming more effective in combatting the major illnesses of the time.

Fever in *All the Year Round*, 1860-65

With few exceptions during this period, items published in *All the Year Round* favoured the medical narrative.¹ While major sewer and other sanitary projects were seen as exciting, authors of articles on public health clamoured for greater attention to be paid to the needs of the poor, whether or not they were employed. Rather than call for strict supervision of sanitary practices in workers' dwellings, authors agreed that improvements other than clean, well-ventilated households were of primary importance. For example, "The Lives and Deaths of the People" (1860)² summarizes the report of the Chief Medical Officer (John Simon) who brought forward three issues to which the medical community had been urging attention over the previous decade. The first was greater control over vaccination, because the death rate from smallpox continued to be high in England (2000 deaths in London alone in 1859) compared with that of other countries where the disease had been virtually stamped out. The second was the argument that "we can know but imperfectly what goes to build up or destroy the health of a people, if we give no heed to its meat and drink" (199). The third, of particular relevance to the medical community, was the lack of control over the sale of poisons that could be used for criminal purposes or result in accidental poisoning when "incompetent druggists' lads" (205) bungle the composition of drugs prescribed by doctors.

All three of the problems that Simon raised were germane to the health of the poor, but the greatest challenge of all was how to respond to hunger, particularly if "poor" includes those people without jobs or who live on the street. The article "Poverty" (1865) promotes warmer dwellings as a vital need. This flies in the face of the sanitarian premise that ventilation, no matter the weather, is a requisite in addressing the problem of fever among the poor. The article claims that sanitary commissions have made too much of

“rubbish-heaps, putrefying animal remains, and excretive matter” (513) because these are rarely dangerous and only offend the sense of smell. The author argues that inadequate heating is a far greater cause of disease and that, “By placing them [miasmas] at the head of the list of insalubrious influences, sanitary commissions pursue the shadow of the evil, while they allow the substance to escape” (513).

Submissions to *All the Year Round* on fallen women who had become exposed to privation and disease would have been of particular interest to Dickens, given his work with Angela Burdett-Coutts at Urania Cottage. Thus, “Stoning the Desolate” (1864) would certainly have moved him, with its graphic description of women exposed to the elements outside the camps of British soldiers stationed in Ireland, especially along the Curragh of Kildare. The author recounts how Irish priests entered the camp to demand that the army tear down a few booths built against the barrack wall, the only shelter available for the women. The women are spurned by the Irish who, even if one is “dying in a ditch, do not go near to speak to her of human sympathy, and of Christian hope in her last moments” (369). The prospect in *Our Mutual Friend* of aged Betty Higden setting out to tramp by herself is frightening because those who care for her envisage a fate similar to that of the women in County Kildare, dying alone without “human sympathy.” This is also the possible fate of Lizzie Hexam should she enter into an illicit relationship with Eugene Wrayburn.

All the Year Round articles that criticize English institutions such as workhouses, and laud new initiatives for proper care of the sick poor in hospitals, were published within the same half-decade during which, in *Our Mutual Friend*, Dickens praises the Great Ormond Street Hospital for children and once again damns the workhouses. If all workhouses had conditions like those depicted in “Sick Paupers” (1861) and “Ill in a Workhouse” (1865)

then Betty's refusal to go there, even though old and on the edge of infirmity, would seem fully justified. "Sick Paupers" critiques a pamphlet entitled "Destitute Incurables in Workhouses." The author agrees with what the pamphlet has to say about the terrible lack of care for acutely ill persons in workhouse infirmaries. However, the author finds fault with the proposal that incurable patients ought to be "ticketed," isolated and possibly sent to some other institution. The patients so selected would lose all hope and opportunity of freedom, and doctors would loathe treating them. The author claims that doctors are very uncertain about what is incurable and what not, and so the selection process would be too arbitrary. The author of "Ill in a Workhouse" uncovers additional faults with the workhouse infirmary. The overworked infirmary doctors' actions in treating any severe illness are useless unless they are complemented by professional, experienced nurses, as when they start to work in hospitals. The author claims that, in workhouse infirmaries, most "sadly mis-called 'nurses' . . . are simply some of the able-bodied paupers who happen to be inmates at the time" (177). The author then condemns the poor quality of nutrition provided to infirmary patients, claiming that it consists mainly of tough boiled beef and pea soup, both of which patients find indigestible because they cause "pain and spasm in the stomach" (177).

As we have seen, Dickens's novels of the 1850s demonstrate an alliance with the medical narrative through the high regard they show for formal and informal nursing. He emphasizes this again in *Our Mutual Friend* through the care taken of Eugene Wrayburn after his nearly being murdered. Articles in *All the Year Round* in the first half of the 1860s praise advancements in nursing. In "Bed-side Experiments" (1860), Florence Nightingale is given credit for establishing nursing as a profession, with her *Notes on Nursing* referred to

as “the most sensible book ever written on the subject of nursing practice and ‘commandments’” (539). The author supports Nightingale’s recommendation for the institutional establishment of scientific training for nurses and, with a nod to Dickens who represents in his fiction the nadir of nursing practice, proposes that, “all professional nurses, at least, may be obliged to go through a regular system of instruction which shall qualify them for their work into something very different from . . . Mrs Gamp” (541). “A Fight with Fever” (1865) lauds the advancements made at the London Fever Hospital, including a quadrupling of patients over a period of three and a half years. It provides an account of how, during an epidemic of 1863, and “at peril of their own lives, the officers and nurses of the hospital were engaged in mortal struggle with a disease that smites the poor and ignorant for neglects of the rich, who should also be the wise” (16-17). The author argues that the rich are not exempt from the outbreak of fever: “Pestilence stalks, clothed in his own purple of the poisoned life-blood of man, into the homes of those who wear fine linen and fare sumptuously every day” (17). But, it is mostly the poor who need to go to the Fever Hospital and, according to this author, have no fear of entering there as they are fed nutritious food and rest in clean beds in spacious wards.

In a similar laudatory vein, Henry Morley’s “Between the Cradle and the Grave” (1862) is part essay and part visitor’s tale, about the Great Ormond Street Hospital for Children. Morley, as can be seen from earlier works discussed in Chapter Four of this thesis, tended to dramatize his narratives, and this piece is no exception. He begins the expository section of the article with the stark facts of continuing child mortalities:

In London alone, there die in a year young children enough to make an unbroken line of corpses, lying head to foot, along the kerb-stone on each

side of the way, from Bow Church down the Bow-road, through Mile-end, and down the Mile-end-road, Whitechapel-road, Whitechapel, Aldgate, and on through Leadenhall street, the Poultry, Cheapside, and on still through Newgate-street and Skinner-street, to line with dead children both sides of the whole length of Holborn and Oxford-street, to beyond Kensington-gardens.

(454)

Morley argues cogently, during the early days of the emergence of pediatrics as a field of medicine in England, for more specialized knowledge in dealing with the diseases of children and for medication uniquely adapted to their needs. In the narrative section of the article, Morley describes a Christmas celebration of music and puppetry that anticipates the arrival at the same hospital of “Our Johnny” in *Our Mutual Friend*: “Little phantoms themselves [the patients], rounding slowly back into substantial health, or into a health they had never known since they were born to privation and suffering, they had a feast of smiles and gentle words more welcome to them, even than the puppets, from the friends with hearts warm in their cause . . .” (456).

Regeneration, a topic of particular relevance to *Our Mutual Friend*, was also popular in *All the Year Round* during the period examined here. One example is John Hollingshead’s “London Underground” (1861) which mainly concerns itself with the plans being laid before the Metropolitan Board of Works for the construction of sewer works. Hollingshead expresses, at a time prior to the commencement of construction on the Embankment, some justified concern about the waste of time and money caused by research and endless numbers of committee discussions. However, he is quite fascinated with the proposals for reclaiming the waste in the water and putting it to economic use, all of which

came to naught. With intonations reminiscent of both the description of the dust piles and the dismissiveness of Podsnap in *Our Mutual Friend*, Hollingshead writes:

We have been taunted with the superior wisdom of the despised Chinese, who have no elaborate underground sewage system, and who, instead of carrying away their floods of sewage wealth into the sea, by tunnels built at the cost of millions of money, gather it every morning by public servants with more regularity than our dust is called for by the contractors, and take it away to nourish agriculture. Our reply to this taunt is, that people (adopting the vulgar superstition) who are as numerous as ants, and who have to live in boats because the land is too crowded to hold them with any comfort, must be often at their wits' end to procure food, and are, therefore, no models for a well-to-do civilised nation. (391)

With a more sober attitude, Dickens approached the *motif* of regeneration in a narrative of his own, which appeared in *All the Year Round* in 1862, as part of *The Uncommercial Traveller* series. In “The City of the Absent” Uncommercial visits old, desecrated graveyards in the City. The story is in part a reflection on a familiar theme in the sanitary literature that had so fascinated Dickens – the fever from rotting human flesh spreading from overcrowded city graveyards through effluvia and polluted ground water.³ Uncommercial refers to “his” graveyards as possessing the “contagion of slow ruin.” Sometimes he hears a rusty pump nearby and imagines that it is as if “the departed in the churchyard urged, ‘Let us lie here in peace; don’t suck us up and drink us!’” (Slater, ed. *Dent Uniform Edition*. IV 262). He particularly enjoys the graveyards at night when there is no one else around and when there is rain or mist. He calls one of the graveyards “Saint

Ghastly Grim”⁴ and recounts how on impulse he hailed a cab to see how its gate ornamented with skulls and cross-bones would look during a thunderstorm. Illuminated by a lightning flash, the gate has “the air of a public execution,” a thrill that for him has “the attraction of repulsion” (263). Just when the reader becomes accustomed to Uncommercial’s sole presence and gothic imagination, he recounts his observations of impoverished people who have survived and now thrive in these fever sites. In one case, he is astonished to see a very old man and woman in a “pastorally-loving manner” harvesting an apron full of hay in a small patch of graveyard surrounded by a high fence, and buildings with shut windows and doors. Given that they had no appearance of being either pew-opener or beadle, how could they have gained entrance to the graveyard? Remarking that they resemble “Time and his wife” (264), Uncommercial wonders whether “they were Specters, and I wanted a Medium” (265)? This salvaging of corrupted earth recurs when, one evening, Uncommercial visits one of his graveyards, only to discover “two comfortable charity children . . . making love” (265) on bits of church matting. He watches them for a time, finding it “so refreshing to find one of my faded churchyards blooming into flower thus” (265). Suspecting that Saturday evening was their usual “trysting-time,” Uncommercial returns weekly to observe them, until they absentmindedly leave the church door open, and the “obese form” of a church official emerges bawling out their names. Uncommercial diverts this officer on a pretense, allowing the charity children to avoid detection, and noting that “It would be superfluous to hint that I have ever since deemed this the proudest passage in my life” (265). Dickens’s “The City of the Absent” is, therefore, a very instructive piece, considering that it was written at a time when he was busy giving public readings and in the early stages of thinking about the next major novel, which would turn out to be *Our Mutual Friend*. In

Bleak House the city graveyard was ghoulish, stinking, crawling with rats, and evocative only of decay, disease and the absence of spirit. In this piece, quiet and solitude reign within the graveyard. On the reclaimed land, miasma and effluvia have departed and instead the earth is fertile. Upon it the poor garner a harvest and have romantic liaisons. Uncommercial is on a pilgrimage that he often undertakes at night, like Dickens, seeking a connection with the “absent” and dead city, and finding himself moved, surprisingly, among the poor who are bringing back life to spoiled ground. Like John Harmon in *Our Mutual Friend*, Uncommercial tends to be passive and dismissive of his own identity but he comes to life despite all that. “The proudest passage” of Uncommercial’s life is a simple matter of helping the poor, like John Harmon’s acts to help Betty Higden and to elevate the Boffins to a level of virtue higher than that possessed by any members of “society” in that novel.

Our Mutual Friend

Our Mutual Friend is primarily about regeneration in a physical and social environment blighted by disease. The disturbing debate between the sanitarian and the medical narratives that energized Dickens’s 1840s novels has much changed. It is also as if the apocalyptic epidemic prophesied by the fiery narrator of the 1850s novels has already occurred. The damage left by this disaster is much in evidence and fever continues, but on a lower scale. There is no social body left in the form of government or the law, except for a few remnants – the workhouse and the Harmon Will. However, the workhouse, evil as in *Oliver Twist*, is placed deliberately at a distance and we meet none of its inmates or officials. The Harmon Will never goes to court, although, like other wills in Dickens’s novels, it represents the heritage of England or, in a more sinister but precise sense, it is, as Goldie

Morgentaler says, “the tyranny of the past over the present” (175). Moreover, the Will does not precipitate outbreaks of figurative fever as wills did in *Bleak House* and *Little Dorrit*. The unnatural ground upon which London is situated survives as a body but it is diseased and weakened. “Society,” false and scavenging when portrayed at the Veneering dinners, lacks moral fibre and the will to recognize the poor as citizens. Yet, there are some hopeful signs of regeneration. The equivalent to regeneration in the fever narrative is the recovery of the patient -- be it the individual or the social body -- when care is provided expertly and through dedication. As in the “The City of the Absent,” encouragement comes, figuratively, from the recovery of old soil that, over the course of time, has become no longer miasmatic. The river is more physically and morally contagious than is the soil of London but hope is offered that its purity can once again be reclaimed and its waters can become as pure as the virginal ones that run upstream in the country.

The components of the fever narrative include accounts of fever and death among children as well as stories of survival and change for those who live on the once-miasmatic soil, as well as those affected by both the contagious and the curative powers of the river. The fever narrative of *Our Mutual Friend* is categorically different from that of other novels by Dickens discussed so far and it is, fittingly, a retrospective on these novels.

The two stories of sick children in the novel privilege the medical narrative’s etiology of the spread of fever through contagion and implicitly introduce the regeneration narrative. One is the brief account of Charley Hexam’s first school, where he is among the very few to survive disease and adapt to a self-sufficient role in life. However, just as in an evolutionary process where not every emerging species has superior social qualities to those they overtake through superior strength, Charley regenerates himself materially while he

degenerates morally. This first school is extraordinarily poor and it is more harshly administered than Mr Creakle's regime in *David Copperfield*: if it had been a full-time establishment, its practices would compare with the organized cruelty at Dotheboys Hall in *Nicholas Nickleby*. The teacher's corporal punishment of students is described as "smoothing," which is usually applied to the head, sometimes with one hand and at other times with two. The education is as misdirected as at Squeers's establishment – even the infants have to repeat the word "sepulchre" five hundred times. In this unhealthy setting, "the whole hot-bed of flushed and exhausted infants [are] exchanging measles, rashes, whooping-cough, fever, and stomach disorders, as if they were assembled in High Market for the purpose" (216). The callousness of the simile used here – disease as a market commodity – underlines the disregard of schools for the health of children and foretells other uses of "market" that signify failure, as in the "orphan market." However, even in this dangerous "temple of good intentions," as Dickens wryly terms it, there is an occasional "exceptionally sharp boy" who evolves, learns to know more than the teachers and moves on from the "jumble" to a higher school. Charley, thanks to Lizzie's self-sacrifices, has become one of the fit who has avoided following his father's "trade," has survived the lower school and now shines as an exemplary student under the tutelage of Bradley Headstone. For a novel that Adrian Poole says in his introduction is "concerned with shining up the darkness, cleaning off the dirt, turning waste into true wealth" (xiv), Charley's rise out of the filth of the river is at the cost of his moral degeneration.

Johnny's brief history also supports the interconnection of the fever and regeneration narratives. After the Boffins experience the duplicity and failures of the "orphan market," Johnny is brought to their attention by the Reverend Frank Milvey, one of the few positive

and honest clerics depicted by Dickens. When the Boffins, Bella and Rokesmith come to inspect Johnny, the boy overbalances himself and falls into a gutter, an act that is rather like that of the tumbling Peepy Jellyby in *Bleak House*. Despite this ominous introduction, the visitors find that Johnny is being raised in an ideal setting. After her granddaughter's death, Betty has taken on the orphaned Johnny, in addition to another orphan (Sloppy) who otherwise would have been sent to the workhouse. She also "minds" during the day two other small children, familiarly called Toddles and Poddles. The narrator draws attention to the "neat and clean" condition of Betty's room and to the importance of reading (Sloppy, for example, is excellent at reading police stories from the newspapers). Thus, Johnny is an ideal child to become the new "John Harmon," with excellent prospects when Betty is ready to let him go. However, this regeneration of the Harmon heir is not to be, because Johnny "catches" a fever from one of the "minders." Betty has waited until the disease is well advanced, consulting only a doctor who is of little help and who pronounces a long name (probably Latin) for Johnny's disease – from its symptoms Rokesmith/Harmon is probably correct in suspecting it is measles. Given Betty's utter distrust of institutions, it is hard work to convince her to allow the Boffins to take Johnny to the children's hospital but, once he is there, Dickens has an opportunity to praise the Great Ormond Street Hospital, an institution that he aided materially through his 1859 speech. Johnny's death scene is somewhat reminiscent of Little Nell's in *The Old Curiosity Shop*, as Dickens invokes again the spiritual ascendance of the dead child, the gathering to Christ. At the head of Johnny's bed there is "another Johnny seated on the knee of some Angel surely who loved little children" (325). Apart from this spiritualized image, several other aspects of the scene suggest regeneration. The title of the chapter is "In Which the Orphan Makes His Will." This, in

part, is because Johnny understands that he is dying and he cedes the beautiful presents that he has been given by the Boffin party to the boy in the next bed, who is recovering from his illness. The presents themselves – toys of a Noah’s Ark, a yellow bird, a noble steed, and an officer in the Guards who is “doing his duty over the whole” (325) – suggest a regeneration scene deriving from the flood in Genesis. The ark will carry those chosen to survive while the bird will seek dry land and, when this is discovered, the horse will carry the chosen back to fertile land as the guard will protect them in their new life. Also, with the customary Dickensian wisdom of the dying child, Johnny heaves up his body, seeks Rokesmith’s face, says “A kiss for the boofer lady” (his affectionate name for Bella) and promptly dies after having “arranged his affairs” (327). Thus, the “real” John Harmon can come back to life after nearly being displaced and Bella can be regenerated as both good and rich (although she does not know Rokesmith’s identity and economic status as yet), while Johnny’s compassionate will counters the malicious one of the departed Mr Harmon.

London itself is more inhospitable than in *Bleak House*: the dust is at least as dark as the fog of the earlier novel and the Thames is more swampy and polluted. In the fever narrative of *Our Mutual Friend*, London’s dust is connected to the sanitarian concept of filth while the Thames is linked to the medical narrative’s position on the transmission of disease through other media in addition to effluvia. Disease, poverty, and social injustice are still rife. A more fundamental change to England than depicted in the other novels discussed in this thesis is thus necessary if life is to become worth living again or even if survival is to continue. It is tempting to think that Dickens looks for change in ways that he did as a younger writer. In earlier fiction Dickens privileged a “change of heart” in such characters as Scrooge and old Martin Chuzzlewit as being the seed that could take root and replace the

rank weeds of society in more effective ways than legal, governmental or any other official initiative. However, the topos of this novel is not a change of heart in the existing setting but rather a fundamental physical, moral, class, and institutional regeneration that is shown in its embryonic stages.

In *Our Mutual Friend* most of the dust has become sanitized over time, but it still carries remnants of the physical and moral vengeance wrought by fever and neglect of the poor as chronicled in Dickens's novels of the 1840s and 1850s. The dust has turned into geologic formations, as have the layers of the earth. Mountains have been raised as chronicled in Mortimer's "tale" of the miserly old Harmon: "On his own small estate the growling old vagabond threw up his own mountain range, like an old volcano, and its geological formation⁵ was Dust. Coal-dust, vegetable-dust, bone-dust, crockery dust, rough dust and sifted dust, – all manner of Dust" (24).⁶ There is a clear association between the dust piles and the sanitary project to collect vegetable and animal waste and to cart it away from the poor, densely populated areas of the city. Following its removal, the dust has drained and dried until it has become sanitized. The dust piles outside of it affect Boffin's Bower. Because of its grim history as Harmony Jail, it has a lean look and would have dissolved into dust had not the Boffins kept it scrupulously clean. Even within London, graveyards where the sick poor were buried seem no longer miasmatic and their histories no longer decipherable. Bradley Headstone chooses to have a private discussion with Lizzie Hexam by such a churchyard where, "conveniently and healthfully elevated above the level of the living, were the dead, and the tombstones; some of the latter droopingly inclined from the perpendicular, as if they were ashamed of the lies they told" (387). Yet it seems that the contagion, or at least the "moral contagion" that Dickens frequently writes of, retains some

of its former potency, as it is here that Bradley makes his feverish and dangerous demands of Lizzie.

London in general offers a panorama of dust, darkness, and death: “A grey dusty withered evening in London city has not a hopeful aspect. The closed warehouses and offices have an air of death about them, and the national dread of colour has an air of mourning” (386). Figuratively, the city still suffers from an infection – the narrator states, “the whole metropolis was a heap of vapour charged with muffled sound of wheels, and enfolding a gigantic catarrh” (417). When the warehouses and offices close there is an allusion to recycling (a form of reclamation) as “melancholy waifs and strays of house-keepers and porters sweep melancholy waifs and strays of papers and pins into the kennels, and other more melancholy waifs and strays explore them, searching and stooping and poking for anything to sell” (386). Nevertheless, this recycling practice does not stop the accumulation of waste in London, a city that is far in arrears of Paris where “wonderful human ants creep out of holes and pick up every scrap” (147). Moreover, there is a “new” dust blowing about and settling on London – sawdust – “that whirled about the sawpit. Every street was a sawpit, and there were no top-sawyers; every passenger was an under-sawyer, with the sawdust blinding him and choking him” (147). The sawdust signifies the effect of new industrial development, a march of commerce that does nothing to help the poor.

The “mountains” of dust that are at question in the Will of old Mr Harmon represent the intersection of three narratives, two of which have already been mentioned – fever and regeneration: the third is that of a utilitarian economy, whereby filth belonging to the poor is turned into gold for the rich. The dust piles are created through the sanitarian objective of

hauling filth away from the streets, where miasmas cause fever, and removing them to a site where they can drain and become sanitized into dust over time. Finally, cheap labour can be used to sort through the dust and the proprietor can sell it for a large profit. The dust piles are metonymic for the dust and scraps of paper stirred up all over London – dust as the residue of fever, dust as the raw material for generating money, paper money generated from filth that includes human excrement. Edgar Johnson argues that dust signified a vision of London in ruins and an Empire under collapse: “As in the world of Eliot’s poem, this London is a waste land of stony rubbish and broken images, of dead trees, dry rock, and dust” (II, 1043). Johnson writes that *Our Mutual Friend* was thus Dickens’s darkest novel, wherein the “misfits,” like the Boffins and Jenny Wren, “survive rather feebly” (II, 1042). Certainly, Boffin’s slip-up in asking Wegg to read him “The Decline and Fall of the Rooshian Empire,” when the volume in question is Gibbon’s huge work on Rome, is a sly joke by Dickens about the crumbling to dust of the British Empire. Johnson refers to Boffin as an “exception” in a capitalist, inhumane society dominated by the Veneerings, Podsnap, and the Lammles. Yet, even though it may have been such in the days of old Mr Harmon, the act of reclamation of exhausted diseased soil is not portrayed purely as a besmirching of English currency. The act, when exercised by a “golden dustman,” is certainly seen as such by “Society” at the Veneering parties. However, as Mortimer reveals at the end of the novel, the “voice” of that society is indeterminate. It may be that the voice rarely heard until it becomes counter-cultural is to be preferred: the voice of the anxious Twemlow who speaks out in favour of the marriage of an upper-class man and a lower-class woman. Boffin is another candidate for this position of being the social voice. Although he is illiterate, he can out-act the best of the bluffers at the Veneering parties when he is doing so

for a good cause. Even the once-poisoned dust has taught Boffin directness and moral discrimination. When Mr Venus asks Boffin for his “word and honour” that he will remain temporarily silent about Wegg’s plot against him, Boffin replies, “you have my word; and how you can have that, without my honour too, I don’t know. I’ve sorted a lot of dust in my time, but I never knew the two things go into separate heaps” (564).⁷

Evolution is bringing more changes to the Dickens world than that of turning a dustman into gold. Venus, for example, is regenerating humans (or their skeletons at least) from assorted bones. His mordant shop is changed into a love nest by Mercy Riderhood, who is also in the regeneration business through operating a pawnshop. Even Wegg wants somehow to regenerate his missing leg but has to settle with purchasing back his bones from Venus.⁸ Jenny Wren is another prime example of a character that rises above the infected dust through her regenerative power of voice and imagination. She has the many disadvantages of being poor and disabled, probably as a result of contracting rickets through childhood malnutrition and air pollution (Eysell 139). Moreover, as the “person in the house” she has the difficult task of caring for her alcoholic father, whom she calls her “child.” The father associates his state with disease. On arriving drunk, and looking like a man with a fever, he pleads with Lizzie not to abandon him to the strict regime of his daughter, begging that she should not “fly from unfortunate man in shattered state of health. Give poor invalid honour of your company. It ain’t – ain’t catching” (239). But with many more disadvantages than Little Dorrit, Jenny provides care to others through her powerful creativity and imagination. Her occupation as a maker of doll’s clothing from scraps that she buys cheaply here and there is another instance of the regeneration motif. Where Jenny lives is anything but a “flowery neighbourhood” but she uses her imagination to transform it,

saying, “I smell the white and the pink May in the hedges, and all sorts of flowers that I never was among” (238). The scene where Jenny invites Fledgeby to join herself, Lizzie and Riah in an imaginative rising-up to death, in a realm beyond the dust and infection of current life, is a regeneration parable. The sense of it escapes Fledgeby because he lacks imagination:

“We are thankful to come here for rest, sir,” said Jenny. “You see, you don’t know what the rest of this place is to us; does he, Lizzie? It’s the quiet, and the air.”

“The quiet!” repeated Fledgeby, with a contemptuous turn of his head towards the City’s roar. “And the air!” with a “Poof!” at the smoke.

“Ah!” said Jenny. “But it’s so high. And you see the clouds rushing on above the narrow streets, not minding them, and you see the golden arrows pointing at the mountains in the sky from which the wind comes, and you feel as if you were dead.” (279)

If London’s dust can sometimes be mitigated by means of high elevations and imagination, the lower areas along the Thames tend to entrap both visitor and resident in their pollution and contagion. As Mortimer and Eugene are on their way to view the body presumed to be that of John Harmon, they go along the river “down by where accumulated scum of humanity seemed to be washed from higher grounds, like so much moral sewage, and to be pausing until its own weight forced it over the bank and sunk it in the river” (30). “Moral sewage” is not necessarily oxymoronic. However, this term and its surrounding passage are certainly multivalent.

One way of understanding the above passage is to interpret it as the near-completion of the sanitarian mission to drain the fever-generating miasmas from poor neighbourhoods and to get the filth to move on in running water. Unfortunately, the side effect of “moving on,” as in *Bleak House*, is the spread of fever to a larger and more varied population. This aligns with the medical narrative, which depicts fever as being on the move and as jumping all hurdles. In the 1860s, but not specifically mentioned in the novel, major new engineering works that typified the sanitarian approach were underway in London. Did Dickens instil the “aura” of the Embankment into the aqueous environment depicted in *Our Mutual Friend*? In her 2011 biography of Dickens, Claire Tomalin says no.⁹ In her 2008 *Cleansing the City*, Michelle Allen says yes, definitely: the river is not only the life-giving or identity-founding resource for characters in this novel but it is itself a subject for regeneration through what Dickens figures as its pristine, child-like waters upstream.

Another understanding of “moral sewage” is to see it as invoking imagery of the dying urban landscape, squeezing out its last infected ooze into the river water, in proximity to where many of the poor live, who, in the eyes of “society,” are infected by such an environment. This is a part of London that Podsnap wishes to banish. Lady Tippins finds it to be outrageous that a “female waterman” from this place should marry a gentleman and that “society” should be asked to take her up as a “lady.” Dickens’s use of “moral” is bitterly ironic because it reflects more upon the middle and upper class observers than upon those who are being observed. However, even more so than in *Bleak House*, Dickens takes us into the infected zone. There are some such as Gaffer Hexam who have a symbiosis with the river. His boat is “covered with slime and ooze” and is “Allied to the bottom of the river rather than the surface” (13). Such clothing as he wears seems “to be made out of the mud

that begrimed his boat” (13). However, for visitors to the river there is a different way of life by the water than there is on land, because emotions that have never risen within the mordant city are released near the Thames, through either violence or desire. Both Mortimer and Eugene are discomforted by the cold, forlorn night they spend while waiting for Gaffer’s return from his usual hunt. Of the two, Eugene is in a much worse state: he spits out a mouthful of sherry and exclaims, “Tastes like the wash of the river” (166). Mortimer suggests that it is all “Influence of locality,” but the truth is that Eugene is mesmerized by his sexual desire upon spying Lizzie through the window of Gaffer’s shack. Eugene commits himself imaginatively to multiple crimes because of illicit emotions, but he finds it impossible to stop having erotic fantasies. His dilemma is resolved late in the novel when the tables are turned and Lizzie saves him from drowning upstream in the same river whose water he found so distasteful. He regenerates into a being, like Lizzie, who is devoted but in his weakened state appears unlikely to regain the libidinal energy he once had.

Pamela Gilbert in *Mapping the Social Body* considers “moral sewage” as denoting changes in the “sanitary project” and its alignment with Victorian perceptions of both the biological and the social body. Gilbert attributes a turning point in sanitarian mapping to John Snow, whose 1855 demonstration of the transmission of cholera by water showed that fever could move invisibly. Now the river became central to the sanitarian project rather than the miasmas in poor urban neighbourhoods or the spread of fever from one person to another. A body became sick from what it ingested through the mouth and, then, what the sick body emitted through the anus infected others. So, too, the social body of London had a mouth in the privies of the city and a system resembling an intestine that transmitted

contagion to the river, which correlated to the anus of the body. The river supplied drinking water for the population. This change in the sanitarian mapping explained, according to Gilbert, the major difference in the representation of contagion from *Bleak House* to *Our Mutual Friend*. Gilbert's main interest is with how the sanitarian project was interwoven with the Victorian preoccupation with the individual, as well as the social, body.

"Incontinence" (emissions from the body) causes disease to be carried from one person to another through the river water. In *Our Mutual Friend* Dickens represents the river as the failure in healthy self-containment of both the individual and the social body. Lizzie does not like her father's trade because the river men "fed" themselves on other bodies. The "leaky body" was the violent or sexual body. Filth was both a sanitary and a moral hazard. Gilbert argues that Dickens drew upon the sanitarian dictum that purging the individual body of both literal and moral filth would result in the health of the social body, but that "he was deeply suspect of what he saw as this project's [the sanitarians'] utilitarian challenges to individuality" (113). Gilbert points out that images of "leaky bodies" that come from or are in the river are prominent in *Our Mutual Friend*. They range from the dead bodies that the "Birds of Prey" find in the river to the drowning and near drowning of Gaffer, Rogue, Bradley, John Harmon, and Eugene. These bodies, just like the social body, are "grotesque." The Embankment is an example of "containment." However, Gilbert argues that the Embankment represents only a faint hope for the health of the individual and social body in this dark novel. The virginal upstream reaches of the Thames are polluted by the incontinent Headstone and Riderhood. The washing away of old, undetermined and incontinent selves in this novel is, according to Gilbert, a benefit that is conferred on the

very few – only John Harmon and Eugene Wrayburn in fact. Gilbert believes that the “active creation of the self is really restricted to the middle-class man” (132).

I have gone to some length to describe Gilbert’s argument because it is often quoted in recent criticism and it relates in certain ways to the sanitarian narrative discussed earlier in this thesis. Her approach furthers an understanding of Dickens’s late-career representation of medical, social and gender discourse that implicates both the individual and the social body. Gilbert also presents a convincing argument on privileging the agency of the river in the novel.¹⁰ However, Gilbert’s reference to the “sanitarian project” differs from what I have termed “sanitarianism” because it includes both the Chadwick-led sanitarian approach to public health and the subsequent initiatives undertaken by municipal governments under guidance of a man sympathetic to the medical narrative, John Simon, the Chief Medical Officer. Moreover, it is only in retrospect that one can see a fundamental shift in medical discourse on the etiology of disease in the years between the two novels as a result of the work of John Snow. Medical historians today give Snow’s discovery pride of place, but it was more than a decade after his death in 1858 before Snow’s contribution to an understanding of the transmission of disease received any significant recognition in Victorian England. Notwithstanding, Dickens’s representation of fever did change in *Our Mutual Friend* from what it had been from 1840 to 1860. It was no longer so energized by the conflict of the sanitarian and the medical narratives because it was looking retrospectively at the outcome of fever in a city, and its river, where what I have termed the storm of vengeance had already occurred. As well, while it may have been only a flicker, there was some light of hope for renewal and improvement emerging from two distinct sources that I will now discuss.

There is a categorical difference between the way *Our Mutual Friend* represents the Thames in London as compared with the description of its source in upstream country reaches, where it is figured as beautiful, pure, and young:

In those pleasant little towns on Thames, you may hear the fall of the water over the weirs, or even, in still weather, the rustle of the rushes; and from the bridge you may see the young river, dimpled like a young child, playfully gliding away among the trees, unpolluted by the defilements that lie in wait for it on its course, and as yet out of hearing of the deep summons of the sea. (497)

Michelle Allen argues that Dickens's optimism about the Embankment and drainage works in London is reflected in his depiction of the river upstream, where he "creates a sanitary idyll, a powerful fantasy of moral and material existence restored to a state of perfect cleanliness" (110). Upstream this idyll is complemented not only by the purity of the water but the benign industry that employs poor people under fair terms and (apparently) does not foul the water. It is here also, according to Allen, where "the novel's urban pollutants – materialized as violence, jealousy, and sexual predation – are finally cleansed or destroyed" (110). While Allen argues effectively that the origin of this idyll was significantly driven by Dickens's optimism over the Embankment, the picture she paints seems rather too rosy. Just as Fledgeby climbs up and intrudes upon Jenny's rooftop "heaven" in London, Eugene bribes his way into finding Lizzie and disturbs her pastoral retreat, and Rogue destroys Bradley's precious reputation. We are also told that Betty Higden, on her tramping through similar country, "would light upon the shameful spectacle of some desolate creature – or some wretched ragged groups of either sex, or of both sexes,

with children among them, huddled together like the smaller vermin for a little warmth – lingering and lingering on a doorstep, while the appointed evader of the public trust did his dirty office of trying to weary them out and so get rid of them” (498). While these disturbances do not destroy the potential of the upstream idyll to represent optimism about London downstream, they do imply that more fundamental changes are necessary than merely purifying the water of the Thames from its entry into the metropolis to where it empties into the sea. Dickens’s evocation of the river as a playful child in these upper reaches implies that these fundamental changes, if they do realize themselves with positive results, will take time, generations probably. It is a similar thought to that with which he concluded *Bleak House*, where there is hope arising from the building of new structures to replace those that have been contaminated and with the rearing of children who are loved by their parents rather than left as “wards” of the court.

The other hope for renewal as a force against pollution and disease comes from the impact of scientific thought following Darwin’s publication of *Origin of Species* in 1859. Even the allusions and evolutionary images that appear in Dickens’s descriptions of London in this novel tend to evoke the theory of the origin of life in water, such as when Boffin hides in Venus’s shop behind an alligator skeleton. Dickens writes how “the yard or two of smile on the part of the alligator might have been invested with the meaning, ‘All about this was quite familiar knowledge down in the depths of the slime, ages ago’” (570). The Thames is thus arguably the main site for the evolutionary process. Mysterious beings that seem to have evolved during the early years of earth are to be found there. As Lizzie at dusk watches her father returning from the river, she sees nearby “amphibious human-creatures who appear to have some mysterious power of extracting subsistence out of tidal water by

looking at it . . . gathered together about the causeway” (80). Humanity in evolution is not always on the track of upward progress. The “bird of prey” Rogue Riderhood is figuratively an example of this form of being, as he leads Bradley and Eugene in a hailstorm towards the place where Gaffer harbours his boat: “He crushed through them [the hailstones], leaving marks in the fast-melting slush that were mere shapeless holes; one might have fancied, following, that the very fashion of humanity had departed from his feet” (158). In *Dickens and Heredity* Morgentaler thoroughly analyses the evolution motif in *Our Mutual Friend*. She argues that, “Because the degenerative processes in the novel are also transformative they suggest rebirth and regeneration. Death becomes not an end in itself but a beginning of something else” (183). Edgar Johnson, as discussed earlier, would have us see this novel as a representation of a dead city and river but Morgentaler would see life as continuing but evolving. This is a form of optimism but not one that necessarily salvages human civilization. Morgentaler suggests that, “Darwin relegated Man to the margins of creation in *The Origin of Species*. Dickens, as a novelist, can do no such thing. . . .” (185). She further suggests that Dickens returns in *Edwin Drood* to the more-human centred mode (heredity) of his earlier novels.

Perhaps this indeterminacy and non-human mode of representing renewal also helps explain why the identity changes through near-death experiences are somewhat less convincing in *Our Mutual Friend* than they were in earlier novels, where fever was often the catalyst. The experience of emerging from fever generally involved looking at human relationships in a new way in a society that needed reforms, either particular or systemic. The near-death experience for John Harmon, Eugene, and Rogue is through survival from drowning. Of the three, Rogue returns, to everyone’s disappointment, as his old,

objectionable self. By contrast, John Harmon and Eugene are fated to continue re-experiencing the nearness of death in the water as they recreate their personal identities. But this is hardly a stable process, and not one that symbolizes the cleansing of the physical environment of London, or the reform of London's indulgent "society," or the provision of food and shelter to the poor starving on the streets.

An apt medical metaphor for the imagination that went into the creation of *Our Mutual Friend* and the experience of the novel for its readers has been suggested by Adrian Poole: "As if the writer and his readers were poised, like a doctor and his attendants, over the body of a world, the soul of which seems to hover and flicker, between renewal and extinction" (xxiv). The components of this urban perception were suggested in various ways in the journalism discussed at the beginning of this chapter, and then integrated to some extent into "The City of the Absent" and more fully developed in *Our Mutual Friend*. Under this new field of perception, Dickens still employs the individual fever narrative for Johnny but the other characters that might have been the subject of it – John Harmon, Eugene and Rogue – are put, instead, at risk of drowning and, in two of these cases, process the under-water experience as a life-changing force. Rokesmith, uncertain about whether or not he should bring out John Harmon, re-envisages his hallucinogenic experiences in the water when the murder attempt upon him had been made. If he decides against resurrection, he "buries" himself under mountains of dust (a similar death to drowning). Eugene, under the care of Jenny and Mortimer, and still unable to announce his decision to marry Lizzie, rises to the surface of consciousness and then sinks down again. It is the same helplessness he had before Bradley tried to murder him, founded in the dilemma of loving a "waterman's

daughter.” It seems in fact that Dickens has combined with fever another field of medical speculation, vitalism, as a metaphorical means of exploring individual identity crises.

Vitalism is the view that there is vitality to life in the body that is distinct from substances and biochemical reactions: this is sometimes popularly expressed in literature as a “spark of life.” Bichat, whose work was well known in England, was interested in vitalism in the 18th century, as was Pasteur in the late 1850s. The episode from *Our Mutual Friend* that has raised most discussion relating to vitalism in the critical literature is the most humorous and ironic as well – the revitalizing of Rogue Riderhood after his “outer husk” is carried into the Six Jolly Fellowship-Porters presumed drowned.¹¹ There is an unusual degree of excitement at the Porters upon the bringing back of the “carcass” of the detested man, who Miss Potterson has banned from the place. Despite apparently hopeless odds, the doctor brought to the scene suggests that an attempt should be made to “reanimate” him. Dickens then offers not only a dramatic vignette but also, arguably, a cameo satire on the moral thrust of his whole novel, in a scene that displays the joining of the individual and the collective in shared hopes for a vital spark’s return to a dying body – not the metaphorical social body of London at large but the repellently literal body of one of the novel’s least promising candidates for renewal and redemption:

All the best means are at once in action, and everybody present lends a hand, and a heart and soul. No one has the least regard for the man; with them all, he has been an object of avoidance, suspicion, and aversion; but the spark of life within him is curiously separable from himself now, and they have a deep interest in it, probably because it is life, and they are living and must die.

(439)

After the dedicated team effort and many dubious indications that the “spark” is still alive, such as the twitching of an eyebrow, Rogue finally struggles up from the watery depths of unconsciousness and looks in what is seen as a sympathetic way at his daughter. Mercy has a “sweet delusion” that he will not only live but be changed. However, the regeneration is extremely brief: “the low, bad, unimpressible face is coming up from the depths of the river . . . As he grows warm, the doctor and the four men cool . . . their faces and their hearts harden to him” (441). Dickens renders the scene indeterminate so that it fascinates all present who attend to see how Rogue will emerge from near-death. Would he not be changed by physical, emotional and spiritual “rebirth” in the water? This depiction of indeterminacy in a world shaped by evolution has a similar destabilizing effect to the representation of a society swept by epidemics. The scene of regeneration under the scientific lens of vitalism is not far removed from the scene of attendance by doctors and nurses on the fever patient.

Apart from having implications for individual bodies, Poole’s metaphor of the author and reader watching over “the body of a world” has even more resonance through the wider lens of *Our Mutual Friend*’s representation of the physical body of London and the social body of England. And, it is here where I believe my starting argument, that this 1865 novel is a retrospective of the fever narratives of novels from the two previous decades, can be further demonstrated. In the novels of the 1840s, fever was a driving force for health and social reform. In *Martin Chuzzlewit*, the headquarters of fever was localized in the American swamp of Eden but its roots were found in England. In other novels of the 1840s the blindness of middle-class characters, particularly the self-righteous way they chose to overlook the health conditions of the poor, raised ominous signs of a storm of vengeance

that, figuratively-speaking, would be the epidemic to end all epidemics, destroying middle-class security in the process. These prognostications grew more severe in the novels of the 1850s, with only a faint hope that fundamental social reform (including public health reform) could stem the coming apocalypse. In *A Tale of Two Cities* the great epidemic of retribution strikes violently and destructively in Paris but it serves as a warning to London as well. *Our Mutual Friend*, then, is both a continuation of and a conclusion to the series of fever narrative novels. London is a patient shown in the wake of the fever apocalypse. It is covered with an explosion of dust that has come from miasmas that have died and turned into gold, but a gold that is as contagious in its own way as its constituent materials.

“Society” is an assembly of ghosts who have no voice. The Parliament, the courts and all institutions seem no longer to exist, with the exception of the workhouse that threatens but is not immediately visible. However, here and there forces are at work, difficult to see in the dark of the dust, and they are beginning the long process of regeneration. In fact, evolution, a new realization for Dickens in the 1860s, is at work.

However, evolution is a dangerous business in *Our Mutual Friend*, no more so than when evolutionary thinking turns to the social environment. Dickens continues in this novel his long preoccupation with the plight of the poor within public health, a unique alliance he has had with the medical narrative. Although he has admired the moral quality of poor people in earlier works, Betty is set apart in her justified defiance of the system. In fact, she represents a dangerous evolutionary change among the poor. Dickens likes this danger just as he likes Betty, whom he describes as “an active old woman, with a bright dark eye and a resolute face, yet quite a tender creature too” (198).¹² Unlike Jo, she can read newspapers, understands the loss of freedom entailed by being compelled to go to the workhouse, and

wants to have full responsibility for her own welfare. She teaches the children she “minds” to read, and even the slow-witted Sloppy is excellent at reading police reports, another indication of the poor beginning to comprehend the exercise of power. Within her impulse to self-determination, for both herself and those dependent upon her, lies an implicit attack on the failures of a capitalist economy and its institutional infrastructures, an attack that emerges explicitly in Dickens’s ominous authorial warning: “My lords and gentlemen and honourable boards, when you in the course of your dust-shovelling and cinder-raking have piled up a mountain of pretentious failure, you must off with your honourable coats for the removal of it, and fall to the work with the power of all the queen’s horses and all the queen’s men, or it will come rushing down and bury us alive” (495-96). However, it is in the second part of this rhetorical intervention that Dickens elevates to sheer exercise of moral justice the power and the right of the poor to rebel: “For when we have got things to the pass that with an enormous treasure at disposal to relieve the poor, the best of the poor detest our mercies, hide their heads from us, and shame us by starving to death in the midst of us, it is a pass impossible of prosperity, impossible of continuance” (496). Betty, then, is the highest form of social evolution in the novel, paradoxically the holder of a right to freedom to be exercised through the right to become extinct.

Notes to Chapter Seven

¹ The notable exception is “Sanitary Science” that was published in 1860. In this article the (anonymous) author claims that, “In the fourteenth chapter of Leviticus, and beginning at the thirty-third verse, we have the signs of leprosy and plague in houses described, and means of removing or destroying such leprosy and plague set forth” (29). By and large, the method was to tear down every such house and remove all traces of it from the community. The author then asserts that there are many such “foul” houses that breed ghostly diseases in London that ought to be removed by this “Levitical law.” The doctor who writes prescriptions in “crampy Latin” has no idea of how to get rid of the pestilence that haunts these houses. The author concludes by privileging the sanitarian over the doctor: “Your only exorcist is the sanitary engineer” (31).

² Authorship of most of the articles in *All the Year Round* is unknown.

³ Slater writes that Dickens was so fascinated by reading the General Board of Health's *Report on a General Scheme for Extramural Sepulchre* (1850) that he dreamed that night of "putrefaction generally" (*Charles Dickens* 260).

⁴ According to Slater this church was St. Olave's on Hart Street, "within sight of the Fenchurch Street Station, which Dickens used for many of his East End expeditions" (Slater, *Dickens's Journalism* IV 261).

⁵ The layering of dust offered, according to Adelene Buckland, the opportunity for Dickens to use figuratively his knowledge of "geology, with its catastrophic natural spectacles, its narratives of historical progress and disorder . . . and also offered him a device for structuring his presentation of a changing urban world" (692).

⁶ In his 1960 *The Dickens World*, Humphrey House was one of the first to argue that "all manner of Dust" included human excrement.

⁷ Joel Brattin writes of how Dickens ensured that Boffin's "moral agency" was demonstrated in his rejoinder to Venus: "In the manuscript, the word 'sorted' was originally 'sifted,' but Dickens crossed it out and added 'sorted' interlineally. The difference is subtle, but important: 'sorted' implies conscious discrimination, and in the context, specifically moral discrimination, whereas 'sifted' may suggest an empty search for wealth" (26).

⁸ According to Rick Rylance it was common for many English visitors to the Army Medical Museum in the United States to remark on the number of amputees carefully examining the many exhibits of severed arms and legs, searching for what they had lost in war. Rylance argues that "Wegg desires a fantasy reattachment, an imaginary wholeness, and this identity deficit is a thread that runs across his malevolent personality" (265).

⁹ Tomalin cites the glowing views of the Embankment and drainage projects that Dickens wrote about in his 1865 letter to Cerjat and then goes on to observe, "it makes you regret that he did not work some of those great enterprises into it. The moral climate of his London is sour and nasty, redeemed here and there only by private courage and virtue" (345).

¹⁰ Vybarr Cregan-Reid suggests that the *Rylands v Fletcher* case which concerned the damage to a neighbouring property caused by the creation of a reservoir set a precedent for the legal definition of "trespass." Newspapers and every law journal reported on the case from its commencement in late 1860 and its settlement by the House of Lords in 1868. The understanding that the public took away from the case was that "water was a live, conscious and capriciously dangerous agent" (20). Cregan-Reid claims that this understanding helps explain the way Dickens depicts the Thames in *Our Mutual Friend*.

¹¹ This incident has become well known in literary and philosophical circles because Gilles Deleuze uses it as a key illustration of his "transcendental empiricism," which embraces both vitalism and multiplicity. John Marks suggests that Deleuze used this example because of the interest of those in attendance in a "universally scorned rogue" in a coma because they "respond not to the individual, but to the pre-individual power of life which is impersonal but singular nonetheless" (30). Also see Graeme Thomson, "A Waste of Time: Vitalism and Virtuality in *Our Mutual Friend*."

¹² For his depiction of Betty Higden Dickens may have drawn upon Henry Mayhew's interview published in 1855 with an old street woman who was a "Pure-Finder." There was, according to Mayhew, a strong market for "pure," dog's excrement collected by the bucket-full that was used in cleaning and in the tanning trade. Like Betty, the old woman in Mayhew is averse to the workhouse: "I could never bear the thought of going into the 'great house'; I'm so used to the air that I'd sooner die in the street, as many I know has done" (II 145). Toker claims that Dickens transformed "pure-finder" into "child-minder" to avoid any thoughts the reader might have about personal contamination (53).

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