

**UNIVERSITY OF WINCHESTER**

**FACULTY OF HUMANITIES AND SOCIAL SCIENCES**

**Timor Mortis Conturbat Me: Complicating Walter's Traditional  
Community-based Death Typology Using Popular Literature**

**ROHAN ELIZABETH BROWN**

**Thesis for the degree of Doctor of Philosophy**

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**UNIVERSITY OF WINCHESTER**

**ABSTRACT**

**FACULTY OF HUMANITIES AND SOCIAL SCIENCES**

Rohan Brown - Doctor of Philosophy

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Walter's *The Revival of Death* (1994) is a core sociological text which provides the dominant methodological approach to academic reflections concerning death-related behaviour within historical English society in the field of Religious Studies. This thesis provides the first extensive academic critique of Walter's ideal types of death detailed within his *Revival of Death*, identifying his misinterpretation and misrepresentation of Weberian ideals which form the foundational structure of his death typology. Removing Walter's types of death from their idealised context, this study argues that his death typology provides a superficial perception of socio-historical attitudes towards death, which not only negates the effect that gender and class distinction had on societal behaviour, but that his typology is prone to variation and expansion when scrutinised.

This thesis expands Walter's traditional era into three snapshots of history: the Middle Ages (c.1000-1535), the Protestant Reformation (c.1536-1660), and the nineteenth century (c.1800-1901), and utilising Walter's own typological structure, critically explores and challenges the cohesiveness of the Bodily and Social Contexts of his Traditional type, which are determined by his formulation of a singular Archetypal Death. Through the theoretical implementation of various possible Archetypal Deaths into Walter's typological structure, namely plague, leprosy, syphilis and tuberculosis, which in turn will be characterised as either morally or physically threatening, this thesis challenges the simplification of Walter's Traditional type of death which destabilises his whole typology. The justification for these alternative Archetypal Deaths is evidenced through their prolificity within contemporary popular literature; popular literature acts methodologically within this thesis as crucial resources which serve to complicate, contextualise and identify correlations and commonalities of socio-historical death-related behaviour in England c.1000-1901. Thus, by critically exploring Walter's Traditional death type in relation to representations of plague, leprosy, tuberculosis and syphilis in contemporary popular literature, this thesis seeks to establish whether the sociological typologisation of death is possible without creating homogeneity, and further questions, if this is not possible, what inherent value such typologisation has as a method of transmitting knowledge.



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PLATE ONE

**Table 4.1** Three types of death

	<i>Traditional</i>	<i>Modern</i>	<i>Neo-modern</i>
<b>Bodily context</b>			
1 Archetypal death	Plague	Cancer/coronary	Cancer/AIDS
2 Dying trajectory	Fast	Hidden	Prolonged
3 Life expectancy	40	70	80
4 See others dying	Frequently	Rarely	Witness dying not death
5 Human condition	Living with death	Death controlled	Living with dying
6 Typical death	Child	Elderly	Elderly
7 Social birth	Follows physical birth	At physical birth	Precedes physical birth
Social death	Follows physical death	Precedes physical death	At physical death
8 Untypical death	Old (venerated)	Young (senseless)	Young (senseless)
<b>Social context</b>			
9 Social structure	Community	Public vs private	Private and public intertwined
10 Personhood Found in	Belonging Community	Identity Family	Identities Relationships
Death = loss of	Social position	Identity	Identities
Task post death	Reconstruct roles	Reconstruct identity	Reconstruct identities
Done through	Mourning	Grief	Grief work
<b>Authority</b>			
11 Authority	God/Tradition	Medical expertise	Self
Known through	The will of God	Doctor's orders	I did it my way
12 Institution	Clergy (male)	Doctor (male)	Counsellor (female)
13 Meaning	Church	Hospital	Home/hospice
14 Religion	Given	Abolished (in public)	Created interpersonally
		Choice of church	Inner spirituality
<b>Coping</b>			
15 Courage shown in	Prayer	Silence	Talk
16 Coping strategy	Ritual	Emotional privacy	Expressing
17 Lay support	Neighbours/Kin	Nuclear family	Self-help groups
18 Surveillance by of	Priest/Neighbour	Doctor/Neighbour	Counsellor
	Soul/Behaviour	Body/Behaviour	Feelings
<b>The journey</b>			
19 Traveller	Soul	Body	Psyche
20 Death	Result of sin	Caused naturally	Inner journey
21 Mode of transport	Ritual action	Technology/Drugs	Talk
22 Funeral	Burial	Cremation	Life-centred
Organised by	Community	Commerce/Municipality	Memorial society/DIY
<b>Values</b>			
23 Values	Respect	Health/Privacy/Dignity/fighting	Emotion/Growth/Choice
24 Worst sins	Unbelief	Independence	Autonomy/Control
25 The good death	Conscious	Intrusion	Isolation/Denial
	Ready to meet Maker	Unconscious/Sudden	Aware/Precious/My way
		No bother to others	Finish business

**Plate 1:** 'Tony Walter's Three Types of Death' [Table]  
(in Walter 1994: 47)



## INTRODUCTION

### **Timor Mortis Conturbat Me: Complicating Walter's Traditional Community-based Death Typology using Popular Literature**

#### **Introduction**

In Religious Studies, one core sociological text dominates academic reflections towards approaches to death and dying in English society; this is Tony Walter's *The Revival of Death* (1994) which categorises death into three ideal types: Traditional, Modern and Neo-modern (see plate 1)<sup>1</sup>. My thesis provides the first academic critique of Walter's ideal death typology, which I propose produces an over-simplified perception of historical English death-related behaviour. My research will argue that Walter's three ideal types provide a somewhat superficial foundation for proceeding Death Studies research, with all of his typological contexts and determinants being susceptible to expansion and variation when scrutinised. My work will focus on critiquing two connected areas of Walter's Traditional type; his misinterpretation of Weberian ideals as a method of constructing his typology of death, and his negation of the effect of gender and class distinction on historical death behaviour. The method with which I will critique Walter's typology is through the applied use of English popular literature from three distinct eras which conform to Walter's ideal Traditional era: the Middle Ages (circa 1000-1535), the period of the Protestant Reformation (circa 1536-1660), and the nineteenth century (circa 1800-1901). I will use selected forms of literature, ranging from lyric poetry and novellas, to satirical contemporary pamphlets, in order to explore the relationship between gender, class and the diseases of plague, leprosy, syphilis and tuberculosis, analysing varying responses to death in wider English society during Walter's Traditional era. These mediated literary representations were shaped by the discourses of their time and thus prove a crucial resource with which to complicate and contextualise Walter's typology, by providing a historical outlook that is not

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<sup>1</sup> The capitalised terms that will be present throughout this thesis directly relate to the determinants within Walter's table of 'Three Types of Death' on page xi of this thesis.

solely substantiated by the formal Church documentation that largely informed Walter’s work.

I will be utilising the structure of Walter’s typology to structure my own critique; that is, my work will critically explore the Bodily and Social Contexts of his ideal Traditional era (see plate 2). My research will complicate his use of plague as the sole Archetypal Death of his Traditional era, positing that theoretically there could be numerous archetypes of death. To demonstrate this, I will position different diseases within Walter’s Traditional era, emphasising the alterations this would necessitate within his Bodily and Social Contexts, identifying correlations and commonalities of historical behaviour; leprosy as a pre-plague Archetypal Death, and syphilis and tuberculosis as post-plague Archetypal Deaths. This process will also identify inaccuracies within Walter’s Traditional era, and argue that various types of death are justifiable as Archetypal, whether physically or morally threatening, with leprosy, syphilis and tuberculosis providing but three examples. Further, in a similar manner to Walter, I will explore how his sub-categories of Authority and Coping change alongside the Bodily and Social Contexts of these three alternative Archetypal Deaths, as historical developments in the field of medicine and changing attitudes to religion are taken into account. Overall, my research will expand and give depth to Walter’s constructed typological determinants pertaining to death-related behaviour in his ideal Traditional era through the analysis of gender, class, and social responses to contagious and ultimately deadly diseases, as represented in contemporary literature.

	<i>Traditional</i>	<i>Modern</i>	<i>Neo-modern</i>
<i>Bodily context</i>	Death quick and frequent	Death hidden	Death prolonged
<i>Social context</i>	Community	Public vs private	Private becomes public
<i>Authority</i>	Religion	Medicine	Self

**Plate 2:** ‘Walter’s Three Type of Death – The Bodily, Social and Authoritative Contexts’ [Table] (in Walter 1994: 47)

Walter's methodological approach to the typologisation of historical death-related behaviour is formulated from two key texts; Max Weber's notion of ideal types in *The Methodology of Social Sciences* (1924), which provides a method for the simplified expression of ideas, rendering them suitable for typologisation (which will be discussed further within this introduction), and Phillipe Ariès' typology of death in *The Hour of Our Death* (1981) which informs the historicity of Walter's typology. Alongside Walter, Ariès' work provides the only other historically progressive death typology available for sociological analysis in a Death Studies context. In *The Hour of Our Death*, Ariès explores five time-bound variations of death in France (c.1000-2000); however, due to the work's solid foundation within French Catholic culture, one is limited in its appropriation to historical English society. Thus, like Walter, my research will take influence from Ariès' analysis of death-related behaviour, but it will not utilise his five-stages of death as an exhaustive methodology for establishing historical death norms due to cultural difference and religious diversity in post-Reformation English society. Rather, my intention is to use Ariès' work selectively as an informant of historical social context, particularly by drawing on his notions of the Tame Death of medieval Catholic society, the savagery of death in the sixteenth and seventeenth centuries and the romanticism of the Death of the Other during the Victorian era, identifying correlations of behaviour, while recognising the limitations in its application to English society.

The first challenge one must approach in the analysis of Walter's typology is that there is no definition of which historical era Walter's ideal Traditional era exemplifies, unlike his Modern (c.1945-1980) and Neo-modern types of death (c.1980-present). However, two factors may assist in providing a framework for an accurate estimate of the time-period in question; firstly, as previously noted, Walter's typology is structured around Ariès' method of using 'varied historical sediments' to produce an image of death behaviour (Walter 1994: 60). Ariès states:

The historian of death must not be afraid to embrace the centuries until they run into a millennium. The errors he will not be able to avoid are less serious than the anachronisms to which he would be exposed by too short a chronology. Let us, therefore, regard a period of a thousand years as acceptable (1981: xiii).

Here, Ariès gives the first millennium as a starting point, corroborating this formulation by situating his first death type, the Tame Death, in the early Middle Ages (1981: 603-605). Walter himself establishes the transition point between his Traditional era into the Modern era, stating that while it is subject to the variance of class distinction<sup>2</sup>, one may position modernity in this context from between the early decades of the twentieth century and the end of the Second World War (1994: 59). Thus, one may posit that Walter's ideal Traditional era roughly encompasses a period of approximately nine hundred years, from 1000-1900<sup>3</sup>. That said, Walter emphasises there are contradictions between his three ideal types, which allows for the possibility of 'criss-crossing between cultures' and for 'double coding' (mixing Traditional and Modern behaviour for example) (Walter 1994: 63). However, each type has a 'historical tendency to collapse and give way to the next type' (Walter 1994: 63), indicating that in Walter's Modern era one could exhibit Traditional death-related behaviour, but the reverse was not possible, thus limiting the possibility of considering death-related behaviour pertaining to Walter's ideal Traditional era outside of its own context.

Providing a rationale for his typology of death in England, Walter states that 'populations cannot be neatly categorised into Traditional, Modern or Neo-modern types of death; rather these types help make sense of contradictory and changing ideas and practices' (1994: 60). Thus, to take an individual example, while Walter cites plague as the Archetypal Death of his Traditional era, that is not to say that everyone died of plague. Walter's intention is that the organisational forms presented within his Traditional era 'fit closely with other aspects of... [Traditional] death' (1994: 49).<sup>4</sup> As Walter himself claims, 'everything in the Traditional type tends to hang together' (1994: 60), thus indicating that if one did die of plague in his

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<sup>2</sup> Walter claims that the shift from Traditional to Modern occurred in the early part of the twentieth century for middle-classes, while working-classes generally made the transition after the Second World War (1994: 59).

<sup>3</sup> In the third chapter of this thesis, I take a snapshot of history which surpasses Walter's definition of the Traditional era by one year, encompassing the period 1800-1901. The year 1901 is significant for consideration within this thesis as it not only demarcates the theoretical middle-class transition from the Traditional to the Modern era within Walter's typology, but it also coincides with the death of Queen Victoria, and the subsequent end of the Victorian era which distinctly characterised death-related behaviour within the mid- to late-nineteenth century.

<sup>4</sup> Walter himself examples Neo-modern death rather than Traditional, although the intention remains the same, to demonstrate that 'organisational forms' fit closely with other aspects of the particular death type (1994: 49).

Traditional era, then there should be a correlation between the subsequent criteria contained within the typology. This is not to say that Walter's typology depicts a 'pure form' of death universally experienced in English society within his Traditional era (Walter 1994: 48). However, to hang together, the Traditional era must produce a reasonably cohesive image of how people died during Walter's Traditional era or else it is altogether without purpose.

Walter's reasoning for the historical cohesiveness of each type is determined by his insistence that each type has 'a certain internal consistency... [where the] bodily context and the social context have tended to go together' (1994: 49, 63). Walter asserts that the Bodily Context is typical of 'how a society organises itself for death [which] depends on the characteristic form of death' (1994: 50). Walter characterises death in his Traditional era as being caused by infectious disease 'which could strike anyone at any time and carry people off in a couple of days... [and as such] the archetypal bearer of death was the plague' (1994: 50). If one adheres to Walter's own definition, and uses plague as the Archetypal Death of his Traditional era, not only should the Bodily and Social Contexts of his typology be theoretically consistent, but the whole of Walter's Traditional type should hang together producing a cohesive representative imaging of death behaviour between 1000-1900. Therefore, my research will challenge the Bodily and Social Contexts of Walter's Traditional type, in an attempt to either establish or dispute the consistencies present, and reformulate his typological determinants through comparative analysis with alternative Archetypal Deaths.

The Social Context of Walter's typology is formulated on the principle that his types are ideal; a 'pure mental construct' (1994: 48). However, my re-working of Walter's typology rejects the notion of the Weberian ideal in favour of an analysis of commonalities of socio-religious and cultural behaviour within historical English society<sup>5</sup>. My research will take the stance of presenting historical observations of death behaviour, validated by both contemporary and modern resources, with the intention of defining them as historical norms pertaining to English society within

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<sup>5</sup> Although ideal types are a Weberian concept formulated in *The Methodology of Social Sciences* (1924), Walter himself only refers to Weber three times in *The Revival of Death* (1994); in each of these instances Walter discusses Weber's (1947) theorisation concerning the routinisation of charisma and not his definition of the ideal type.

the three aforementioned time periods that pertain to his Traditional era. However, in order to produce a coherent critique of Walter, one must first analyse his epistemological use of Weber's ideal types which forms the locus for his methodological approach. Following the formulation of Weber's ideal types, Walter states that his typological determinants are non-existent sociological ideals (1994: 47). Weber himself defines an ideal type as being:

...formed by the one-sided accentuation of one or more points of view and by the synthesis of a great many diffuse, discrete, more or less present and occasionally absent concrete individual phenomena, which are arranged... into a unified [mental construct] (1949: 90).

Weber confirms the non-existence of the ideal type by stating that they are merely constructed utopias (1949: 90). This perception differs from Walter's interpretation that ideal types are 'construct[s] developed by sociologists that describes a pure form of social organisation... [with an aim] to illuminate the more complex forms that actually exist' (1994: 202); merely simplified ideas 'in the head of the sociologist... [ideas] about social life that have a logical coherence... in order to identify tensions and complexities in real life' (Walter 1994: 47). Indeed, Walter asserts that his typology should bear a resemblance to reality (1994: 48), however, the Weberian definition of the ideal states that the ideas which formulate ideal types are not individual ones, as is assumed by Walter, but universal ones, generic concepts understood by the historically given modern society (Weber 1949: 90). For Weber, the ideal helps to 'develop our skill in the imputation of research... it is not a description of reality but it aims to give unambiguous 'means' of expression to such a description' (Weber 1949: 90). Therefore, ideal types offer us an 'ideal picture of events... [through an] illustration of those synthetic constructs which have been designated as "ideas" of historical phenomena' (Weber 1949: 89).

In this thesis I will contest that while Walter has attempted to produce an ideal of death, his failure to avoid forcing 'complex reality into sociological pigeon-holes' (1994: 47) has caused a lack of fluidity within his typological determinants - an essential characteristic of the ideal (Weber 1949: 93). This notion can be seen in Walter's statement: 'my three ideal types are also historical types, with traditional tending to give way to the modern, which in turn tends to give way to the neo-modern' (1994: 47). While he allows fluidity in the sense of behavioural regression

(for example, a Modern individual may exhibit signs of Traditional death behaviour), he does not allow for individuals in his ideal Traditional era to exhibit any forms of behaviour other than those that are implied within this type. A further example of stagnancy within Walter's typology can be found in his Bodily Context. Walter's determinant of an ideal death is automatically limiting, as his pre-conceived point of view surrounding the notion of a Typical Death disallows for the possibility of applying 'varied criteria... to the selection of the traits which are to enter into the construction of an ideal typical view of a particular culture' (Weber 1949: 93). Walter could justify the significance of his typological determinants 'by relating the empirical data to an ideal limiting case' (Weber 1949: 94), however, this is a method which Walter denies, stating that his ideal types are not typical in a statistical sense (1994: 47); although it must be noted that he makes frequent use of statistics in the establishment of an Archetypal Death. According to Weber, 'nothing... is more dangerous than the confusion of theory and history stemming from naturalistic prejudices' (1949: 95). This can be evidenced in the unclear use of the Weberian ideal exhibited within Walter's typology.

Although I argue that it is not possible to produce a typology of death that can succinctly outline death-related behaviour, it is necessary in the field of Death Studies to gain an understanding of how death was dealt with historically: that is religiously, socially and culturally. Thus, this thesis will use Walter's typology as a locus to analyse the Bodily and Social Contexts of death in the eras previously mentioned; eras that are located within Walter's Traditional type. This will be achieved by combining historical empiricism such as morbidity statistics, church documentation, and personal sentiment from each historical era in the form of literary works and poetry, interpreting them with modern academic theorisation. To provide a clear focus for this study, I will analyse the social reaction and Bodily Context of two different Archetypal Deaths within each era, chosen specifically by determinant factors: one being the most physically, and the other most morally, contagious<sup>6</sup>. In this manner, I do not intend to present an imaging of an ideal death,

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<sup>6</sup> My use of the term 'morally contagious' conforms to Sontag's definition of moral contagion in *Illness as Metaphor* (1977) and *AIDS and its Metaphors* (1989). Sontag states that certain diseases are encumbered by the trappings of metaphor due to the fact that they can neither be understood nor cured in the society that is affected by them (1979: 6). For Sontag, when a disease is not understood, it becomes intractable and capricious, and such a disease is, by definition, mysterious and insidious, an

but rather inform the reader of the most common types of death and also the most feared in each time period. Thus, in the late-medieval era I will explore plague and leprosy, in the Reformation, plague and syphilis, and in the nineteenth century, syphilis and tuberculosis. This thesis then will explore the spectrum of understandings that derive from expected and unexpected death, and feared and desired ways of dying, as well as the sociological determination of a socially good and a socially bad death. It intends to offer a reference point which encourages future research, and in this sense draws directly on Weber's notion of the ideal type. In summation my thesis will find affinities and correlations in the manner in which people died and the way in which this was approached by the society of their time.

### **Methodology**

My critique of Walter's Traditional typology will be predominantly informed by research undertaken within the academic field of Religious Studies, which is both a multi- and inter-disciplinary subject allowing for the integration and application of a variety of methodological approaches. Taylor notes that Religious Studies scholars:

...often embrace the methods of social sciences ranging from history and psychology to sociology and anthropology... [because] in order to appreciate the richness and complexity of religious life, it is necessary to employ a variety of interpretive strategies. As the particularity of every particular perspective is exposed, a multidisciplinary approach to the study of religion becomes unavoidable (Taylor 1998: 13).

The intersection between religion and death is particularly revealing, as in the face of death, humans express what is most valued to them, what they believe to be the nature of reality and the meaning of human life (Garces-Foley 2006: ix). Death itself not only offers the opportunity for the expression of beliefs and values, but as Garces-Foley states:

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implacable theft of a life (1979: 6). This form of mystification of disease arouses dread within those who are threatened with the possibility of infection, and any disease that is treated as a mystery and acutely enough feared will be felt to be morally, if not literally, contagious (1979: 6). Influenced by Sontag, my implementation of the term moral contagion, pertaining to the diseases of leprosy and syphilis for example, emphasise that certain diseases inspired a disproportionate sense of dread in within a given society, incomparable to the actual mortality rates that they cause, resulting in the social ostracisation of many infected individuals, who in turn became feared as bearers of these malevolent diseases.

It is also an arena for making meaning, community, ritual, and myth... rather than something people turn to in the face of death, religion is enacted or lived out... with a death, expected or unexpected, the living must respond (2006: ix).

Meaning, community, ritual and the creation of myth all contribute to the typological determinants within Walter's Traditional Bodily and Social Contexts as well as his Authoritative sub-category. The consideration of religious approaches to death in isolation from wider society is unrealistic if not impossible; social constraints dictate both the needs and limitations of religious beliefs and death practices in any given social context. As Garces-Foley notes, 'religion is enacted by particular people in particular places at particular times... there is no "religious approach to death" separate from its context' (2006: xi). Thus, conforming to Hall's theorisation, my thesis will be considering religion itself as a cultural system (1973: 91).

In this thesis, religion will be approached as a lived social practice, which was susceptible to the influences and actions of each given society under discussion, and in turn prone to variation due to the socio-cultural, political and historical position in which these societies were situated. Utilising Green's methodological approach, the analysis of vernacular religion within my research reflects 'religion as it is lived: as human beings encounter, understand, interpret, and practice it' (1997: 714). As Weithaus states, vernacular religion, in this sense, not only provides insight into localised religiosity, but also provides 'an abundance of religious knowledge and practice based on geographic... orally transmitted information symbolically communicated and commemorated... [revealing] tangible patterns of community life' (2002: 216). Magliocco posits that vernacular religion also places particular emphasis on 'practice, embodied experience and the role of these aspects in daily life, in addition to factors such as historicity and power' (2005: 152), emphasising the necessity of social delineation when considering societal beliefs as a whole, which will be evident within this thesis. As such, my interpretation of vernacular religion reflects the spirituality and religiosity reflected in the immediate social world of medieval, early modern and nineteenth century English society, impacted by local consciousness, which can be used to gauge commonalities of beliefs within wider society (Weithaus 2002: 216). Further, the use of theological texts, such as those by Augustine and Calvin, within this thesis is not intended to reflect that lay

society had the access, literacy and/or understanding to conceive of these texts and teachings in their purest form, rather I posit that these texts were mediated and exaggerated as they filtered through the social ranks with their content, becoming widely known within a variety of media in contemporary popular culture, although socio-politically mediated through the lens of contemporary understandings of gender and class. Therefore, my research promotes the selective use of theological, religious and political texts, supporting, substantiating and echoing commonalities of vernacular socio-religious practice in historical English society.

When undertaking any research into Walter's Traditional typology of death, one must acknowledge the progressive sociological and cultural differences between historical English societies in comparison with one's own. All people understand their life experiences in the context of a 'system of belief' and rely on an inherited body of knowledge to evaluate the facts of the world, judging others by their own historically defined standards (Geertz 1973: 76); thus one should not see the beliefs of the past as qualitatively different, but rather shaped by conditions in which those historical people chanced to live. The analysis of the past within this research must therefore be approached methodologically from a Cultural Studies perspective; through the investigation of past societies' frameworks of beliefs, expressive symbols, and values, in terms of which, individuals define their world, express their feelings, and make their judgements (Geertz 1973: 76). My research seeks to contextualise the progressive nature of Walter's Traditional English society culturally; my research will take the Hegelian (1830) approach of 'Reason as History', with the past being viewed as possessing its own form of truth, dependant on historical context. History will not be viewed as a mere series of events, but as a context-forming horizon or 'world' which informs events, and in which meaning and truth are explained (Hegel 1830: 126). Although I am observing the past as an Outsider to its processes, I will attempt to dispute Segal's and Wiebe's (1989) view that an Outsider stance tends to promote over-generalisation of religious societies, and the undermining of the rhetoric of impartiality and critical distance associated with phenomenology (Flood 1999). To achieve this, my thesis will utilise Smart's (1973) theory of Methodological Agnosticism in an attempt to produce an

observation of past death practices and behaviour informed by *epochē*<sup>7</sup>. Smart's approach to the phenomenology of religion emphasises the need for neutrality and the suspension of one's own value judgements, emphasising the importance of Insider accounts without evaluating their truth or falsity. This approach will follow Pike's (1967) *emic* perspective, in studying behaviour from inside the system, to take the descriptive information gathered and to organise, systemise and compare that information for academic analysis.

By utilising the emic perspective within my research, I will examine mediated lived experience within Walter's Traditional era on a conceptual and abstract level (Ermarth 1978). The re-envisioning of the past within this thesis follows Ermarth's notion that to be experiencing is a kind of proto-interpretation, as we do not exist *de novo* out of our own immediate subjectivity but 'live through' life in a vast network of accumulated meanings and life-values (1978: 288); the analysis of contemporary documentation thus allows for an insight into aspects of the mindset within Walter's Traditional era. The use of contemporary literature, documentation, pamphlets and artwork as expressive media of sociological death behaviour utilises a New Historicist approach, particularly Veeger's (1989) method of describing culture in action, denoting that every expressive act is embedded in a network of material practices, and that literary and non-literary texts circulate inseparably from each other (1989: xi). Influenced by Foucault's (1979) Post-structuralism, my research subscribes to the view that all challenges, questions and problems must be settled within the social and cultural context in which they are raised, and confined to the setting which formed them as social normalities.

Additionally, in this thesis I will be drawing on Structural Functionalism and Post-structuralism in the interpretation of social construction, in order to critique Walter's view that in the Social Context of his Traditional era, belonging within his determinant of Community was dependent on kinship and family ties that bind one to a geographical area (1994: 201). In Murphy's view, cultural identity and

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<sup>7</sup> Husserl defines *epochē* as a rigorous methodology which enables observers to apprehend lived reality (in Stoller 1998: 249). Husserl states that 'in the end, the *epochē* was an effort to return "to the things themselves", to let things speak, to let them show themselves' (in Husserl and Findlay 1970: 12). 'Put another way, phenomenology is an attempt to describe human consciousness in its lived immediacy before it is subject to theoretical elaboration or conceptual systemising' (Husserl in Jackson 1996: 2).

belonging are not simply ascribed or inherited by birth as Walter claims, but emerge from processes in which people are slowly educated by those around them to make judgements and meta-judgements relative to the value of their own and other people's judgements (2000: 410). A structure, such as a community, when viewed within a Structural-functionalist perspective, can be understood as a network of relations which gives the phenomenon an identity as a closed system of interdependent parts, with an emphasis on the priority of relations (Caws 1977: 916). An imbued sense of identity is subject to the extent that one participates in the idioms of that given culture; those whose behaviour and judgements consistently fall outside the range the group construes as normative are identified as Outsiders, while others whose judgements are on the edge of what is culturally permissible are relegated to a correspondingly marginal social status. My research aims to evidence how certain forms of Archetypal Death, gender and class distinction pose problems to Walter's homogenous Community, acting as political processes through which cultural groups construct their collective identity and effect their solidarity through exclusion, while simultaneously establishing their own internal hierarchy based on varying degrees of adherence to the values that define the group and its members (Murphy 2000: 411). Gender differentiation in particular offers a prominent example of the manner in which exclusion was undertaken within Walter's Traditional Community, varying, as I will demonstrate, from the association of leprosy with male sexuality, to the carnality of female syphilitics. The making of humans into women and men through gender operates both at the conceptual level and at the level of social practice. Influenced by Warne, this thesis emphasises that one's gender shapes many factors in life, including assumed capabilities, sexual desire and religious status (Warne 2000: 140).

I am determining the use of contemporary literature within this thesis as an expression of popular culture. Although no such terminology or notion was recognised or utilised within Walter's Traditional society, I am upholding Storey's (2006) view that popular culture is:

...the ideology of mental frameworks - the languages, the concepts, categories, imagery of thought, and the systems of representation - which different social classes and groups deploy in order to make sense of, define, figure out and render intelligible the way society works (2006: xvii).

In this sense popular culture allows one to validate or falsify Walter's Traditional Bodily Context, through the identification of societal feeling towards particular diseases, and the frequency with which these are mentioned within contemporary works. From this one may also gauge the typical age range of death, whether diseases targeted specific age groups, the fear associated with them, and the attribution of causation. I will also use popular literature to contextualise Walter's notion of Traditional Community, offering everyday expressions of contemporary beliefs and experiences surrounding death and dying, which may be considered normative and recognisable to the contemporary subject. This is a methodology that Walter and Ariès disregard by predominantly taking note of Church documentation and records which are socially misrepresentative.

The methodological approach of using a range of written texts in order to identify tensions and themes within Walter's typology, while also establishing a sense of cultural texture within three eras contained in Walter's Traditional type, conforms to Davies' (1997) theorisation of 'words against death'; the use of words and actions in order to transcend our knowledge of our own mortality (Davies 1997: 1). The use of contemporary popular texts will be substantiated by Foucault's Archaeological Approach to Knowledge (1969) which rejects the search for homogeneity in discursive entities as expressed in typological determinants such as Walter's, and instead looks for ruptures, mutations and transformations when understanding the construction of meaning and knowledge. Critical to this approach is the investigation of marginal and forgotten discourses; discourses which are central to this thesis. By drawing on Foucault, literary expression becomes a statement representing wider society; an indicator of the rules and conditions within an institution, discipline and/or discursive formation. The existence of literary texts pertaining to historical death-related practices highlights how claims of truth were constructed and valued within a given culture, and thus provides an insight into the mechanics and dynamics of that culture.

The necessity of mediation between the stark empiricism of archaeology and the anthropocentric nature of popular literature within my research will be mediated through the methodological approach of Historical Constructivism (Becker (1910) Collingwood (1956), and Oakeshott (1986)). From the Constructivist viewpoint,

history is not a transparent set of facts, but rather the past is a series of causal events played out by historical actors who are factually unknowable. As Faubion asserts, Historical Constructivism provides an arena in which one has the capacity to both preserve and create meaning; it requires ‘a certain poetical know-how, a skill at figuration and refiguration that demands not instrumental but rhetorical analysis’ (Faubion 1995: xx). In my thesis, rhetorical analysis will be applied to contemporary popular literature, which reflects history as an ideate - a spoken and written understanding of the past. That said, one must acknowledge that any historical narrative or commentary enabled the speaker to influence the listener, to shape the reception the speaker wanted for his/her text. I will be considering popular literature as ‘historical utterances’, undifferentiated from any other form of narrative and event that took place at a certain moment of time, with or without the intervention of a speaker. Thus, in this thesis, I will complicate Walter’s ideal Traditional death typology through the applied use of a Historical Constructivist analysis of poetics, lyrics, and even satirical medical pamphlets, coupled with historical and archaeological statistical evidence.

## **Literature Review**

### ***The Revival of Death***

Tony Walter is a dominant sociologist of death, and his *The Revival of Death* (1994) is thus a core sociological text at the foundation of Death Studies, targeted not only at social scientists and scholars of both religion and death, but also at carers, the dying and the bereaved who may find dealing with their experiences of death difficult. Walter’s intention in this text is to initiate a revival in the interest and discussion about death and dying, while also seeking to make sense of the personal experience of dying and bereavement. Walter’s text charts the progress of death behaviour in Western society from Traditional to Modern to Neo-modern, culminating in a typology of three ideal types of death, which, taking influence from Ariès’ *The Hour of Our Death* (1981), spans a period of approximately one thousand years. Walter’s *Revival* promotes discussion concerning the enactment of death within a postmodern society, and whether the autonomy of the dying can be asserted in present day healthcare institutions. Further, Walter’s typology allows a simplified visual reference point to illustrate the manner in which Modern death-related

behaviour can exhibit aspects of the Traditional, and in turn Neo-modern practices can embody both Modern and Traditional characteristics, emphasising, embracing and encouraging behavioural diversity by those experiencing the act of dying or the death of another. However, Walter's substantiation of his typological formulation using sociological theories of academics such as Weber (1924), Loftland (1978), and Gittings (1984), coupled with his utilisation of statistical evidence, also emphasises *The Revival's* importance as a theoretical starting point for sociologists of death and Death Studies scholars researching historical Traditional, Modern and/or Neo-modern death practices.

My thesis focuses on the critique of Walter's Traditional type of death in his three-stage typology and thus permeates throughout all three of my chapters. I posit that Walter's typology is oversimplified and pigeon-holed, and if it is the intention of Walter's text to truly promote understanding of the diversity of death practices available in a postmodern Western society, then attempting this without a cohesive and comprehensive analysis of historical death traditions is problematic. Therefore, in each chapter pertaining to a specific time-span within Walter's Traditional era, I will unpick both Walter's Bodily and Social Contexts, which in turn will affect his notions of Authority, Coping, the Journey and Values. In particular his determinants of Archetypal Death, Social Death and Social Structure need expansion; Walter argues that Traditional death was characterised by infectious disease and Modern death Archetypal Deaths are determined by the fear associated with disease, yet he provides no substantiation for this claim. Thus, exemplifying the diseases of leprosy, plague, syphilis and tuberculosis, I posit that numerous Archetypal Deaths can be present within society at any one time, with both physically and morally contagious diseases inspiring significant behavioural responses in both Walter's Traditional and Modern eras.

Further, my critique also focuses on Walter's disregard of social construction within communities, often rendering invalid his theory that the Traditional Community is founded on geographical location and kinship alone (1994: 201). Walter's simplified notion of Social Structure is misleading, creating a non-existent homogeneity, which may potentially be reflected in the work of those who utilise his research. In the simplification of his Traditional death type for the purpose of typologisation, Walter

does not make reference to the (un)desirability of individuals within society, and the manner in which certain forms of death necessitated the removal of an individual from society due to fear of either physical or moral contamination. Therefore any critique of Walter's Traditional Social Structure must make reference to Social Death, which I will interpret as the social displacement of an individual removing them from their former community with which they have no further contact, into a new social structure in which they construct a new identity. This postulation therefore conforms to Walter's notion that Traditional death is a Loss of Social Position within one's former Social Structure of Community. Overall, Walter's typology will not be disregarded as it is a useful source for promoting research within the sociological field of Death Studies, but rather will be the focus for adaptation and expansion as a method for establishing whether it is possible to produce a comprehensive and cohesive typologisation of historical death behaviour within English society.

### **The Influence of Phillipe Ariès**

The historicity of Walter's typology in *The Revival* draws heavily on Ariès' *The Hour of Our Death* (1981), which I have utilised here to provide both the timeframe and methodology of using various historical sediments in the formulation of a summative depiction of death behaviour throughout a one thousand year period. Ariès himself was highly influential, renowned as the progenitor of academic research into socio-historical approaches to death and dying. *The Hour of Our Death* is well acknowledged academically as a seminal work, the first typologisation of death, revealing patterns of human behaviour in the evolutionary progression of death practices from the early Middle Ages into modernity, summing these practices in five-stages: the Tame Death (early to mid-Middle Ages), the Death of the Self (later Middle Ages), the Remote and Imminent Death (sixteenth and seventeenth centuries), the Death of the Other (late-eighteenth and nineteenth centuries), and the Invisible Death (twentieth century). Ariès' work is intended to be a representation of historical death within French culture, and not, as Walter suggests, within Western culture *per se*; thus *The Hour of Our Death* functions comprehensively within this geographical context, which has also historically maintained its religious homogeneity as a Catholic country, unaffected by the Protestant Reformation. My research recognises the limitations and instability of

appropriating a typology outside of its given context due to cultural, religious and behavioural diversity, and thus I will not utilise Ariès' work as a foundational methodology.

### **L'Homme devant la Mort**

*L'Homme devant la Mort* is a French text published by Phillipe Ariès in 1977 which acts as a precursor to the English edition of *The Hour of Our Death* (1981). The work is divided into two volumes *Les temps des gisants* and *La Mort ensauvagée*, tracing the transition of death from familiar and ritualised to savage and feared, over a period of one thousand years of Western European history. The body of research in *L'Homme devant la Mort* is substantiated through the use of religious documentation, contemporary literature and artworks, as well as archaeological evidence, and thus follows a similar methodology to my own thesis. Unlike *The Hour of Our Death*, *L'Homme devant la Mort* makes reference to the Northern European Luther/Protestant Reformation and the subsequent dissolution of purgatory, explicitly demarcating the reciprocal relationship between the living and the dead in medieval Catholicism, and the savagery of death, as well as the uncertain understanding of one's afterlife destination, in early modern Protestant societies. However, rather than delineating death-related behaviour into five comprehensive transitions of death, as witnessable in *The Hour of Our Death*, *L'Homme devant la Mort* expands the transition from the medieval Tame Death to the Savagery Death which has permeated the Western societal perception of death into modernity. In the *Revival of Death*, Walter makes no reference to *L'Homme devant la Mort*, and his reliance on *The Hour of Our Death* to substantiate the historicity of his ideal typology has resulted in an observation of death-related behaviour informed purely by Ariès' use of French Church documentation, and thus discounts the changes wrought by the Northern European Protestant Reformation. Rather than utilise both Ariès' *L'Homme devant la Mort* and *The Hour of Our Death* as foundational methodologies at the locus of this thesis, I intend to selectively use these texts to inform the social context of each chapter, identifying similarities between French and English behaviour, while avoiding homogenisation through detailing religious, social and cultural reformations that occurred during the transition from the Middle Ages into early modernity.

## Literature Review - Chapter One

### Medical Texts

While Walter makes no mention of medical knowledge or any other form of Authority than God, Tradition and the Church in his Traditional period, when considering diseases such as plague and leprosy as Archetypal Deaths, it is essential to make reference to the available medical treatment in order to understand symptoms and the method in which people approached and coped with death and illness<sup>8</sup>. In *Medicine and Society in Early Modern Europe* (2010), Lindemann describes Galenic theory, prominent in medieval English medical thought, which labelled the perceived inherent spirituality within the organs of the human body, as well as the necessity to keep bodily elements in balance to maintain physical and mental health. My research positions Galenic thought within the Social Context of Walter's typological determinations in order to establish that even medical knowledge was subject to religious authority. This verifies Walter's sub-category of Authority in his Traditional Social Context. However, Lindemann's text will be used to demonstrate that disease was not just a physical condition that affected Walter's Traditional Bodily Context, but that the type of disease was subject to social and moral censure, affecting societal perceptions of Belonging and Personhood; as such the borders between Walter's categories need to be understood as fluid.

In *Pestilence in Medieval and Early Modern English Literature* (2004), Grigsby offers an explanation of the manner in which medieval leprosy was perceived to affect the humoral system, describing both the physical alterations, and mental disturbances this disease could cause, such as the corruption of morals and virtues. Grigsby contextualises notions of spiritual infection within the appropriation of leprosy to Galenic works; the reader can understand better notions of the physical manifestation of moral corruption when applied to the notion of physical and mental imbalance of the humours. Contemporary medical views support Grigsby's views on humoral imbalance and leprous contagion; both Lanfrank's *Science of Chirurgie* (thirteenth century), and Mondeville's (c.1260-1316) *Chirurgie de maitre Henri de*

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<sup>8</sup> The diseases explored within the Middle Ages are plague and leprosy, in the period of the Reformation I will consider plague and syphilis, and in nineteenth century I will analyse syphilis and tuberculosis.

*Mondeville* recorded that leprosy spread its contagion through melancholies and polluted air that corrupted the humours.

In his analysis of *Decrees of the Ecumenical Councils Vol. 1. Nicaea 1 to Lateran V* (1990), Tanner evidences the Authority of the Church within Walter's Traditional type through the Church Council's enforcement that confession took precedence over medical treatment. The Church's proclamation that sin was the only cause of certain diseases disputes Walter's notion that Sin was the ideal typical cause of medieval death; a priest was needed to determine whether a particular disease was resultant from sin and thus needed spiritual rather than medical treatment, evidencing that both religion and medicine were seen as effective means of treating disease during Walter's Traditional era. The *Omnis utriusque sexus* canon (1472) also blurs the boundaries between priests and doctors, listing that they have similar skills, one to cure the soul and one to cure the body, emphasising the inter-changeability of spiritual and physical diseases within the Middle Ages. Diseases had the potential to become metaphorical; spiritual plague and spiritual leprosy caused by inner sin could manifest themselves on the physical body, with the potential (in contemporary belief) to be cured through confession and submission to God and religious authority.

### **Bodily Context - Historical Texts**

The initial task of my first chapter is to establish the validity of plague as a medieval Archetypal Death in Walter's Traditional type, considering determinants such as Dying Trajectory, Life Expectancy and the Typical Death. I have utilised morbidity statistics from three key texts: Whittock's (2009) *A Brief History of Life in the Middle Ages*, Mortimer's (2009) *The Time Traveller's Guide to Medieval England*, and Cipolla's *Fighting the Plague in Seventeenth-century Italy* (1981). Whittock's work provides accurate historical statistics pertaining to mortality caused by the Great Plague of 1348 and many of the proceeding waves of plague which ravaged England over the next two centuries. Whittock lists the death rates in manors and various dioceses in both the town and countryside, substantiating the validity of these statistics using both academic sources and contemporary sources from letters from clergy, church graffiti and poetry expressing the perceived devastation that the

plague had caused (Whittock 2009: 116-117). Whittock's work thus situates itself comfortably within my research on plague behaviour, both using a variety of historical resources and more recent scholarly works to substantiate perceptions to create historical accuracies.

In a similar manner to Whittock, Mortimer's *The Time Traveller's Guide* attempts to produce a comprehensive overview of medieval England. Mortimer cohesively draws together statistics from not only the first wave of plague in 1348 but also lists six further waves of plague, giving morbidity statistics for the disease until the year 1400. Mortimer lists death rates of a diversity of classes, ranging from beneficed clergy, to manorial lords, to tenants of these lords, while also investigating mortality rates from county to county; this is of benefit to my research, which attempts to accentuate the problems with labelling a disease as Archetypal and homogenous when the disease itself propagates in varying manners dependent on geographic location and perhaps even according to gender and class differentiation. These two texts will provide sufficient statistical and social evidence to produce a realistic portrayal of Walter's Bodily Context when plague is labelled as an Archetypal Death of the Traditional era, particularly pertaining to Dying Trajectory, frequency of Seeing Others Dying and the typical Life Expectancy and social standing of plague victims.

Further contextualisation of medieval plague is given by Cipolla, whose work also provides a comprehensive observation of the social effect that plague had on Europe within Walter's Traditional type; Cipolla pays particular attention to regional variations in public and civic behaviour in the implication of health regulations, while his emphasis on statistics in the discussion of plague mortality and the demographic changes in morbidity rate in both urban and rural areas is useful when gauging the typical manner in which plague spread. Despite this, Cipolla's work has limited application to my research; the focus of his paper is centred on seventeenth century Italy. However, in his discussion of the virulence of plague, Cipolla makes frequent mention of the Great Plague of the fourteenth century, thus allowing for its application within Chapter One. In this first chapter, I also make frequent reference to the fourteenth century *Decameron* by the Italian, Boccaccio; this allows one to gauge the historical contextualisation of death behaviour when plague struck Europe,

which in turn can be compared to English death behaviour. Thus, Cipolla's work is both validated by and validates the use of the *Decameron* within this chapter. Overall, the statistics within Cipolla's work can only be used to produce morbidity statistics for mainland Europe due to demographic differences between England and Italy, as well as their socio-cultural and behavioural disparities.

In the second part of Chapter One, I establish the validity of an alternative Archetypal Death, and I have chosen leprosy, which transforms Walter's Bodily Context. Lee and Magilton's (1989) 'The Cemetery of the Hospital of St James and St Mary Magdalene, Chichester - A Case Study' offers an archaeological insight into the spread of leprosy within two medieval leper hospitals in Chichester, taken to be representative of other English towns of the era. This text evidences the prevalence of the leprous contagion among skeletal remains within St James' and St. Mary Magdalene's Church cemeteries, providing statistical evidence of skeletal changes in both male and female remains and documenting the decline of the disease after the fourteenth century, and therefore emphasising the need for a different Archetypal Death after this period. Lee and Magilton's article presents an alternative, more literalistic viewpoint of Walter's Traditional Bodily Context of Living with Death; not only does this article emphasise that death was visibly ever-present, but also that certain individuals were experiencing a living death, with disease causing them to slowly degenerate until physical death occurred. The discussion of physical alterations of skeletal remains within the article denotes that the Dying Trajectory would have been slow within Walter's ideal Traditional type. Further, the predominance of adult skeletons within the leper hospitals of Chichester demonstrates that child death from leprosy was not particularly common; indeed, Walter himself gives a Life Expectancy of 40.

In Rawcliffe's (2006) *Leprosy in Medieval England*, the perceived threat of leprosy within medieval English society is documented using a plethora of contemporary medical and religious sources, historical documentation and archaeological evidence; thus, her methodological approach is similar to the one I have chosen to use. Rawcliffe denotes the perceived typical sufferer of medieval leprous contagion as male and lower-class, insinuating the need for gender and class determinants to be considered. Her theorisation that moral sin, particularly lechery, was perceived to

leave the stain of physical leprous deformity on the body indicates the manner in which the authority of the Church could socially ostracise lepers, causing social death before physical death. This disputes Walter's theorisation that the opposite is true and that Social Death Followed Physical Death in the Traditional era. Rawcliffe's assertion that social death occurred before physical death is substantiated by contemporary texts, including the *Omnis utriusque sexus* (1215) and anti-royalist poetry by John Hardyng (d. c. 1465). In 'Public Health and the Civilising Process' (1986), Goudsblom provides further evidence to challenge Walter's assertion that Social Death Follows Physical Death; he proposes that medieval leprosy was used as a method of social control over the lower-classes in particular. This reinforces the need for class delineation within Walter's Traditional Social Structure of Community.

### **Social Context - Socio-Historical Texts**

The *Decameron* (fourteenth century) by Boccaccio has been used within this chapter as a contemporary record for establishing the social reactions to epidemic plague mortality as it actually occurred. Boccaccio lists numerous aspects of social behaviour, including understandings of the symptomatic progression of the disease, proportionate gender differentiation of the infected, the virulence of the disease coupled with the abandonment of the sick, as well as the manner in which religious rites had to be rushed or forfeited due to contagion. This text is invaluable as a social record, challenging Walter's notion of Community Belonging and Personhood, and the Coping Strategies employed in order to deal with the onslaught of disease, often through flight rather than the reliance on Traditional (religious) Authority and Ritual. However, the *Decameron* images a perception of medieval Italian society, thus any comparison with England must be substantiated with further texts directly pertaining to this country. This is particularly true concerning religious authority and ritual, which despite both countries being Catholic, varied, thus, I have used archaeological evidence and contemporary English documentation, from Beaumont James' 'Years of Pestilence' (2001), and 'Black Death: The Lasting Impact' (2011), in order to substantiate the *Decameron's* validity.

In 'Public Health and the Civilising Process' (1986), Goudsblom elaborates the ravages of medieval plague on the community, specifically focusing on the manner

in which the lower-echelons of English society coped in the midst of waves of epidemic mortality. In a similar manner to Boccaccio, and Cipolla, Goudsblom describes the public health sanctions installed within the medieval community during times of plague, as well the Lay Support available from Neighbours and Kin and Coping Strategies employed by society, all of which formulate pertinent determinants within Walter's typology. In particular, Goudsblom substantiates Boccaccio's view of flight and abandonment of the sick and the creation of alternative communities of the healthy, which pose a challenge to Walter's ideas surrounding Personhood and Belonging. In describing alternative plague communities, communities aligned with wellness, one needs to establish a definition of constructed communities. Bauman's concept of neo-tribes is pertinent here, and as such will be used in the initial part of this chapter to analyse the medieval communities discussed by Boccaccio, and Goudsblom; I will concentrate on Bauman's postmodern rejection of rationalism and scientific knowledge which pertains to pre-enlightenment thinking in order to distinguish between different social structures of community, disputing Walter's view that the typical medieval Community was established through bonds of kinship and geographical location (1994: 201).

In Douglas' 'Witchcraft and Leprosy: Two Strategies of Exclusion' (1991), and both Sontag's *AIDS and Its Metaphors* (1989), and *Illness as Metaphor* (1977), the metaphorical meaning of leprosy as a spiritual and moral ailment is analysed. These texts confirm the notion that leprosy was a Death Resultant from Sin, confirming Walter's typological determinant. Douglas argues that exaggeration and the perceived links between leprosy and sexual misconduct caused ill-feeling towards lepers leading to their segregation from their community into *leprosaria*. Thus, Douglas challenges Walter's notion that the medieval Community was homogenous and all encompassing (1994: 48), noting that social labelling ultimately led to exclusion, Loss of Social Position and as such, Personhood, all of which Walter assumes happens after death and not before. Sontag in turn identifies that the leprosy gained its perceived epidemic status within the Middle Ages due to the propagation and fear-mongering associated with the derogatory notion of a sinful death. In the works of both Sontag and Douglas, one can witness that when fear and feelings concerning evil are projected onto an Archetypal Death, then it does not need to be

actually epidemic to be perceived as having that status. Therefore, the disproportionate sense of horror associated with leprosy, as evidenced by Douglas, and Sontag, emphasises that a fast, epidemic, fatal disease such as plague does not have to dominate Walter's Traditional typology despite the vast death toll; sometimes the projection of negative socio-religious interpretations of disease can cause a perceived epidemic.

In the discussion of the exclusion of lepers from Walter's Traditional Community Social Structure, Turner's (1984) analysis of van Gennep's (1960) theory of liminality in *The Ritual Process* offers an insight into the process of a leper's separation from their former community, and how belonging is transitioned within preliminal, liminal and postliminal states, moving from community life to living death to actual death. Turner's theory can be applied to the discussion of medieval leprosy in order to emphasise that a leper's social death occurred before their actual death, with the authority of the Church ritualising the movement from social death, to living death, to actual death. In the application of Turner's work to my research, one can witness that Walter was correct in his assertion that to a large extent individual lives were Given Meaning by the Church, who also ritualised their segregation. However, the liminal character of the leper challenges Walter's determinant of Community once again; a segregated leper experienced what van Gennep would term as a form of *communitas* within a *leprosarium*. Their social death through ostracisation did lose lepers their social position within their former community, but gained them a position within their new one, complicating the whole of Walter's Social Context.

### **The Use of Lyric and Literature**

In this chapter I have utilised many anonymous Middle English lyrics to accentuate specific aspects of medieval perceptions of both plague and leprosy as forms of Archetypal Death. These poems have been sourced from two books: *One Hundred Middle English Lyrics* (1994) by Stevick, and *Middle English Lyrics* (1974) by Luria and Hoffman, both of which provide an extensive compendium of surviving Middle English lyrics. Stevick in particular contextualises the lyrics, offering translation and an insight into the manner in which the poems were formulated in order to increase the reader's understanding. Stevick identifies the rarity of the lyrics which have

survived, and notes their lack of regard within present academic research, due to their origins as popular folksongs rather than written literature. These two books underpin the historical importance of Middle English lyrics as both an aural and oral tradition, popular amongst the learned and unlearned alike. The informative nature of lyrics, to both the medieval listener and the modern reader, concerning approaches towards death, plague and leprosy is an invaluable resource in the analysis of medieval behaviour in the midst of death.

In the first part of this chapter a variety of contemporary literature will be used to contextualise the Bodily aspects of Walter's Traditional type. The fourteenth century Pied-Piper tale evidences Walter's perception that the Typical Death was that of a Child during times of plague. The 'mortality of the children' in 1361 is represented by the Piper of Plague who leads all of the children of the village into the mountains of purgatory. Further, the popular *Dance of Death* imagery and texts also portray the indiscriminate nature of plague, even detailing the deaths of babies. Anonymous lyrics of the time also state that one should be mindful of sneaking Death, which takes the young before the old. The feelings of embittered survivors, incensed by the deaths of the youthful, can be viewed in Chaucer's *Pardoner's Tale* (fourteenth century), in which Roisterers taunt and harass an elderly man who has survived while their young comrades have died. This tale further attests to the fact that Untypical Deaths were those experienced in Old Age, confirming Walter's opinion<sup>9</sup>, however, the view that the elderly were Revered is disputed, a notion that is corroborated in Chaucer's *Merchant's Tale* (fourteenth century), which describes the values of medieval society, desiring the attributes of youth, strength and reproduction. These two texts from the *Canterbury Tales* also further reinforce that Walter is incorrect in his notion that Social Death Followed Physical Death; in the case of the elderly, their inability to contribute fully to medieval society denigrated their worthiness. Therefore, by using contemporary literature one can evidence the strengths and weaknesses of Walter's ideal Traditional Bodily Context, which can be verified using statistical evidence.

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<sup>9</sup> The definition of old age in the Middle Ages varied drastically from our own; Lancaster states that an age above 50 would have been considered as old between 1300 and 1500 (1990:8).

Much contemporary literature and poetry surrounding the topic of leprosy is focused on the perceived link between the development of physical disease as a manifestation of the sin of lechery; Chaucer's (1342-1400) *The Summoner's Tale*, Margery Kempe's (c.1374-1438) recollection of her son's sinful deforming illness in *The Book of Margery Kempe*, and Richard Rolle of Hampole's *Maladies of the Soule* (c.1340), all document that in the medieval mindset leprosy was resultant from sexual misconduct. Chaucer's Summoner is exemplary, ravaged by the physical symptoms of the disease, with the moral that this corrupt and lecherous Church cleric is deserving of his leprous deformity. Indeed, even anonymous Middle English lyrics attest to the fact that sin and lust led to dreaded illnesses, causing segregation from the community as experienced by the main character Amiloun in *Amis and Amiloun* (late-thirteenth century), who is punished by God with leprosy for his misdeeds. John Gower (1330-1408) also makes reference to the relationship between lust and leprosy in his poetic works, with the metaphorical ugliness of immorality being expressed in numerous contemporary lyrics used within the chapter. Thus, the Middle English literature referred to within the second part of this chapter highlights the importance of the social construction of disease as metaphor, which weakens the bonds of Walter's inclusive Traditional Community.

## **Literature Review - Chapter Two**

### **Medical Texts**

In Chapter Two it is important to consider the prevalence of plague within the Reformist era of Walter's Traditional type in comparison with the frequency of epidemics within the Middle Ages. Three texts have provided statistical evidence of plague outbreaks in England from the mid-sixteenth to seventeenth century: Dobson's (2003) *Contours of Death and Disease in Early Modern England*, Kamen's (2000) *Early Modern European Society*, and Singman's (1995) *Daily Life in Elizabethan England*. Dobson indicates that case fatality rates from plague in early modern English society had risen to 50-80%, a rise of up to 45% from the medieval period. However, Dobson draws attention to the adaptation of plague as a disease; no longer being indiscriminate, early-modern plague was a disease which thrived in dirty urban areas, and also had a marked seasonality. Thus, Dobson's research expresses the manner in which plague statistics are misleading within

Walter's Traditional era of history. While plague ravaged the towns, leading to high mortality rates, it was not ever-present; in rural areas, many individuals would not have seen plague within their lifetime. Therefore, Walter's Bodily Context is challenged, positing the need for differentiation between urban and rural areas in order to establish whether plague would have been a frequent occurrence and would have been recognised as a threat in contemporary society.

Despite the discrepancy between urban and rural infection from plague, Singman provides a cohesive record of plague outbreaks in London which represents its continued prevalence and virulence in the city; he comprehensively lists the epidemics of the sixteenth century, distinguishing between pneumonic, septicemic and bubonic plague, and their symptomatic and developmental differences. When considering urban areas only, Singman's article justifies Walter's statement that plague death was Fast, Frequent and people were Living with Death on a daily basis. However, one must consider the limitations of considering only urban areas and only London as representative of the whole of English society. Kamen advocates the separation of urban and rural in consideration of early modern plague; while documenting the most virulent outbreaks of plague in London, Kamen emphasises the necessity of contextualising morbidity statistics that can often image a misleading perception of the actuality of plague infection. Kamen notes that despite huge mortality when a plague epidemic was present, the constant influx of immigrants into cities distorts statistical evidence; plague may have killed only 15% of London's citizens, but the effect on the population of a city before recuperation could be devastating, with hundreds of thousands of citizens perishing. Therefore, the three texts mentioned here present problems within Walter's Bodily Context; plague was evidently a frequent occurrence in city areas and individuals would have been living with the presence of death and watching others dying on a daily basis. However, statistical evidence does not necessarily justify the enormity of the threat of plague in the early modern mindset and this presents a problem with labelling plague as Archetypal through death toll alone.

In a similar manner to the analysis of leprosy in the first chapter, any statistical evidence to justify syphilis as an Archetypal Traditional Death is hard to obtain. That said, Boehrer's (1990) 'Early Modern Syphilis' offers a comprehensive insight into

the perceived numbers of patients being treated for syphilis in late-sixteenth century England, through the contemporary pamphlets by the surgeon William Clowes (1579). If one were to consider syphilis as an Archetypal Death within Walter's Traditional era, then using Clowes' accounts of the innumerable cases admitted to St. Bartholomew's Hospital, London, Walter would be correct in the assumption that Seeing Others Dying would have been a common occurrence and individuals were literally living with a degenerative disease causing eventual death. Healy's article 'Bronzino's London Allegory and the Art of Syphilis' (1997) also images the perceived threat of syphilitic infection in early modernity, making reference to contemporary accusatory accounts pertaining to the foreign origins of the disease. Further, Healy records the degenerative symptoms of early modern syphilis as detailed by contemporary medical minds such as von Hutten (1488-1523).

Crosby's (1986) 'The Early History of Syphilis: A Reappraisal', also attests to the historicity of syphilis as a uniquely early modern disease, stating that in the late-fifteenth century a new malady, known as syphilis, began to spread throughout Europe, discovered by Columbus in the Americas; its spread was attributed to England's warring enemies, particularly the French, who were thus seen as sinful and deserving of this new disease as punishment. However, while demonstrating that syphilis was believed to be epidemic in stature in early modernity, and therefore a potential Archetypal Death, the Bodily Context of Walter's Traditional type would be severely altered if this was the case; Dying Trajectory would be slow and Social Death would have occurred before physical mortality, evidenced by Healy's analysis of the use of disguise by the nobility, who would rather have promoted speculation about the disease and distract from any disfigurement, than be clearly seen as syphilitic. Healy's description of early modern syphilitic symptoms is substantiated by Dennie, who again poses a challenge to Walter's postulation that the Archetypal Death of the Traditional era had a Fast Dying Trajectory; in *A History of Syphilis* (1962), Dennie explores the early modern diagnostics of syphilis as recorded by the chronicler Diaz de Isla, noting the conformance of symptoms of this new disease throughout European medical texts.

Each of these three texts also have implications in the consideration of Walter's Traditional Social Structure; initially Boehrer's analysis of Clowes' (1579) *A Briefe*

*and Necessarie Treatise, Touching the Cure of the Disease Called Morbus Gallicus*, raises issues pertaining to Walter's notion of Community inclusion, Belonging and Personhood. Clowes demonstrates how social labelling pertaining to the relationship between syphilis and sexual deviance led to exclusion from early modern society, and even the possibility of the denial of medical treatment, due to the perceived sinful nature of the diseased. Boehrer's investigation into Clowes' pamphlets exemplifies how syphilis was selectively acceptable in early modern society, promoting sympathy towards upper-class males who were prone to unsuspected infection from lewd lower-class prostitutes. Therefore, Boehrer's article also necessitates an expansion of Walter's ideal Traditional Social Structure, with class and gender differentiation being important factors in sociological approaches to disease in early modernity. Class differentiation further relates to both Dennie's, and Healy's discussion about disguise; disguise was primarily worn as a distraction to promote speculation amongst the upper-classes, and to prevent accusation and exclusion from the community, which was common in the lower-echelons of society. As those who could afford disguise were often of better social standing than those who could not, wealth and social position could allow one to maintain one's position in the community, while those without such means would, often, be exiled through fear of contagion. Thus, Dennie, and Healy, challenge Walter's determinant of Coping Strategy, preferring the notion of disguise to the efficacy of Prayer and Ritual.

### **Bodily Contexts - Historical Texts**

In *Representing the Plague in Early Modern England* (2011), Totaro and Gilman evidence the accuracy of Walter's Traditional Bodily Context, substantiating the notion that early modern plague was a swift, virulent epidemic disease which left English society both living with the threat of death and regularly witnessing others' deaths. In his introduction, Totaro lists the frequency of plague epidemics in urban England between the sixteenth and seventeenth centuries, evidencing the fact that on average early modern society would have experienced a 'great plague' every five years. Totaro specifically focuses on the symptomatic progression of bubonic plague as documented by contemporary chroniclers, such as the French surgeon Paré and the pamphleteer Bullein. Totaro's work emphasises the daily reality of plague within Reformist society, and through his analysis of Paré, and Bullein, Totaro also

evidences that plague symptoms were not only academically understood and recorded by medical authorities, but that contemporary pamphlets and stage plays informed all levels of society about the signs of plague infection. Thus, Totaro and Gilman further challenge Walter's Traditional Authority within the era of the Reformation, favouring the authority of diagnostic medicine as representative of the time, made known through the Physic. Walter's Coping Strategies can in turn be altered with this perceived changeover of Authority; Totaro's and Gilman's work envisages a society in which the Doctor replaced the Priest, surveying the body and not the soul, in order to diagnose plague symptoms and search for a physical cure.

In Conway's (1986) 'Syphilis and Bronzino's London Allegory', he describes the slow degenerative symptomatic progression of syphilis, as recorded by Giovanni de Vigo, physician to Pope Julius II; Conway notes the deforming effects that syphilis had on the body, including lesions, decay and flexion. The account of de Vigo, alongside numerous other chroniclers, illustrates the emergence of Modern Medical Authority, somewhat displacing the Traditional Authority of God and religion in the treatment of disease, in turn disputing Walter's Traditional Authoritative Structure. Conway uses a diversity of contemporary literature, poetry and artwork in order to establish early modern perceptions of syphilis; a disease perceived to be a scourge on the nation, inflicted by God for sin and immorality, thus confirming Walter's view that death in the Traditional era was the Result of Sin. In Gilman's 'AIDS and Syphilis: The Iconography of Disease' (1987), he posits that syphilis was a disease associated with the sin of sexual deviance, an inheritance bequeathed from medieval leprosy, a disease which syphilis closely mimicked. In an analysis of a Broadside on syphilis by Theodoricus Ulsenius (late-fifteenth century), Gilman states that from the outset the typical victim of syphilis was the upper-class virile young male; in the illustration on this Broadside by Albrecht Dürer, one can witness the nobleman portrayed as a victim of his own sexual deviance. Thus, while Gilman substantiates Walter's notion of the Traditional Death being the Result of Sin, his work helps to challenge Walter's view that the Typical Death was that of a Child; the typical syphilitic was a youthful male, often a soldier, whose illicit sexual activity eventually was punished with degenerative disease.

### **Social Context - Socio-Historical Texts**

In the second chapter, Watson's (1994) *The Rest is Silence: Death as Annihilation in the English Renaissance* historically contextualises the sociological situation in which I attempt to appropriate both plague and syphilis as Archetypal Deaths. Watson images Renaissance English society as one fuelled by development, exacerbated by the discoveries of the Americas, and in particular medical discoveries, with the body being compared to an internal America, with ever more to be discovered. As I have previously mentioned, Walter makes no reference to medical approaches to dying in his Traditional typology. Watson, however, evidences the importance of this transitional period, when early modern society began to rely more heavily on medical cure than religious salvation in the face of disease. Watson emphasises the importance of Andreas Vesalius' work *De Humani Corporis Fabrica Libri Septum (On the Fabric of the Human Body)* (1543) which characterised the development of the early modern medical marketplace, evidencing the mechanistic processes of the physical body, disputing the former medieval Galenic conception of humourism.

Watson particularly highlights the new Renaissance conception of the stark dualism of body and soul in combat, in turn emphasising the increasing reliance on the Physic over the Priest, exemplifying poetry and stage-plays such as Marlowe's *Faustus* (1604). Watson's work especially challenges Walter's determinant of Authority within his Traditional type; making reference to the eventual abolition of purgatory, initiated by Henry VIII's reforms in the *Ten Articles of Faith* (1536). Watson states that religious reform and increased medicalisation left much of English society isolated and confused about the possibility of an afterlife. Therefore, the fear of death, as Watson posits, led to the desire to maintain the corporeal body by placing Authority in the realm of medicine and not God and Tradition as Walter argues. My own methodology conforms to Watson's use of contemporary literature, substantiating documented and statistical evidence with forms of popular expressionism.

In the analysis of Walter's Traditional Social Structure in this second chapter, two texts contribute towards the understanding of demarcation and separation of plague victims in early modern society: Douglas' (2002) *Purity and Danger: An Analysis of Concepts of Pollution and Taboo*, and Bakhtin's (1984) *Rabelais and his World*. In

the context of plague contagion, Douglas' work has been used to analyse the use of moral censure in order to create order amidst chaos. As Watson previously proposed, early modern religious reform and medical discoveries gave death a nihilistic sting, thus to initiate order and understanding, plague death had to be written into the political and providential narrative. Therefore, Douglas posits that the semblance of order was created through the association of plague with undesirables in society; in this case the members of the urban slums from which the disease stemmed. Derogatory social accusations legitimately allowed for division of differing members/classes of society. Attention was particularly paid to the infection of these individuals as exemplars of immorality, untidiness and disorder which needed correction. In turn, Bakhtin states that these disorderly individuals become grotesqued, exaggerated with a pedagogic intention; the undesirable lower-class members of society undermined the developments of the Reformation era, thus they were demarcated as the cause of immoral contagion. Overall, Douglas, and Bakhtin inform the challenge that this chapter poses to Walter's Traditional Social Structure; that Traditional Community was essentially exclusive rather than inclusive, with the desirability of its members subject to social construction influenced by contemporary religious beliefs, medicine and political narratives.

In a similar manner to the delineation of early modern plague victims, in 'The Saint in the Brothel: Or Eloquence Rewarded' (1990), Helms states that syphilitics were also underworld figures, targets of exclusion from the rest of society; associated with prostitutes and soldiers, these sexually illicit individuals were viewed as contagious, polluting and thus could be denigrated and secluded, barred from medical treatment and relegated permanently from the healthy community. Again, Helms' article will be used to demonstrate that Walter's all encompassing Traditional Community was a fallacy. Aside from class and gender differentiation, moral censure also played a part in ostracisation, which was not only defined by religious but also medical authorities. Further, Helm's text evidences that Social Death did not always Follow Physical Death as Walter states, as Belonging within a Social Structure and one's Social Position were subject to social construction and not always an inherent birthright which was established through bonds of kinship and geographical location. Milburn (2004) substantiates Helm's perspective; in 'Syphilis in Faerie Land: Edmund Spenser and the Syphilography of Elizabethan England', he interprets

Spenser's *Faerie Queene* (1590) as a moral tale informing the reader of the sexual deviance of the female prostitute who contaminates unsuspecting men with her contagion. Milburn analyses Spenser's denigration of prostitutes as a method or guide to self-help for the reader, influencing society to ostracise these immoral individuals who place a slur on English nationhood. Here one can witness an upper-class male author's influence in the construction of the early modern community. As an ideal member of society, Spenser can be witnessed to represent wider societal beliefs, or at least the domination of the upper- to middle-classes in the demarcation of the structure of the lower-echelons of society.

Lastly, in *Gender and Difference in the Middle Ages* (2003), Farmer and Pasternack further promote the necessity for gender differentiation within Walter's Traditional Community; considering early modern laws and treatises, the authors demonstrate the attribution of sexual connotations onto lower-class women and women of certain perceived conspicuous professions. Farmer and Pasternack highlight that ordinances placed on women, such as the necessity for prostitutes to distinguish themselves through their clothing, and overall legal decrees, acted as a method of social control, ensuring undesirable members of society remained on the outskirts of the community. Thus, in relation to Walter's Traditional typology, I posit that the use of ostracisation of potential syphilitic sufferers by wider English society acted as a potential Coping Strategy or mechanism, disputing Walter's determinant of Prayer. These texts will also be used to demonstrate that sinful diseases often led to a Loss of Social Position pre- and not post-mortem, as Walter posits, thus limiting progression within society. Walter's determinant of social Belonging was therefore dictated by the Community, which in turn was a social construction influenced by many sociological factors including religion, law, the arts and medical practice.

### **The Use of Lyric and Literature**

The frequency of plague epidemics is evident in the subject's prominence in early modern literature and poetry; for example Thomas Nasche's (1567-1601) *Litany in the Time of Plague* evidences, in his perspective, the ever-presence of a disease which is virulent and incurable, despite medical knowledge of the disease. Also, William Muggins expressed the fast death trajectory in *London's Mourning Garment* (1603), claiming that men who were married one day, would often wake as a widow

the next. Therefore, both Nasche and Muggins support Walter's Traditional Bodily Context; from a contemporary perspective Dying Trajectory when infected with plague was Fast, Frequent and society was Living with Death. The transition of authority within early modernity, from spiritual to physical cure through medical diagnosis is reflected in George Herbert's (1593-1633) *Affliction*, in which the author says to God that he seeks another master, that he no longer loves God, and he therefore places his faith in medicine. This is a theme further adapted in Marvell's *Dialogue of the Soul and the Body* (1681), in which the corporeal entity of the body expresses its disgust towards the parasitical soul that it harbours, indicating the Vesalian view that the body can function through its own internal mechanisms. These two poems, then, explicitly indicate that the authors have placed their faith in the authority of medicine, even going so far as to reject God in Herbert's case, challenging Walter's notion of Religion as a Given.

Further literature promotes the notion of prevention of plague infection, again demonstrating the increasing authority of medicine; in his *Castel of Helthe* (1539), Elyot instructs readers to not share clothing or household items with plague sufferers as they potentially contain contagion, and in Kellwaye's *A Defensative Against the Plague* (1593), he recommends replacing bad smells, cleaning, and maintaining a healthy and regimented life. Contemporary pamphlets such as Dekker's *Newes from Graves-end: sent to no-body* (1604), satirised London as a sinking ship, evidencing the coping mechanism of flight used by the wealthier classes, leaving the poor stranded in cities ravaged by epidemic plague. Dekker's pamphlet illustrates that the typical plague death would have been amongst the lower-classes; however, this was merely the result of their inability to avoid contagion. Indeed, many individuals were forced into quarantine, as evidenced by the character of the Friar in the play *Romeo and Juliet* (1592), who is incarcerated, failing to deliver the lovers' letters. Therefore these texts evidence that flight and enforced segregation were typical Coping Strategies within Walter's Traditional type, preferred to the efficacy of Prayer and Ritual. In turn, Surveillance was now undertaken by Neighbours seeking to spot the signs of plague early in order to flee or to incarcerate plague victims to limit contagion, rather than to offer any lay support.

Much of the contemporary literature used within the second chapter concerning the analysis of syphilis as the Traditional Archetypal Death is centred on the notion that Walter's ideal Traditional type should be gendered, as syphilitic accusation was predominantly directed towards women within early modernity. As syphilis was known to be a venereal disease within Renaissance England, the perceived carnality of women was specifically targeted by moralists such as Thomas Nasche in *Christ's Tears Over Jerusalem* (1593); Nasche stated that sluttishness led to diseases which dwell within women's bodies, which are slaves to their own corrupting flesh. Bouget's *Discours des Sorciers* (1602) portrays a similar opinion that women were inferior and prone to immorality through their love of carnal pleasures, with which they intended to ensnare men. In turn, Bouget took influence from the *Malleus Maleficarum* (1486-7), which emphasised perceived heightened female carnality, leading to sexual weakness and the temptation of man. This negative perception of women's sexuality lent its influence to popular literature and plays, especially references made to prostitutes, which can be witnessed in numerous Shakespeare plays; *Pericles: Prince of Tyre* (1607-1608) describes the rotten bodies of syphilis ridden prostitutes, *King Lear* (1603-1606) further describes the lesions of syphilis which women keep hidden until a sexual encounter, and lastly, *Twelfth Night* (1601-1602) comically portrays women's vigorous sexuality as a source of syphilitic infection. The mention of syphilis in relation to female sexuality in these plays is by passing reference, indicating that playgoers would have been knowledgeable about these issues and did not require further explanation. Thus, one must present the need to include gender differentiation within Walter's typology, as the contemporary individual distinguished between those infected, assuming that females were more prone because they were more carnal.

Even children's fairytales such as Perrault's 1697 *Le Petit Chaperon Rouge* evidenced the perception that women who stray from the path of righteousness, such as prostitutes who cohabit with predatory males (emphasised by the red hood), are likely to succumb to the ravages of venereal disease. Men, on the other hand, were perceived to be vulnerable to syphilitic contagion, as their virility and sexual desire led them to be deceived by more carnal females; one can witness this in John Donne's (1572-1631) *An Apparition*, which depicts an embittered male who has been infected with syphilis by his lover. In Thomas Carew's (1595-1640) *Murdering*

*Beauty*, the speaker is embittered by his lust for a syphilitic lover, which if acted on will lead to his death, and John Fletcher's (1579-1625) *Away, Delights* also tells the story of a bitter syphilitic tricked into becoming infected through his desirous lust. Overall, contemporary literature concerning syphilis indicates that the sin of immorality and sexual deviance is reflected by the fact that the disease progressed slowly and was degenerative, and while syphilitics were Living with Death on a daily basis as Walter posits, there needs to be some differentiation in his typology; determinants are needed which account for the selective acceptability of disease, perhaps evidencing how certain individuals were targets for accusations, some were perceived as innocent, and others were deemed deserving of infection. In summation, contemporary popular literature highlights the inadequacies of Walter's typology, which does not account for the blame culture of early modern society and the necessity to displace responsibility, producing an oversimplified perception of a homogenous culture lacking both class and gender distinction.

### **Literature Review - Chapter Three**

#### **Medical Texts**

Syphilis had been an ever-present disease since its arrival in England in the late-fifteenth century, with rates of infection still rising during the nineteenth century. Thus, in the third chapter one must initially establish the symptomatic similarities of nineteenth century syphilis with its early modern counterpart, as well as contemporary mortality rates. In *Prostitution and Victorian Society* (1982), Walkowitz describes the symptoms of Victorian syphilis, from primary to tertiary stages, making reference to both contemporary medical and socio-political texts, such as Ricord's (1838) *Traite pratique sur les maladies veneriennes*, and the *Contagious Diseases Act* of 1860. Walkowitz's text offers a comprehensive compilation and analysis of contemporary medical practice in regard to syphilis, indicating that the disease was diagnosed and treated by doctors, who recognised the ailment as being venereal, yet could neither identify its cause nor its cure to any better degree than Reformist physicians. In consideration of Walter's Traditional type, Walkowitz's emphasis on medical treatment and diagnosis highlights that Medical Authority was increasingly replacing religious and Traditional Authority in the battle against disease. However, the inability to provide a cure for syphilis, and

the moral censure practiced by physicians who recognised the sexual connotations of the disease, indicates that a full transition from the Traditional Authority of God and religion to the Modern Authority of Medical Expertise had not been completed; conversely doctors seemingly took on the role of the Priest, not only surveying patients' behaviour and subsequently their bodies, but also their moral state. Persson's account of the nineteenth century medical treatment of syphilis in *Smallpox, Syphilis and Salvation: Medical Breakthroughs That Changed the World* (2010), will be used to substantiate Walkowitz's view that treatment practiced by nineteenth century physicians had progressed very little from early modern syphilitic remedies. In particular, Persson notes that mercurial remedies often exacerbated mortality rates, with contemporary practitioners preferring more efficacious medieval homeopathic and herbal remedies. Both of these texts highlight that syphilis, during the nineteenth century, straddled the boundaries of Walter's Traditional and Modern determinant of the Human Condition, with patients both Living with Death, and having their Death Controlled and often hastened through medical treatment.

In the previous two chapters I utilise Walter's notion of plague death as being Archetypal on the basis of its unprecedented mortality rate. In the third chapter, tuberculosis acts as a replacement for plague, therefore it is necessary to justify the scale of fatality caused by this infection during the nineteenth century through the use of statistics. Wilson Carpenter's *Health, Medicine and Society in Victorian England* (2010) evidences that in the contemporary mindset, varying forms of tuberculosis caused mass fatality and it is therefore an apt substitute for plague as an Archetypal Death of the Traditional era. This text also demonstrates that there was not what Walter would define as a Typical Death in consideration of tuberculosis; tuberculosis could affect the young, adults and the elderly in its different manifestations, and varied from highly degenerative and contagious to invariably fatal. In turn, Mitchell also argues that death trajectory from the disease was dependent on the form of tuberculosis one had been infected with and the treatment prescribed and/or available. In *Daily life in Victorian England* (1996), Mitchell expresses that, as with syphilis, medical authority took precedence over religion, however, at best physicians could control pain and prescribe naturalistic treatment without hope of a cure. Therefore, both Mitchell's, and Wilson Carpenter's research

evidence that it is difficult to typify tuberculosis in its many forms and although one can identify the transition from the societal reliance on religion towards Medical Expertise within Walter's Traditional Authoritative Context, the inability to treat tuberculosis effectively could result in a Fast Dying Trajectory or a Prolonged one, combining characteristics of Walter's Traditional and Neo-modern eras. Halliday's *The Great Filth: the war against disease in Victorian England* (2007) demonstrates that while mortality from tuberculosis was the highest of any disease in nineteenth century England, contraction of and fatality from the disease varied significantly between working-classes and the upper-echelons of society, with living location, working conditions and sanitation all contributing to the risk of infection. In turn, Halliday evidences that tuberculosis was a disease particularly related to industrialisation and the pollution of the cities, which were unsanitary and overcrowded due to the necessity of the labouring-classes to gain employment in order to sustain one's family.

### **Bodily Contexts - Historical Texts**

The threat of syphilis was perceived to be so great in nineteenth century society that the English government issued the *Contagious Diseases Act* in 1860 to combat the spread. While the *Act* itself is important in gauging public perceptions of the disease, this chapter focuses on the research presented by contemporary 'anti-act' social reformers, which not only allows an insight into the Bodily Context of Walter's typology if nineteenth century syphilis is labelled as an Archetypal Death, but also the manner in which the infected were treated socially. Taylor Bell's 1870 article 'The Contagious Diseases Act:... being the substance of a paper read before the Medical Society of London', makes reference to the fact that syphilis was neither ever-present nor particularly infectious within its primary and secondary stages, thus wholly altering Walter's Traditional Bodily Context, determining death as slow; although infected individuals were living with their own infection, one would rarely see others dying from syphilitic infection. Taylor Bell's representation of syphilis portrays, however, Walter's Modern notion that Death was Controlled by Medical Experts, who transformed the perception of syphilis, promoting and insidiously circulating alarmist doctrines to the populace which misrepresented many alternative infections as syphilis. Further, due to the nature of its transmission, being predominantly spread via sexual intercourse, Taylor Bell details the method in which

certain members of society were targeted for exclusion, particularly prostitutes and infected females, their lives subject to male authoritative control, with Walter's perceived Modern Values of Dignity and Intrusion defied. Therefore, Taylor Bell reasserts that despite increasing medical rather than religious intervention, syphilis can be appropriated as a Traditional Archetypal Death due to the exaggerated fear of the disease and its victims' subjection to moral censure.

The *Westminster Review* of 1870, conforms to Taylor Bell's summation of the physical symptoms and progression of Victorian syphilis, and further argues that despite the increasing authority of male medical practitioners, their knowledge and ability to cure syphilis had not improved drastically from their early modern counterparts. The *Review* expresses the contemporary view that medical experts were power hungry and had the ability to demoralise the whole nation, through the surveillance of behaviour and the enforced treatment of patients, and particularly lower-class female patients. The *Review* depicts the uneasy transition from Walter's Traditional trusted Priest to the intrusive Modern Medical Doctor, denoting that the divide between Public and Private was subject to class discrimination, with the lower-classes denied Walter's Modern Values of Privacy and Dignity by Medical Experts. In *Prostitution, considered in its Moral, Social, and Sanitary Aspects* (1870), the physician Acton again surmises this contemporary notion that death from syphilis was rare, to the extent that many doctors had not witnessed a single death from it, thus making the development of treatment difficult. He further highlights though, that once infected, death from syphilis was indeed prolonged, lasting a number of years. Acton also demonstrates the inclusion of morality in the diagnosis of physical ailments, noting that the foulness of syphilis' manifestation indicated the degenerate nature of syphilitic patients, whose sinful deaths truly evidences the blurred boundaries between Walter's Traditional and his Modern types of Authority.

Two texts will be used to substantiate the historical context of nineteenth century tuberculosis as an increasingly urban disease in Chapter Three: Dubos' and Dubos' *The White Plague: Tuberculosis, Man and Society* (1952), and Latimer's 'Erotic Susceptibility and Tuberculosis: Literary Images of a Pathology Erotic Susceptibility and Tuberculosis' (1990). *The White Plague* is a core text charting tuberculosis within Western societies, culminating in peak mortality rates in the nineteenth

century. The Dubos' connect tuberculosis with the rise of urbanised and industrialised societies, considering not only the medical approach to tuberculosis treatment within nineteenth century society, but positing that the social malaise caused by the breakdown of what Walter would define as the Traditional Community, due to forced employment within city environment, left the working-classes more prone to infection. *The White Plague* depicts the enormity of tuberculosis infection in nineteenth century England, stating that almost half of the population suffered from it in varying degrees, evidencing that society would have been living with death on a large scale. Overall, the Dubos' text highlights the medical, socio-historical and political aspects of urbanised tuberculosis, which informs a critique of Walter's typology through its portrayal of the dissolved Traditional Community in nineteenth century urbanised areas.

Latimer too, notes that the unsanitary and polluted industrial cities helped propagate tuberculosis amongst the working-classes, with even the middle-classes suffering the effects of the bad air and smoke produced by their own factories. Latimer concurs with the Dubos' view that the displacement of workers from their original rural communities and exploitation experienced within the workplace, contributed to their susceptibility to tuberculosis infection. Latimer also demonstrates that class disparity rendered different meanings to tuberculosis, becoming iconographic among the middle- and upper-echelons of society. Latimer's research identifies that the working-class social malaise was transformed into a middle-class poetic malady, desired and enacted. Latimer's exploration of nineteenth century tuberculosis exemplifies Walter's Modern notion that classes progress through his types at different rates; in the case of tuberculosis, the working-classes were Living with Death, isolated from their original Community, losing their sense of Belonging and Personhood. On the other hand, (typically female) bourgeois consumptives were enacting their own Neo-modern deaths, experiencing a Prolonged Death, witnessed by friends and family, expressing Emotion and Choice in an otherwise constrictive patriarchal society.

### **Social Context - Socio-Historical Texts**

In Chapter Three, three texts will be used to evidence the contemporary sociological construction of the syphilitic: Cooper's *Syphilis* (1895), May's "Foul Things of the

Night”: Dread in the Victorian Body’ (1998), and Diehl’s *Estranging Science, Fictionalizing Bodies: Viral Invasions, Infectious Fictions, and the Biological Discourses of ‘the Human’, 1818-2005* (2008). May’s article argues that the moral and social decay of nineteenth century society was represented by the syphilitic body, which was subject to both moral censure and medical policing. May evidences that in particular, the association of prostitution with syphilis could not bear the weight of contemporary anxieties, becoming socially constructed as something monstrous, loathsome and Foreign, as a method of Othering this group of individuals from society. Both May, and Diehl propose that the insidious and often concealed nature of syphilis contamination was commonly represented as forms of vampirism, making particular reference to contemporary vampiric fiction, in which the pure virginal idealised nineteenth century female is transformed into a primitive sexual predator; therefore, these texts will be seen to represent the continued of death being the Result of Sin in contemporary society, evident in Walter’s Traditional era. Diehl’s, and May’s works will be utilised to acknowledge the necessity of gender and class differentiation within Walter’s typology, expressing that the nineteenth century female often experienced class debasement when infected with syphilis due to the sexual stigmatisation of the disease.

Cooper’s medical text, *Syphilis*, conversely emphasises that contemporary physicians promoted the increasing accountability of bourgeois males in the spread of syphilitic contagion in Victorian society, inspiring a form of dread that their private sexual exploits could be made public due to the syphilitic infection of their families. Cooper’s research evidences the transition from the Traditional Social Structure to what Walter defines as the Modern Social Structure of Public Vs. Private realms, depicting the bourgeois male identity as that of patriarch of the Nuclear Family; a close dignified and private unit. Cooper describes middle- to upper-class syphilitic males as melancholic, living in constant mental despair of infection and detection, with his sexual deviance having the potential to inflict slow degenerative deaths on his whole family. Cooper expresses that, contemporarily, this inspired a form of medical policing with the ability of Modern medical experts to control their patients’ ability to marry through fear of public exposure. Thus, the negative implications of syphilitic identity on both the male and the female can be witnessed within these texts as a method of social control, segregating those perceived to be prone to the

disease and instilling fear into the bourgeois in an attempt to maintain self-control, and preserve the family unit.

In the third chapter, two texts will be used to contextualise the sociological approaches to tuberculosis within nineteenth century society: Dyer's *White* (1997), and Byrne's *Tuberculosis and the Victorian Literary Imagination* (2011). Dyer's text addresses the manner in which the notion of whiteness was utilised within nineteenth century society. The lightness of skin, he posits, was a contemporary method with which to create hierarchy of class and of gender, while also assisting in the social construction and interpretation of disease throughout the class strata. *White* emphasises that dirt and dark skin were traits associated with sweat, animality and physical labour which was contemporarily characteristic of the working-classes. Therefore, the predominance of industrial tuberculosis among labourers was resultant from their inability to progress beyond their class and remove themselves from the workplace, the dirt and the grime which not only propagated their disease in the first place, but also darkened their skin. The racialisation of nineteenth century tuberculosis can be further witnessed in Dyer's notion of the Victorian 'culture of light'; the middle- to upper-classes revered white skin as the most aesthetically pleasing, associating it with Englishness and high social rank, leading to the desirability and idealisation of consumption and its symptomatic pallidity, which was considered repugnant among the lower-ranks.

Byrne maintains a similar methodology to my own, in the applied use of popular literary works and poetry in the substantiation of documented evidence. Byrne characterises tuberculosis as a modern disease, one of social isolation and individualism, which is typical of Walter's Modern death type. Byrne expresses that the sheer scale of tuberculous infection was contemporarily interpreted as being representative of a diseased and fragmented nation, having not only medical but moral connotations. In turn, she presents consumptive deaths as varying between social class, noting that the poor and impoverished were more prone to infection due to their unsanitary living conditions and were isolated in institutions such as lock houses, characteristic of Walter's Modern era, with the reliance on Medical Expertise as a method of dealing with death. However, in consideration of the

bourgeois approach to tuberculosis, Byrne evidences that the contemporary construction of a consumptive identity, especially by female sufferers, transcends Walter's Traditional Social Context and breaches both his Modern and Neo-modern Social Structures. Byrne expresses how the beautiful romantic death of the bourgeois consumptive allowed the dying to become the most important member of their household, upturning even patriarchy, exerting control over one's enactment of dying and achieving death in one's own way.

### **The Use of Lyric and Literature**

Much of the contemporary popular literature used within the first part of this chapter centres upon the contemporary association of nineteenth century syphilis with prostitution, and also the notion of male accountability for the spread of contagion. Stoker's *Dracula* (1897) promotes the metaphorical interpretation of syphilitic contagion as vampirism, with the Count representing the diseased prostitute who lures in his victims, who are totally unaware of his hidden infection which will cause the slow degradation of their lives. This novel will also demonstrate how syphilis was contemporarily perceived to incite sexual desire within the innocent, as witnessed in the character of Lucy, who turns from pure virgin to demonic whore. Further, Stevenson's *Strange Case of Dr. Jekyll and Mr. Hyde* (1886), will be portrayed as representative of the male syphilitic acting as an arch-villain, with the immoral lusts and desires of Hyde representing sins incarnate, the beast within all men, which if not controlled ends up deformed and detestable, physically and mentally. Hyde's basal desires and proceeding misdeeds inspire disgust in all those who encounter him; Hyde is the antithesis of Walter's Modern family man, disrespectful of Traditional religious morality and a didactic character representing the downfall of the man, whose immoral private life is exposed publically, revealing a disease which should, in Walter's Modernity, remain Hidden. Dickens' *Dombey and Son* (1848) will be also used within the third chapter to emphasise the devastation that male syphilitic infection could impose on the nineteenth century family unit; in the novel, the patriarch is weakened and driven mad by syphilis after marrying a young prostitute. His sexual dalliances prove ruinous to both his family and his industrial dynasty, to the forging of which, he had devoted his life.

Overall, contemporary popular literature concerning syphilis will be seen to emphasise the need for both gender and class distinction within Walter's types, with the lower-class female prostitute being represented as the embodiment of sin, which manifests physically in the form of syphilis, and the middle-class male as the disseminator of syphilis throughout his bloodline; the former can be witnessed as a contemporary figure of pollution who needed to be segregated as a method of prevention and coping with the onslaught of disease, whereas the latter can be witnessed as the destroyer of Walter's typological determinant of the Modern Nuclear Family, converting Walter's Value of Privacy into a public display of moral admonition.

In the second part of Chapter Three, the symptoms and transmission of tuberculosis within nineteenth century society will be witnessed to be well referenced in popular literature; the character of Lucy Westenra in Stoker's *Dracula* (1897) best depicts the physical effects of the disease, from night sweats to coughing up blood, being pale, languid, weak and unable to breathe without struggle. A recurrent nineteenth century literary theme was also the distinction between tuberculosis transmission and class disparity, with the miasmatic and smoggy conditions of over-populated industrial cities making the working-classes more prone to infection. Blake's poem *And Did Those Feet In Ancient Time* (1808) will be used within Chapter Three to exemplify how the nineteenth century labourer's search for work led them to become increasingly displaced from their original rural communities, 'England's mountains green' and 'pleasant pastures', in which family bonds were resident - to be largely exploited within the 'dark satanic mills' and factories of the industrialised cities, which exacerbated the transmission of tuberculosis. The character of Bessy Higgins in *North and South* (1854) also emphasises that tuberculosis was often a direct result of poor working conditions, with her ailment being caused by 'fluff' poisoning her lungs in the cotton factory in which she worked.

The necessity for class distinction within Walter's typology is never so evident, as in Wells' *The Time Machine* (1895), which metaphorically depicts both working-class and middle-class consumptives; the former being subterranean beasts - slaves to labour, while the latter are depicted as being effete - beautiful sufferers, in the form of Eloi, who are totally reliant on the Morlocks, yet despise their brutish natures. In

turn, the depiction of (specifically male) tuberculosis in youth, as witnessable in the character of Linton Heathcliff in Brontë's *Wuthering Heights* (1846), and also Paul Dombey in *Dombey and Son* (1848), portrays the femininity of the disease among the contemporary bourgeoisie, enhancing the mind and degrading the brutishness of physicality associated with the lower-classes. Class differentiation within Walter's typology would also inform readers of the social construction of disease as a form of identity; in the case of tuberculosis, one being considered either disgusting or beautiful depending on the social standing of the individual infected. The consideration of tuberculosis among females in the upper-echelons of nineteenth century society also promotes the notion that certain sufferers were transcending both Walter's Traditional and Modern types of death, exerting control and enacting a Prolonged Neo-Modern expression of death which largely released them from the binds of patriarchal authority. Cathy's prolonged illness in *Wuthering Heights* evidences the autonomy of the middle- to upper-class female consumptive, who became the central figure in her social surroundings, through controlling the manner in which she died. Thus, the depiction of the suffering female consumptive in popular literature evidences that it was possible to exhibit behaviour outside of one's own type, which Walter states is theoretically impossible.

### **Chapter Details**

**Chapter One - *Traditional Archetypal Death in the Middle Ages (circa 1000-1535): The Piper's Plague or the Lusty Lazar's Disease?*** examines a snapshot of history which roughly covers the first half of Walter's Traditional era (c.1000-1535) in order to analyse the effect that plague and leprosy had on medieval society, if appropriated as Archetypal Traditional Deaths. The first part of this chapter will establish whether Walter's typology maintains an internal consistency, allowing for cohesion throughout his Traditional type. The analysis of the Archetypal plague Death will critique Walter's views on the Social Context and Coping Strategies of his Traditional society, particularly scrutinising his notion of Community as a status of Belonging. The ritualisation of death will be discussed pertaining to need of bodily disposal over religious necessity, making reference to contemporary texts such as the *Decameron* in conjunction with archaeological evidence of mass death in English plague pits, and contemporary documentation. In the second part of this chapter I

will consider a contrasting Archetypal Death, more morally than physically contagious, in the form of leprosy. My research will present the possibility that further diseases are possible representations of Archetypal Deaths, in conjunction with, and not separately from plague, despite specific differences in their Bodily Context. The exploration of medieval leprosy as moral contagion will once again expose the discrepancies within Walter's Social Structure; I will contend that when the three distinct categories of sin, sexual promiscuity and degenerative disease are linked with the cause of death, then social ostracisation and isolation from the community are inevitable.

**Chapter Two - *A Plague or a Pox on Both Your Houses? An Analysis of Plague and Syphilis as the Archetypal Traditional Deaths of the Reformation Era circa 1536-1660***, explores two forms of Archetypal Deaths in an approximate period of one hundred years, marking the half way point of Walter's Traditional type; plague will be discussed again as an Archetypal Death of early modernity, while leprosy contagion, now on the wane, will be replaced with syphilis as an alternative ailment, perceived to be spiritually and morally infectious. The Reformist rejection of purgatory, combined with increased scientific discovery and medicalisation will form a critique of Walter's singular vision of religion as undiversified Christianity. The analysis of plague as an Archetypal Death over two distinct periods within Walter's Traditional Type will evidence that while the Bodily Context of his typology may retain an internal consistency, progressive social attitudes, improved education and medical knowledge alters behaviour towards death, thus necessitating the expansion of his typology, which does not, as it stands, effectively provide a cohesive image which represents the Social, Authoritative and Coping determinants within both eras. The second part of Chapter Two will consider how diseases which have perceived spiritual and moral implications, such as leprosy considered in Chapter One, and syphilis in this chapter, bequeath social stigma, which transcend both medical and religious practices. Concerning the discussion of syphilis within the second part of this chapter, I will posit that the negative implication of gender differentiation became used as a method of accusation and social ostracisation informed by Biblical interpretation and medical knowledge. This chapter, as a whole, will use medical pamphlets coupled with popular literature and religious ordinances

on an equal footing, in order to emphasise the manner in which Walter's homogenous Community delineates between Insiders and Outsiders.

**Chapter Three** - *The Syphilitic Sins of the Fathers and the Bloody, Beautiful Consumptive Death: Exploring Syphilis and Tuberculosis as Modern Archetypal Deaths of the Nineteenth Century (circa 1800-1901)*, investigates two possible Archetypal Deaths pertaining to the closing century of Walter's Traditional era, demarcating the transition from the Traditional into his Modern era. Syphilis will once again be utilised as a morally fearful form of Archetypal Death, while tuberculosis will replace plague as the infectious disease with the largest mortality rate in nineteenth century society. The consideration of the symptoms and diagnosis of nineteenth century syphilis in comparison with the infection in early modernity will identify whether medicine had exerted total dominance over the treatment of infectious diseases, or if the Church still retained a degree of control in the attribution of moral censure over degenerative diseases associated with sexual transmission. Noting nineteenth century medical observations of syphilis in comparison with its early modern counterpart will identify whether Walter's Bodily Context retains its typological consistency when posited as an Archetypal Death. As in the previous chapter, the negative implication of gender differentiation will be analysed to illustrate an increasing contemporary perception of male accountability in syphilitic transmission, which had a profound effect on the degradation of, what Walter defines as, the Modern Nuclear Family, in nineteenth century society. The retained association of syphilis with lower-class female prostitution will also demonstrate that the remnants of Traditional religious behaviour became enforced by members of the medical profession who surveyed both the body and the soul with a degree of moral censure. The second part of the chapter will consider how nineteenth century approaches to tuberculosis were subject to class disparity. I will depict the negative racialisation of tuberculosis in its association with the working-classes, also considering the deconstruction of Walter's Traditional (rural) Communities necessitated by consumer culture which prompted the search for work within industrial cities. Conversely, this chapter will highlight how tuberculosis among the leisure-classes became enacted as a form of what Walter's would define as a Neo-modern, Prolonged death in which individuals, particularly females, could assert

their Autonomy and Control their deaths through the expression of emotional growth in an otherwise constrictive patriarchal society.

**Conclusions** – The conclusion of this thesis begins with a summation of the three preceding chapters, establishing commonalities of socio-historical approaches towards death and dying in England during snapshots at the beginning, middle and end of Walter’s ideal Traditional era. The validity of the four Archetypal Deaths discussed within these chapters, plague, leprosy, syphilis and tuberculosis, will evidence the potentiality of further possible characteristic forms of death and challenge the deceptive notion of a single Archetypal Death within Walter’s Traditional era. Further, the presence of these potential forms of prototypical deaths in contemporary popular literature and documentation utilised within this thesis, will emphasise that both the diversity of death-related behaviour between 1000 and 1901, and that deadly diseases are prone to social construction, dependent on class, gender, race and social desirability. The inaccuracy of Walter’s notion of the ideal Traditional Social Structure will also be challenged by the social construction of desired communities, achieved through social ostracisation and Othering of unwanted and often diseased members of society, labelled as both morally and literally contagious, subject to not only religious but also medical jurisdiction. By drawing together the evidence established across Chapters One, Two and Three of this thesis, my conclusions suggest that Walter presents an oversimplified historically-based account of death-related behaviour, which conforms neither to the Weberian definition of the ideal, nor is cohesively accurate. The conclusion of this thesis argues that Walter’s types were not transitions from one type of death-related behaviour to another, limited to specific periods of history, but rather were slow progressions of death beliefs and practices which accompanied and were influenced by religious and medical developments within England circa 1000-1901.

## CHAPTER ONE

### **Traditional Archetypal Death in the Middle Ages (circa 1000-1535): The Piper's Plague or the Lusty Lazar's Disease?**

#### **Introduction**

Walter's Traditional ideal typology is structured around Ariès' five-stages of death, encompassing the period of English history circa 1000-1900. In this chapter I will take a snapshot of death behaviour during the first half of this period, dating 1000-1535; an era which can be denoted as the Middle Ages. Following Walter's formulation of characterising Traditional death as infectious disease 'which could strike anyone at any time and carry people off in a couple of days' (1994: 50), the first part of this chapter will analyse the Bodily and Social Contexts of plague as a possible Archetypal Death of the Middle Ages. Walter himself posits that plague was the Archetypal bearer of death within his ideal Traditional type, a form of death which should theoretically be consistent within his Bodily and Social Contexts, allowing for the typology as a whole to 'hang together' (1994: 50). I will initially assess whether the symptomatic progression of plague cohesively adheres to Walter's ideal Traditional Bodily Context, particularly considering Dying Trajectory, frequency and commonality of plague death as recorded in contemporary medical works and commentaries. Further, I will utilise lyrics and fairytale from this period, in order to validate whether Walter was correct to assert that the Typical Traditional Death was that of a Child, and whether an Untypical Death was experienced in Old Age and as such, Venerated, as Walter claims.

The analysis of plague as an ideal Traditional Archetypal Death will be used to scrutinise Walter's Social Structure, particularly exploring his definition of Community. Following a Post-structuralist methodological approach, I will challenge Walter's view that medieval communities were merely 'networks of kin' bound by geographical location (Walter 1994: 50), focusing on the social construction of collective group identity and solidarity through exclusion of the sick, as evidenced in contemporary literature. I will use contemporary texts such as the *Decameron* (1350-1353) to evidence coping strategies in the midst of plague

infection. Adhering to Garces-Foley's view that 'there is no religious approach to death separate from its context' (2006: ix), I will analyse archaeological evidence in conjunction with contemporary documentation in order to reveal how ritualised Christian death practices altered in the midst of plague infection, specifically focusing on death rites and burial practice. Lastly, in the first part of this chapter I will investigate whether religious authority, with its emphasis on the social importance of what Walter describes as a Good Death, and also the ritualised disposal of the corpse, was diminished through the necessitation of quick disposal of the dead to prevent infection and to reduce the risk of bodily pollution.

In the second part of this chapter, I will consider an alternative form of Archetypal death which was prevalent within the years preceding the arrival of plague in England in 1348. Leprosy will be placed in direct contrast with plague within Walter's ideal Traditional type in order to investigate whether a selective disease, that is symptomatically degenerative, can display a typological cohesiveness as an Archetypal death of Walter's Traditional era. I will compare medieval notions of spiritual and physical ailments in order to gauge the fear and social dis-ease pertaining to diseases contemporarily related to immorality. I will explore the relationship between degenerative diseases, such as leprosy, and medieval community perceptions of insidious harm and how this affects Personhood and Belonging within Walter's Traditional Community structure. In the analysis of leprosy, I will distinguish between two interpretations of Walter's view that Traditional society was Living with Death; that communities were surrounded by death, as in the case of plague epidemics, and that individuals were enacting a form of living death through mutilating diseases such as leprosy. Adhering to Storey's (2006) methodology, I will posit that accusations targeted towards lepers, evidenced through contemporary popular lyrics and literature, act as systems of representation in order to render leprosy intelligible within Walter's ideal Traditional Community. All in all, this chapter will express how two examples of medieval disease (plague and leprosy), can both be presented as forms of Archetypal Death which altered who were perceived as Insiders and who were perceived as Outsiders to Walter's ideal Traditional Community.

## Social Context

The specified era of the Middle Ages<sup>10</sup>, ranging from 1000-1535, has been chosen for its distinct lack of religious diversity, with England (theoretically) being a solely Catholic country. The start of this era coincides with recognition of the hierarchy of Church standing and their tax exempt status by English judicial law (Whittock 2009: 11). By 1066, one-sixth of English land was under Church ownership, with religious institutions pioneering the development of fixed nucleated settlements (Whittock 2009: 10). The building of stone churches in the centre of settled fields produced a Christianised way of ordering the landscape, meaning that people's daily experiences were deeply affected by the Church (Whittock 2009: 10). In the eleventh century 90% of people lived off of the land and after the Norman conquest most communities were subject to manorial hierarchies, governed by a system known as the Frankpledge, where tithings were bound together and individuals were held responsible for communal behaviour (Whittock 2009: 13, 28). In the years immediately preceding the Great Plague of 1348, the English countryside was ravaged by a bad harvest (1314) followed by two years of wet weather and crop failure, and then fatal diseases of sheep and cattle in 1319-21; wheat and barley prices rose by 300% causing widespread starvation (Whittock 2009: 46). The population of England which had risen from two and a half million in the eleventh century to approximately six million in the early-fourteenth century, began to decline dramatically (Whittock 2009: 36), culminating in the mass fatality of bubonic plague.

Medieval medical authorities could offer little relief against the onslaught of mortality, considering ailments primarily in terms of symptoms that needed to be relieved rather than entities which needed to be cured (Horrox 2000: 91). Indeed, medieval physicians were still reliant of the works of the second century physician

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<sup>10</sup> Whittock states that the Middle Ages should be considered to range from the year 900 to the mid-sixteenth century, inaugurated by the West Saxon re-conquest of the *Danelaw* (the area of the East Midlands, East Anglia and Northern England conquered by the Vikings) and concluding with the Protestant Reformation, when 'the old medieval world came to an end for many ordinary people' (2009: xii-xiii). Therefore, to coincide with my proposed start date of Walter's ideal Traditional type, I will be considering the Middle Ages starting from the year 1000, and finishing in 1535, the year before Henry VIII's implementation of his *Ten Articles of Faith* (1536) which marked the beginning of the Protestant Reformation in England. Further, I will be using the term medieval with this chapter as an adjectival form of Middle Ages.

Galen who denoted that the body was comprised of seven naturals: the classical elements, the humours, temperaments, parts of the body and organs, an animating *spiritus*, as well as the virtues or activities of bodily systems, and the operations or functions of individual organs (Lindemann 2010: 87-89). The body possessed a hierarchy of organs, inherently spiritual with the ability to process spirit or *pneuma* throughout the body (Lindemann 2010: 89); a body which always needed to be humourally in balance to maintain physical health.

As Walter's Traditional typology is methodologically structured around the historical typologisation in Ariès' *The Hour of Our Death* (1981), it is also my intention to consider Ariès' five-stages as a locus for the contextualisation of societal approaches to death within the Middle Ages. Ariès states that in the early-medieval period (circa eleventh century) death was experienced as Tame, with society maintaining an ethos of work, order and morality in order to sustain a peaceful life (Ariès 1981: 603). The crude facts of death were never overlooked, but this 'never coincided with physical death' (Ariès 1981: 604); it depended on an unknown state of the beyond, where the dead wait on the Church's promise of resurrection (Ariès 1981: 604). In this liminal stage, the dead lived diminished lives (Ariès 1981: 604), therefore death was never experienced as a neutral phenomena; it was always a misfortune or *mal heur* resulting from Original Sin (Ariès 1981: 605). Thus, according to Ariès, resignation to death was not submission but rather recognition of the evil inseparable from man (1981: 605).

In the latter Middle Ages (circa thirteenth century), Ariès claims that perceptions of death were altered by an 'increasing awareness of the self' sparked by the individual separating him/herself from the community (1981: 605). The transition from the Tame Death to the Death of the Self was characterised by the desire of the individual to create his or her own biography and purpose; a life with autonomy apart from the community (Ariès 1981: 606). This in turn led to increasingly materialistic desires; Ariès states that friends became possessions and inanimate objects were craved and there was an overall need to be more - something untouchable by death (1981: 606). Even after death the individual soul could not wait sleeping until bodily resurrection; 'individuality refused to dissolve into biological and social anonymity' (Ariès 1981: 606). Ariès claims that even ritual changed in this period of time; the post-mortem

covering of the body hid the realities of death more than it had ever done before (Ariès 1981: 607). Therefore, taking influence from Ariès, one must perceive that a transition between two forms of death occurs within the specified timeframe of this chapter; the Tame Death of the early-Middle Ages, an era in which I will label leprosy as Archetypal, and the Death of the Self, which characterised the era in which plague was most prevalent.

## **Part A: The Case for Plague**

### **Introduction to Plague**

In the first part of this chapter statistical evidence will be used to determine the mortality/morbidity rates experienced during the plague epidemics which initially arrived in England in 1348. These mortality statistics will also evidence the virulence of differing waves of plague, the demographic of victims' ages and the effect this had on the population. I will particularly focus on the high rates of child mortality when plague struck, retold through fables such as the Pied-Piper tale, and contemporary feelings pertaining to old age and the role that elderly citizens could play within society. Statistical analysis will also identify trends within Walter's ideal Traditional type, such as ideal Typical and Untypical deaths, as well as the frequency of plague death and how witnessable these deaths would have been within society, exemplifying death rates in religious benefices and manorial estates. I will consider the symptomatic progression of the disease, as recorded in the *Decameron* (1350-53), in order to analyse the typical contemporary Dying Trajectory of those infected with plague. This particular contemporary text will also be used to analyse the manner in which plague affected social behaviour within the ideal Traditional Community, focusing on the fragmentation of Walter's determinant of Personhood found in Communal Belonging when the virulence of contagion exacerbated fear of death within the established Social Structure. Further, this initial part of the chapter will challenge Walter's notion that Coping and Courage were expressed through Ritual and Prayer by exploring contemporary chronicles describing improperly performed, rushed religious rites, and mass burial.

## **Mortality Rates**

Walter's view that plague was the Archetypal Death of his Traditional period seems indisputable; morbidity statistics evidence the unparalleled and unprecedented devastation that the Great Plague<sup>11</sup> caused. Whittock states that the death toll caused by the Great Plague on the English Population was between 35% and 50% (2009: 118). This is a commonly quoted statistic but it is a generalisation which offers an over-simplistic perception of a singular, deadly, ever-present disease. From the time it arrived on English shores in 1348, plague affected and infected society in waves, as Goudsblom claims, 'it was not continuously present; it came, it was rampant for several months, and then went away again, for years or even decades' (1986: 168). To consider the plague as waves of disease rather than a singular epidemic allows for further statistical analysis of its effects on morbidity rates; Cipolla claims that in Europe, as a whole, during the first wave, an estimated one-third of the population died (1981: 100-1). In later waves, the death toll per city or region usually varied between 20% and 50% (Cipolla 1981: 100-1). The bubonic plague is known to have particularly ravaged England during the periods 1348-1350 (Great Plague), and 1360-1361 (Grey Death) (Ackerman 1976: 107), but there are over thirty recorded occurrences of plague in England between 1348 and 1485, with twelve epidemics being on a national scale (Carroll 1981: 484). Mortimer notes that each outbreak of plague killed notable percentages of the population; between 1361-2, 15% of the English population died of plague and the wave of 1368-9, killed a further 10% (2009: 202). A good example of a particular demographic area being devastated by plague is Christchurch, Kent, where between 1395 and 1505 one in every four years was a 'crisis year' (Whittock 2009: 119).

The persistence of epidemic outbreaks of plague meant that the population continued to shrink markedly with each outbreak. Although mortality rates were in decline by 1400, about half of all those born in England over the previous seventy years had died of plague (Mortimer 2009: 202). This emphasises the need to consider morbidity statistics in a wider socio-cultural context. As Mortimer claims:

The often-quoted figure of 1/3 dead may lead one to believe that 2/3 of the population survived [plague]. This is misleading; if you [caught] it you

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<sup>11</sup> The term Black Death was not used until the nineteenth century, the outbreak of plague in 1348 was initially known as the Great Plague (Mortimer 2009:200).

[would] very probably die of it. Those who survived were predominantly those who did not catch it, having some natural or genetic defence against the infection, or just being plain lucky (2009: 201).

Plague revealed the 'limits of both professional and amateur medical assistance' in the Middle Ages (Mortimer 2009: 201). No medicine could help plague victims, and as Nutton posits, 'from the start, there could be no mistake about the highly contagious nature of the disease, but the actual way in which it was transmitted remained a mystery' (1983: 6); physicians had no means of detecting whether plague was passed on by skin-to-skin contact or through the air, or by another means (Cipolla 1981: 7-18). However, as Carpentier asserts:

Epidemics seldom lasted longer than half a year, and they took place in a society that was thoroughly familiar with want and disease and a high mortality rate... a society in which incessantly, catastrophes kept reminding people of the precariousness of existence (1962: 1074).

That said, naturally the resulting mortality rates caused by plague differed between demographic areas, with age, social class and living conditions having a significant effect on the rate of infection.

### **Symptoms**

Plague not only spread quickly geographically, but it also rapidly developed symptomatically. One of the most concise contemporary accounts of plague can be witnessed in the introduction to the *Decameron*, a collection of novellas written by the Florentine, Boccaccio, from whom Chaucer gained his inspiration for his *Canterbury Tales* in the late-fourteenth century (Boccaccio and Havelly 1992: 11). The *Decameron* offers a contemporary record of the emergence of the disease, its physical progression, and the utter devastation that it left in its wake. Plague arrived on both British and Florentine shores in 1348, as can be witnessed in this extract:

[In]...one thousand three hundred and forty eight... there made its appearance that deadly pestilence, which... after destroying an innumerable multitude of living beings... had propagated itself without respite from place to place, and so calamitously, had spread into the West... [and] towards the beginning of the spring of the said year the doleful effects of the pestilence began to be horribly apparent by symptoms that shewed as if miraculous (Boccaccio and Rigg 2010: 19).

In medieval thought, the virulence of the pestilence meant that death was almost instantaneous if contact was made with either the sick or their belongings (Oldridge 2006: 177). Even animals were not immune to contracting plague, an observation which was unprecedented and startling to medieval onlookers. Indeed, Boccaccio records his experience of witnessing two hogs dying after disturbing ‘the rags of a poor man who had died of the disease’ (in Boccaccio and Rigg 2010: 20).

Bubonic plague seemed entirely resistant to any contemporary treatment; as the *Decameron* records, the malady ‘seemed set entirely at naught both the art of the physician and the virtue of physic’ (Boccaccio and Rigg 2010: 19). According to Boccaccio, the symptoms were the same in both men and women, first betraying itself by:

...the emergence of certain tumours in the groin or the armpits, some of which grew as large as a common apple, others as an egg... [It] spread itself in all directions indifferently; after which the form of the malady began to change, black spots or livid making their appearance... [these] had been and still were an infallible token of approaching death... almost all within three days from the appearance of the said symptoms, sooner or later, died, and in most cases without any fever or other attendant malady (in Boccaccio and Rigg 2010: 19).

The fast death trajectory of plague would undoubtedly deny the possibility for what medieval society would term a good death; last rites would have been rushed, if they could have been performed at all, and it would have been unlikely that priests could have performed extreme unction, heard confessions and granted absolution to the majority of society in the midst of such an epidemic (Horrox 2000: 96). This caused deep anxiety in a society which deeply feared



**Plate 3:** Dürer, A. 1509. *Dying Man Surrounded by his Attendants* [German Woodcut] (in Lewis 1994: 103)

an eternity in the burning fires of Hell (Oldridge 2006: 35). Fear of contagion would have also denied the public occasion of the deathbed (Horrox 2000: 97), as depicted in popular moral texts such as the *Ars Moriendi*<sup>12</sup> (1415) (see plate 3). Commenting on the notion of good and bad death in the Middle Ages, Horrox states that the ‘medieval Church recommended living every day as if it were the last, fulfilling the necessary religious observances... ensuring that [Christians] were in a state of grace’ (2000: 93). The medieval dying were directed to eschew sin and make spiritual reparations, through contrition and penance, for any wrongs committed during their lives (Horrox 2000: 93). Further, the dying were encouraged to think on mortality and the bodily dissolution which would accompany one’s own death in particular, which would inculcate humility and put worldly glory in its proper perspective (Horrox 2000: 93). The social anxiety surrounding the prospect of a sudden death was due to the lack of time in which one could prepare to die, which in turn extended one’s time in purgatory (Horrox 2000: 95). Improper rituals could also lead to grave consequences to those who remained behind, as Barber states, revenants were perceived to commonly come into existence through the appropriation of improper ritual at death (1988: 25)<sup>13</sup>; indeed, this can be substantiated by the documentation of revenant stories by the contemporary chroniclers Walter Map (1140-1210), and William of Newburgh (1136-1198), who list numerous incidences of revenants roaming the English countryside as a result of a spiritually bad death. Therefore, although Walter’s ideal Traditional Good Death was desired, it was not always attainable in times of epidemic plague, reflecting Garces-Foley’s notion, as

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<sup>12</sup> Works such as the *Ars Moriendi* (1415) and the *Crafte to know well to dye* (1490) were essentially manuals which instructed how people ought to die (Morgan 2000:128). Morgan states, ‘at the hour of death the dying person was to be warned against the five temptations of loss of faith, despair, impatience, vainglory and avarice and asked a series of questions which allowed a process of self-examination and counselled to adopt a pattern of behaviour, based on Christ’s own death, which would prepare him for a good death’ (2000:128).

<sup>13</sup> Westerhof states that medieval revenants were contemporarily perceived to be ‘dead people who had died in bad circumstances [as] those who had followed the correct procedures to die would be safe in the awareness that the living would intercede on their behalf and therefore there was no need to get back in touch with surviving relatives, neighbours and friends’ (2008: 23). The most apparent characteristic of a revenant was an ‘overwhelming corporeality... tangible physicality and lack of containment’ (Westerhof 2008: 23); revenants could hold objects, be wounded and cause wounds, and have conversations with the living, but they could also leak, suck blood, change shape and weight, and pollute the air around them to cause disease (Westerhof 2008: 23). Revenants were usually members of the local community who needed absolution for their sins and these beings were documented to display irrational and uncontrolled behaviour (Westerhof 2008: 23). It was contemporarily perceived that the rational soul of a revenant was no longer present; in Augustinian terms, a revenant was an ‘outer man’ (a body) dispossessed of its ‘inner man’ (the rational soul) (in Barney, Lewis, Beach and Berhof 2006: 231).

previously stated, that there is no ideal religious approach to death and its ritualisation that can be separated from its historical context (2006: xi).

### **Plague and Child Death**

After the Great Plague of 1348, succeeding plague epidemics became more acute, targeting specific age groups and killing more people in England than earlier outbreaks of the disease (Whittock 2009: 119). These epidemics targeted different age-groups, the most prolific being the bubonic plague of 1361, named the ‘mortality of the children’ due to its tendency to kill children and young adults (Carroll 1981: 484). This particular wave of plague may have provided the inspiration for the fourteenth century version of the Pied-Piper fable (Whittock 2009: 118), which from a New Historicist perspective can be seen to describe ‘culture in action’ - history embedded in the material practice of fictional literature (Veese: 1989: xi). In the tale, ‘the injured rat-catcher led away the children of the town, thereby causing much grief to their parents’ (Buchheim 1884: 206-7), just as plague caused mass child fatality. In Ireland a similar legend envisages a:

Bagpipe-player who decoyed a number of young people in the same manner that the rat-catcher of Hamelin... [and in] many Teutonic myths we find that the soul leaves the body in the shape of a mouse, and it has occurred to one writer that the Piper is the god of death of the Aryan races, who is followed by the souls of the dead, represented in the legend as rats (Buchheim 1884: 208).

There is no mention made of rats in the original (pre-fourteenth century) tale and according to Buchheim, ‘the earliest record of the tragedy of Hamelin we find... [is] that on the 26th of June, 1284, one hundred and thirty children vanished into “Mount Calvary”, afterwards called the “Koppelberg”’ (1884: 207). Despite the fact that the tale slightly pre-dates the initial outbreaks of plague in Europe, the continued popularity and elaborations of the Piper tale over preceding centuries indicates that medieval society could resonate with the loss of the children in the tale. Further, contemporary English society could relate its own religious beliefs concerning the afterlife to the tale, particularly the commonly held perception that the intermediate

afterlife state of purgatory<sup>14</sup> was located within mountains.

The contemporary belief in the mountainous location of purgatory was undoubtedly inspired by Dante's imaging of the Mountain of *Purgatorio* in *The Divine Comedy* (1321). Therefore, it is likely that in the medieval imagination, the Piper, viewed as the harbinger of death, led the children to their deaths, indicated by the notion that they now dwelled in the mountains of purgatory. Further, the *Dance of Death* artistic tradition was also beginning to emerge as a popular form of *memento mori* in northern European society during the fourteenth to fifteenth centuries. This imagery depicted figures of Death as social levellers; shrouded often in a white cloth of pestilence, each figure of Death led a procession of all levels of society dancing to their death. In this imagery, not even children were spared, and typically an infant tails the rear of the group, questioning: 'Oh Death, how shall I understand this? I must dance and I cannot walk' (in Hagstrøm 2008) (see plate 4). Death could snatch anyone away, and as Loschky and Childers emphasise, child mortality rates in fifteenth century England had risen to such an extent that:

The average fifteenth century London merchant, his prosperity insulating his family better than most against high mortality, could expect twenty years of marriage producing ten children, and yet by the third generation his family would have failed to produce a male heir reaching marriageable age (1993: 95).

From the statistical evidence of the death rate caused by the 'mortality of the children', the fairytale it appears to have inspired, and even from the artwork of the time, one can assuredly substantiate Walter's notion that the Typical Death was that of a Child during times of plague.

**Plate 4:** Milde, C. 1852.

*Todtentanz* [Oil on  
Canvas]

(in Hagstrøm 2008)



<sup>14</sup> Purgatory was effectively perceived as a debtors' prison where the souls of the deceased would reside until they had repaid their earthly sins (Sadlier 2008:12). The formalisation of purgatory will be discussed further within this chapter pertaining to the disease of leprosy.

### **Societal Approaches to Old Age**

Many contemporary chroniclers corroborated the view that the youthful were especially prone to succumbing to the plague. In 1361, Geoffrey le Baker wrote that ‘the pestilence seized especially the young and strong, commonly sparing the elderly and feeble’ (in Beidler 1982: 261). In turn an anonymous lyric stated ‘Be mindful of death: now there is a gate for all men born; / Often it takes to itself young men before old’ (Anon in Stevick 1994: 80). This view is substantiated in Chaucer’s *Canterbury Tales*, which follows the same processional format typical of the *Dance of Death*, and states that ‘Death has slain us yonge folk’ (in Beidler 1982: 261). Extensive references to the plague and its victims are made in *The Pardoner’s Tale*, in which one of the three Roisterers is informed that his comrade was taken by ‘an unseen thief, called Death... who hereabouts makes all the people die... / He’s slain a thousand with this pestilence / Both man and woman, child and hind and page’ (Chaucer and Nicolson 2004: 260). From this extract it seems that death resulting from plague was indiscriminate, however, there is an undercurrent of bitterness which emerges when the Roisterers encounter ‘an old man, and a poor’ (Chaucer and Nicolson 2004: 261)<sup>15</sup>. Using derogatory language, the Roisterer calls the man ‘ancient’ and questions ‘What? Churl of evil grace, / Why are you all wrapped up, / except your face? / Why do you live so long in so great age?’ (Chaucer and Nicolson 2004: 261). As the conversation ensues, one can witness both ill-feeling towards the man solely due to age, and also a sense of guilt felt by the elderly man that he is alive. The elderly man continues stating that not even Death will take his life, despite his pleas to the dead for intercession. The man claims he is wretched, restless, pale and withered, merely wasted flesh, blood and skin who desires the grace of death, finding the condition of his age repellent.

The old man in Chaucer’s *The Pardoner’s Tale* warns that ‘it is no courtesy, / To speak to an old man despitefully, / unless in word he trespass or in deed’ (Chaucer and Nicolson 2004: 262). However, this does not discourage the Roisterers in the tale who describe the man as an ‘ancient churl’, claiming him to be Death’s spy, emphasising the interchangeability of death with the decrepitness of old age within medieval thought. Indeed, the old man is accused of being Death himself, with the

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<sup>15</sup> The issue of poverty will be discussed pertaining to leprosy later within this chapter.

Roisterers stating ‘you must be... intent / To slay all us young people, you false thief’ (Chaucer and Nicolson 2004: 262). This retort implies that not only is it common for death from the pestilence to take young men and children before old, but also that old age is an agent of death. Old age is not desired by those experiencing it or those observing it; it is unnatural, unfortunate and a misdeed which the character of the old man says prayers in the attempt to relieve. The Roisterers deny the elderly man a religious death as if he is undeserving; death and old age get confused here, the old man becomes Death, ‘the false thief’, watching youth being stolen away while he lives on, reviled and purposeless. *The Pardoner’s Tale* complicates Walter’s Traditional Social Context by demonstrating how old age becomes a social construction of identity, emerging from what Murphy defines as ‘processes in which people are slowly educated by those around them to make judgements and meta-judgements’ (2000: 410), which can result in ostracisation and segregation from what Walter determines as the Traditional Social Structure of Community. The purposelessness of the elderly is further reflected in many anonymous lyrics of the time, one of which states:

... But yet I marvel overall

That God lets many men become crooked and old,

When might and strength falls from Him,

That they may not permit him to rule over them...

That goodness may not yield any profit (Anon in Stevick 1994: 68).

Again, this lyric demonstrates the value of youth and strength in medieval society; the author highlights the insensibility (in contemporary thought) of God’s willingness to permit the continued life of the aged - a life which may not yield any profit.

As was notable in *The Pardoner’s Tale*, one can interpret that it was uncommon for medieval individuals to live to old age. Indeed, as Lancaster states, even if an aristocratic male, with better survival chances than lower-classes due to wealth alone, could reach the age of twenty-one in the period 1300-1400<sup>16</sup>, with the threat of plague epidemics, his life expectancy would still only approximate at twenty-four

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<sup>16</sup> Mortimer states that even in the first half of the fourteenth century, before plague arrived on English shores, nearly half of the English population would have died before reaching their twentieth birthday (2009: 3).

and a half years old (1990: 8). In the proceeding century this figure would rise to the age of forty-eight (Lancaster 1990: 8); however, considering these statistics anyone above the age of fifty years would be considered old in medieval thought, evidencing the difference between our own and medieval perceptions. Despite this, medieval considerations of old age dispute Walter's view that the Old were Venerated, but rather they were reviled. Thus, the lyric above provides an interesting social commentary on what were deemed valuable qualities within medieval English society. Might and strength were valued and were very much youthful, male qualities, but they were also transient; as the lyric further states 'From the time he [man] is fully grown, / From that day forth on every hour, / He loses a quantity of his strength' (Anon in Stevick 1994: 69). In turn, female assets were also constantly devalued as ageing sets in; beauty is mentioned: 'Nor no maiden so bright in beauty, / Of thirty winters, I ensure you... / Little by little her beauty lessens' (Anon in Stevick 1994: 68). Women of age thirty are also made reference to in Chaucer's *The Merchant's Tale*, in which the character of the Knight searches for a wife who is 'young and fair... / on whom he may beget himself an heir' (Chaucer and Murphy: 7). He states that he 'will not have an old wife... / no woman thirty years of age / [as she is] but bean-straw and such rough forage' (Chaucer and Murphy: 12). The Knight puts forward two reasons for his distaste in women of this age; firstly he would not be able to guide or mould her into the wife he wishes her to be - the compliance of young women is likened to warm wax which may be plied (Chaucer and Murphy: 12), and secondly, 'never in her could... pleasure take' (Lombardi 2000). This second quote can be read in many ways, either implying that a woman of thirty cannot satisfy a man sexually, or perhaps that a woman of thirty is past child-bearing age. Therefore, the possibility and desire to produce an heir would remain unfulfilled due to her reduced biological capacity to reproduce. As Warne states, gender operates at both a conceptual level and at the level of social practice, and one's gender shapes many factors in life, including assumed capabilities (2000: 140), and this can be witnessed in *The Merchant's Tale*; Chaucer evidences that old age acts as a harbinger of social death which precedes physical mortality, nullifying the desired youthful qualities of male strength and female fertility, which in turn dissolves the social usefulness of the individual within their community.

In Mortimer's view, in medieval society 'the average person has 17 years less

experience to draw on in every aspect of their lives and fewer elders from whom to gain advice' than in our own modern society (2009: 36). He states that:

This preponderance of young people leads to social differences in every community and field of activity. Societies with more youthful people tend to be more violent... Medieval men are in their prime in their 20s, mature in their 30s and growing old in their 40s. Medieval boys are expected to work at the age of seven and can be the recipient of capital punishment at the same age. They can marry at 14 and serve in the army at 15. Noblemen might be given office or command of an army before they are 20. For women, this can be advanced by up to 6 or 7 years. Women are in their prime at age 17, mature at 25 and growing old by her mid-30s (Mortimer 2009: 3).

Here we first find the problem with Walter's definition of Social Structure as Community. Plague illustrates Ariès' view that 'death was not a personal drama but an ordeal for the community, which was responsible for maintaining the continuity of the race' (1981: 603). However, the medieval community was defined differently to our own; the elderly were mainly excluded and ages that our own society would consider part of childhood were in the midst of adulthood, in medieval thought. Therefore, as we have witnessed, a plague which targeted children and young adults would have thrown society into disarray; workforces would have been depleted, armies would have been starved of recruits, rates of marriage, and in turn childbirth, would have dramatically declined, explaining the huge fall in population (from approximately six million to two and a half million) in a period of less than fifty years (1300-1348) (Whitlock 2009: 36, 46). It is evident from this statistic that one would definitely, as Walter posits, See Others Dying Frequently; the fast symptomatic progression of plague and the sheer magnitude of the mortality rate it caused substantiates Lofland's opinion, maintained by Walter, that the 'average [medieval] individual confronted a continuous procession of others' deaths [but] nonetheless the confrontation with his or her own death was likely to be a mere encounter' (1978: 26).

In a society which relied on the strength of the young, in work, in family relations, and in war, it is understandable that the youthful members of society who withstood the onslaught of plague would be imbued with a sense of anger towards the elderly who could contribute little, and therefore were seen as a drain on an already

struggling society. Therefore, from a Foucauldian (1979) Post-structuralist perspective, confined within the cultural context of prolonged periods of plague epidemics, the negative social construction of old age in English society would have become normality within this period of Walter's Traditional era. As Blauner observed, 'the impact of death on society is usually reduced by reducing the social importance of those who die' (1969: 379), thus the reverse is true; the impact of death on society is increased by the increased importance of the individual who dies. Young men and women were essential for the maintenance of medieval English society and reproduction and work were not attainable in old age, thus explaining the ageist language used in the aforementioned lyric. Aware of this fact the elderly were required to behave with modesty and humility, as evidenced in the lyric; should they question their position, the lyric encouraged aged members of society to reassess what they could physically accomplish in their present state in comparison with their youth: 'When you are older, in good faith; When you have been in your greatest degree, I counsel you to think on yesterday' (Anon in Stevick 1994: 69).

### **Demography of Mortality Rates**

Modern medical knowledge of plague can explain the demographic difference in mortality rates; being non-pneumonic, the (Great) plague was not transmitted from person to person. Rather, its vector was flea to rat to flea to person, with the rat being a necessary 'incubator' (Ackerman 1976: 107). As Ackerman notes:

There was one principal species of rat in England, the grey black 'house' rat (*Ratus ratus*) and only *Ratus ratus* can incubate the bubonic plague. In the compact villages of champion England, the 'house' rat could and did live comfortably and multiply. The open fields between the villages... impeded any easy travel from village to village by *Ratus ratus*, and, therefore, any easy travel from village to village of the Black Death. On the other hand, the 'dispersed settlement' of the continually parcelled closed-field area shortened the distance between habitations, making easier the travelling for both the 'house' rat and the plague (1976: 107).

Theoretically, statistics and modern medical knowledge determine that regions of medieval England which contained open fields and small compact villages were less susceptible to plague than those which contained closed fields and dispersed settlements (Ackerman 1976: 107). This is reflected by Thrupp's observation, that

the rich felt increasingly safe from the plague because whenever it flared up they could retreat to their country estates (1966: 482). This was the coping stratagem of the rich; Walter's determinants of the efficacy of Prayer and Ritual as Traditional Coping Strategies, in the case of medieval plague, were undermined by the safeguard of flight. Even in the Middle Ages it was understood that there was only prevention and no contemporary cure for the plague. There was also little if any lay support when plague struck; neighbours and kin fled and family values were very much degraded. Because plague swept the country in waves, one could see an epidemic coming, and avoidance therefore became key; as Cipolla states, 'the only remedy against the plague was said to consist of the ingredients *cito*, *longe*, and *tarde*, meaning that one did best to run swiftly, go far, and return tardily' (1973: 23). In the *Decameron*, Boccaccio records that 'there was no medicine for the disease superior or equal in efficacy to flight; following which prescription a multitude of men and women, negligent of all but themselves, deserted their city, their houses, their estates, their kinsfolk, their goods, and went into voluntary exile' (in Boccaccio and Rigg 2010: 21). Aside from this, plague was regarded a something that came from Outside of the community, thus fear of death and of the disease itself could be displaced onto Others, especially those from Outside of the community. As Tuchman argues 'it [plague] easily aroused fear and hatred of strangers, expressed most violently in flagellant movements and in the persecution and burning of Jews' (1978: 109-16)<sup>17</sup>.

Walter's Traditional Journey of death was also severely altered by outbreaks of plague; prior to plague it was common that female neighbours and kin would gather to mourn the deceased and male neighbours and kin would conduct the funeral procession, ritually passing over the corpse with taper and dirge to members of the

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<sup>17</sup> Sedlar notes that throughout all of medieval Europe, Jews' non-adherence to the Christian religion made them 'natural victims in the medieval age' (1994: 412). Sedlar further states that 'the Christian majority found Jews highly suspect... [Church] priests and monks generally stood in the forefront of efforts to discriminate against these outsiders' (1994:412). Clerics regarded Jews as contumacious for their failure to accept Jesus as their Saviour and Papal bulls defined Jews as being in 'perpetual servitude' as the penalty for their role in the crucifixion of Christ (Sedlar 1994: 412). Further, Church synods prescribed social barriers between Jews and the Christian population, enforcing social discrimination and legal restrictions upon Jews (Sedlar 1994: 412). Wolfson posits that this form of dehumanisation and the persecution of medieval Jews culminated in accusations such as sexual depravity, the molestation of women and children, and even attributing the outbreak of the Great Plague to Jews, through the poisoning of communal wells (in Zingo 1998: 77). Therefore, Jews can be perceived as the embodiment of the medieval Outsider, stigmatised for both bringing disease into the community and causing dis-ease within that community.

clergy. The ostentation of rituals varied depending on class and rank, but funerals of wealthy Englishmen during the Middle Ages often included the prolonged tolling of bells, lighting hundreds of candles and rites of up to a week in length (Quigley 2005: 70). However, when plague struck:

Which rites, as the pestilence waxed in fury, were either in whole or in great part disused, and gave way to others of a novel order. For not only did no crowd of women surround the bed of the dying, but many passed from this life unregarded, and few indeed were they to whom were accorded the lamentations and bitter tears of sorrowing relations... (Boccaccio and Rigg 2010: 21).

This is not a description which reflects Walter's view of the Good Death; plague victims were not Conscious and Ready to Meet their Maker, nor did 'neighbours and extended family rally around the deathbed or the house mourning' (Walter 1994: 56). Rather, death was swift, unpreventable and posed a challenge to the former ritualisation of death. This can be surmised from a contemporary account compiled at St. Mary's Abbey in York, which records that 'there were hardly enough living to care for the sick and bury the dead' (Beaumont James 2011).

### **Plague in the Community**

Although there were public health regulations, such as the 'cleansing of the city from many impurities by officials appointed for the purpose, the refusal of entrance to all sick folk, [and] the adoption of many precautions for the preservation of health' (Boccaccio and Rigg 2010: 19), the poor generally did not have the means to abide by the sanitary laws and were disinclined to 'collaborate with an agency that appeared to have little more to offer them than enforced evacuation to a pest house' (Cipolla 1973: 15-32). Therefore, many members of society came to a:

...harsh resolution to wit, to shun and abhor all contact with the sick and all that belonged to them, thinking thereby to make each his own health secure... Wherefore they banded together, and dissociating themselves from all others, formed communities... where there were no sick, and lived a separate and secluded life... holding converse with none but one another, lest tidings of sickness or death should reach them, and diverting their minds with music and such other delights as they could devise (Boccaccio and Rigg 2010: 20).

Goudsblom asserts that despite the rampant reoccurrences of plague that would have

particularly ravaged the lower-spectrum of English society, it seems that the lifestyle of the poor seemed wholly unaltered by their experience, and their behaviour was completely unaffected when plague was not present (1986: 171). However, these communities were manufactured by survivors as a result of the anxiety of death, socially constructing the facade of reality in the midst of disaster. In reality the sick were abandoned with their possessions while their live-in relatives were left to die. Those who could, fled, forming alternative communities; lay support evidently did not extend to the wilful subjection of oneself to contagion.

These manufactured communities conform to what Bauman describes as ‘neo-tribes’; groups of spontaneous structuration which have the inner tendency to assemble and disassemble local quasi-structures (Bauman 2000: 141). These neo-tribes are spontaneous structurations in the sense that they are resultant from an unspecified unexpected disturbance; the tribes are short-lived constructions which erase social difference and enforce a collective identity (Bauman 2000: 141). According to Bauman, neo-tribes are denied any form of self-perpetuation and reproduction, resultant in a community which would not last longer than its units or members (2000: 141). Importantly in the case of plague death, Bauman states that:

Rather than being a collective compensation for individual mortality, they [neo-tribes] are vehicles for the *deconstruction of immortality*; tools of a kind of life which is a daily rehearsal of death and thus, by the same token, an exercise in ‘instant mortality’ (2000: 141).

Therefore, to consider manufactured communities within the *Decameron* from the perspective of Bauman’s neo-tribes, one could assert that plague survivors abandoned and thus disassembled their former communities in favour of establishing spontaneous structurations of new communities aligned with wellness. These new communities resulted from unspecified and unexpected disturbances caused by plague epidemics in which the loss of family and kin were common, thus enabling new collective identities to be gained through the social construction of new communities or neo-tribes. Such communities would be joined by other dispersed individuals until the communities themselves would become subject to plague infection. In such circumstances it is unlikely that these new communities would be able to self-perpetuate to any great extent. Furthermore, these communities of survivors, aligned with wellness, were also illustrations of those affected by the

mortality of plague - those who lost or abandoned kin - and to this extent their very existence is the daily re-enactment of human mortality.

These new manufactured communities, with their links to music and other delights (such as dancing), as mentioned within introduction to the *Decameron*, allows one to return to the relationship between the legend of the Pied-Piper and the devastation caused by plague. According to Buchheim, the Pied-Piper can be connected with a ‘strange psychological epidemic which prevailed to such an alarming extent in the Middle Ages, namely, the Dancing Mania’ (1884: 209). It was believed that ‘men, women, and children, seized by this disease, danced till they fell down utterly exhausted... The disease was epidemic; sometimes the crowd numbered from 500 to 1000 dancers who... wandered dancing from town to town’, never to return (Buchheim 1884: 209). Whether this epidemic truly occurred or not is of little importance, and even if it was an actuality, it has likely been subject to exaggeration and alteration. That said, if one were to approach the Dancing Mania from Husserl’s methodological notion of *epochē*, the depicted event may offer an insight into the ‘lived immediacy’ of plague in contemporary societal consciousness (in Jackson 1996: 2). Further, one could perhaps even extract a form of moral didacticism from contemporary plague behaviour as witnessable in social practices such as the Dancing Mania. While the *Decameron* records that society distracted itself through music and joviality, the Piper, the personification of plague, carried off their children. Perhaps this mania was not that the dancing could not be stopped, but rather that they did not stop dancing through the devastation<sup>18</sup>. This seems shocking

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<sup>18</sup> Prior to the arrival of the Great Plague of 1348 dancing was an act of joviality undertaken at weddings, feasts and fairs, with the most common form of English dance being the carol; undertaken mainly at Christmas, carols were bawdy songs, danced by linking hands and arms and moving together in a ring or a line (Johnston 2011: 199). During festivities, dances also acted as methods of dissolving the boundaries of class, with all levels of society being free to dance together on these occasions (Johnston 2011: 199). In this sense, medieval dances conform to Bakhtin’s theory of the ‘carnavalesque’ in both *Rabelais and his World* (1984) and *The Dialogic Imagination* (1981), where carnival festivities, such as dancing, undermine social structure, allowing the suppressed in society to overturn the social hierarchy during the liminal state of festivities, before reality is reinstated (Krieger 1993: 87-97). Johnston states that aside from this, little is known about medieval dance, with few written documents concerning the pastime and only contemporary images depicting how dances were performed (Johnston 2011: 199). However, ‘The idea of dancing was loaded with symbolic meaning after the trauma of the... plague’ and therefore the *Dance of Death* became a common image in art (Johnston 2011: 199). Dancing became an act of trauma, a reminder of previous joviality before the plague arrived. The *Dance of Death* was not only a reminder of death, but a reminder of vain earthly pursuits. After the Great Plague, Death was depicted as merry as he ‘swept dancers into a farandole that led them away’, most unwillingly (Johnston 2011: 1999); ‘Nobody got to choose who joined Death’s dance; Death seized hands and pulled them into the line’ (Johnston 2011: 199) (see plate 4).

to a modern reader, but even to the contemporary Boccaccio, the abandonment of children and kin was startling:

...there were, of each sort and in every place many that sickened, and by those who retained their health were treated after the example which they themselves, while whole, had set, being everywhere left to languish in almost total neglect. Tedious were it to recount, how citizen avoided citizen, how among neighbours was scarce found any that shewed fellow-feeling for another, how kinsfolk held aloof, and never met, or but rarely; enough that this sore affliction entered so deep into the minds of men a women, that in the horror thereof brother was forsaken by brother nephew by uncle, brother by sister, and oftentimes husband by wife: nay, what is more, and scarcely to be believed, fathers and mothers were found to abandon their own children, untended, unvisited, to their fate, as if they had been strangers (2010: 21).

Hecker states that the Dancing Mania appeared first in Germany, when plague arrived in 1347, spreading like demonical epidemic throughout neighbouring countries (1970: 9). This Dance of St. John/Vitus was characterised by ‘wild leaping, furious screaming and foaming at the mouth, which gave the individuals affected all the appearance of insanity’ (Hecker 1970: 41). Hecker claims that ‘the epidemic was not confined to particular localities, but was propagated by the sight of the sufferers, and for over two centuries excited the astonishment of contemporaries’ (1970: 1). Contemporary documenters from France, Germany and Italy insisted that the malady was ‘spread by sympathy, increasing in severity as it took a wider range; the chief cure was music, which seemed to furnish magical means for exorcising the malady of the patients’ (Hecker 1970: 15)<sup>19</sup>. Perhaps, therefore this Dancing Mania can be read in two quite contradictory manners; either the dancing was a distraction from the abandonment of one’s diseased children thus denigrating Walter’s Community Structure as a place of loyalty and kinship, or alternatively the Dancing Mania could

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<sup>19</sup> The Dancing Mania was danced in the form of a ring, with townsfolk skipping and kicking around and around until they often eventually died of heart failure and exhaustion. In the nineteenth century, the German Physician, Hecker, posited that the dancers could have been suffering from Ergot poisoning, through ingesting the toxic fungus of the same name (Johnston 2011: 203). The symptoms of Ergot poisoning were spasms and hysteria, accounting for the hallucinations documented by contemporary documenters, and also some movement, but not specifically dancing (Johnston 2011: 203). In modern medical thought, while it is possible that Ergot contributed to the problem, the dancing is often attributed to the psychological trauma caused by witnessing the mass death caused by the Great Plague (Johnston 2011: 203).

strengthen Walter's notion of the Social Structure of Community evidencing the mania and upset experienced by families whose kin, particularly children, had died. In this sense Traditional Community bonds were so strong that when broken through, they provoked a form of madness in survivors, thus leaving Walter's Social Structure open to a dual interpretation.

Plague, perhaps uniquely in the sense of a disease, ripped apart the fabric of what Walter defines as Community Structure; church records document that monasteries exhibited some of the highest mortality rates when plague struck, with usually over half of monastic inhabitants succumbing to the pestilence (Mortimer 2009: 201). In the diocese of York and Lincoln 40% of beneficed clergy died between 1348 and 1349, while in Hertfordshire this was 50% (Mortimer 2009: 202) and in 1457 a severe pestilence hit Canterbury killing sixteen monks in one year, fourteen of these died within the space of little more than two months (Hatcher 1986: 28). These statistics dispute Walter's notion that Death was the Result of Sin, as religious authority, made known through the Church and Clergy would have had to theoretically maintain chaste, undertaking, as Walter states, Ritual and Prayer in order to rectify their human sinfulness and sanctify their institutionalised religious lifestyle. For religious clerics to be taken ill with plague would indicate to wider medieval society that anyone was susceptible, even members of the Church could not avoid the virulence of plague. It was not rare for there to be a 50% death rate in manors as well; 55% of residents in manors owned by the diocese of Glastonbury died between 1348-49, with a rate of 43% in Essex and 39% mortality rate of residents in manors which belonged to the Bishop of Winchester (Mortimer 2009: 202). These statistics indicate that plague ravaged both the medieval town and countryside, sparing few, and therefore Walter is once again correct in his assumption that the Human Condition was Living with Death; living with the constant threat of plague.

### **Religious Rites**

Boccaccio stated that during times of mass plague death, burial practices were leased out for hire and corpses were taken to the nearest church, not necessarily the one of choice, in which four to six priests performed a hasty ceremony before interment (in

Boccaccio and Rigg 2010: 22). The levels of churchyards were raised several feet to accommodate the dead and communal pits were used when churchyards capacity was exceeded (Quigley 2005: 166). In England, archaeological documentary sources indicate that pits were dug in many if not most towns and cities, with contemporary accounts exemplifying that in Rochester, ‘men and women cast their children into mass graves from which arose such a stink that it was barely possible to go past a churchyard’ (Beaumont James 2001). Further accounts suggest that many churches extended their own graveyards; in Bristol for example (Beaumont James 2011). However, when these were filled to capacity, specific plague pits had to be established; to name but a few examples, plague pits were located in St. Catherine’s in Winchester, East Smithfield in London, and Hereford, where ‘thousands were jammed together in communal trenches’ (Beaumont James 2001). Although in London ‘the bodies were stacked like wine bottles in a wooden crate’ filling long narrow trenches which were designed for rows of bodies, in Hereford ‘the burials were more haphazard, as though bodies were tipped in from wheelbarrows’ (Beaumont James 2001). Skeletal evidence depicts that the initial 1348 outbreak of plague was indiscriminate with whole families being detected within these mass graves. Despite the hastened methods of disposal, the middle- to lower-ranks of society were often too restricted by poverty to invest in the services available to dispose of their dead and regularly stayed in their homes with the sick, dying and dead, isolated and mainly ignored by friends and neighbours ‘until the stench of their putrefying bodies carried the tidings’ of death (Boccaccio and Rigg 2010: 22). It was common practice for neighbours to drag the bodies out to the front of the house, normally to prevent contagion into neighbouring households, but it also served the purpose of alerting circling clergy who collected the dead (Boccaccio and Rigg 2010: 22). Walter’s view that the Priest/Neighbour Surveyed Behaviour takes a macabre note when related to plague epidemics; the neighbours monitored movement within the house and the smells which arose, waiting for neighbours’ deaths and fearful of what miasmas of contagion that their putrefying corpses were exuding. In turn, priests monitored houses, picking up and quickly disposing of the dead; they brought biers, which prior to the plague would have been assigned individually, but now carried multiple bodies at once, and performed one set of funerary rites, regardless of the number of dead (Morgan 2000: 125).

At its locus, plague behaviour was about functionality and enhancing chances of survival. Thus, Walter's determinants concerning Mode of Transport as Ritual Action, and the Funeral being Organised by Community, are challenged by the Fast Dying Trajectory of plague, fear of contamination, and death anxiety that the disease perpetrated. Rather, the Mode of Transport, as Walter puts it, was quick disposal in order to protect the living, and while this was still undertaken by the Church, it was not necessarily always organised; communities attempted to prevent spread of contagion by distancing corpses and putting them outside for circling clergy to collect and bury on the rounds they made for this purpose. Community, as Walter defines it, in this sense is about self-preservation and not about kinship and care. While Walter is correct in assuming that Ritual was still undertaken, it was very different from pre-plague times and thus needs distinction. As Boccaccio stated: 'Nor, for all their number, were their obsequies honoured by either tears or lights or crowds of mourners rather, it was come to this, that a dead man was then of no more account than a dead goat would be today' (in Boccaccio and Rigg 2010: 22).

### **Conclusion of Plague**

So far it has been established within this chapter that plague can be viewed as Archetypal within Walter's Traditional era due to the high death toll it caused. With a rate of death ranging between 35% and 50%, there was no other disease that ravaged medieval English society with such virulence or one that caused so much devastation. However, one is immediately presented with two problems in naming plague as Walter's Traditional Archetypal Death; firstly, plague did not arrive on English shores until 1348, therefore Walter's Traditional era pre-dates the first occurrence of the disease by more than two hundred years. Secondly, an Archetypal Death by definition should represent or constitute an original after which other similar things are patterned; thus, following the criteria of Walter's typology, one has witnessed that this is generally not the case. There are certain aspects of Walter's Bodily Context that can be substantiated though; the Fast Dying Trajectory, Seeing Others Dying Frequently, and the Human Condition as Living with Death. It is interesting to note that prior to plague the visual imaging of death was uncommon (Horrox 2000: 93), yet by the beginning of the fourteenth century genres such as the *Dance of Death* were used both religiously and secularly to highlight the universality of death wrought by the plague, with the personification of Death in the *Dance* being

literally shrouded with pestilence.

It has also been substantiated within this chapter that the Typical Death in Walter's Traditional era was that of a Child and an Untypical Death was that of the Old. However, I posit that Walter is incorrect in his assertion that as the death of children were Typical, Traditional society treated them in 'a cavalier fashion', in the same manner as present society treats the elderly (1994: 51)<sup>20</sup>. Rather, I contend that there is a correlation between Walter's view of the Modern attitude to old age and the medieval view; the Old are seemingly not Revered as Walter posits, but are reviled, as evidenced by numerous contemporary lyrics. This, as I discussed in the introduction, should be theoretically impossible because Walter's Modern society may reflect Traditional tendencies but his Traditional society should not display behaviour which pertains to his Modern or Neo-modern ideals; only behavioural regression is theoretically possible within Walter's ideal death typology.

What can be deduced is that Walter's definition of Community does not represent communities of the Middle Ages; one has witnessed that the elderly were devalued and the youth idealised, and we have also seen that the healthy fled from plague, reconstructing communities oriented around well-being and not around kinship. Perhaps what has been most notable in the discussion of plague is that any practice which required ritual action became largely discarded or undertaken hastily; when death trajectory was fast, the practicalities of contagion prevention took preference over individual interment and burial ritual. If possible, medieval individuals fled from plague and this sort of Coping Strategy was self-preservative and seemingly more representative than Walter's projection of a Community-oriented society consumed with Prayer and Ritual. The *Decameron* offers the best contemporary imaging of a society in the midst of plague, a period of history when death was swift and merciless, when the socially good death was often unattainable and when friends and family often abandoned each other to deal with their own fate; these issues are not envisioned within the idealised medieval religious lifestyle depicted within Walter's ideal Traditional typology.

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<sup>20</sup> Referring to Modern and Neo-Modern types of death, Walter states: 'Most of our own society's dying members are elderly, and it is no surprise that we treat them in a cavalier a fashion as our ancestors treated their infants' (1994: 51).

## **Part B: The Case for Leprosy**

### **Introduction to Leprosy**

This chapter has so far considered the suitability of plague as an Archetypal Death for Walter's ideal Traditional era; however, plague only arrived in England in 1348 and thus cannot comprehensively account for death in the medieval era as a whole. If death toll alone is used as the definitive method for characterising a particular disease as Archetypal, it is evident that typical behaviour is being disregarded, thus presenting an unclear image of how, in this case, medieval men and women behaved when confronted with death. Therefore, an alternative and comparative Archetypal Death should be explored, one which killed comparatively few and yet instilled horror in the medieval mindset. Therefore, in the second part of this chapter, I will consider leprosy as an Archetypal Death in the Middle Ages - a disease that 'played a notable part in the medieval imagination and was accorded significance far beyond the physical threat it actually posed to the population' (Rawcliffe 2006: 17). The comparison between plague and leprosy will largely seek to highlight the difference between medieval approaches to death born of physical contagion and death born of moral contagion. I will use popular lyric and literature within the second part of this chapter to explore contemporary perceptions of leprosy as a sinful disease which had close links to the notion of purgatorial suffering. I intend to explore the pedagogical effects that the physical manifestation of leprosy had within the religious community and as such will consider the possibility that lepers acted within the liminal realm, as both holy sufferers and targets of social rejection.

It is my intention to discuss the symptomatic progression of leprosy, paying particular attention to Douglas' (1991) notion of insidious harm; a disease emerging within the community rather than attacking from without. I will investigate the socially constructed moral implications of sin in conjunction with leprosy contagion, through the analysis of contemporary lyrics and Middle English texts by prominent authors such as Chaucer, in order to formulate a link between sin and bodily corruption. In particular the link between lechery and leprosy will be considered, drawing on Walker Bynum's (1992), and Park's (1995) views that the flesh and blood body was representative of the state of the soul. I will also explore Walter's

view that Physical Death (typically) Preceded Social Death through the consideration of medieval lepers as the living dead, partaking in purgatory on earth. Finally, I will consider how the unjustified designation of suspicious persons as lepers became a method of social control, and through a gendered analysis of the disease I will evidence how the male poor and vagabonded were particularly targeted as medieval social lepers.

### **The Case for Leprosy**

In Mortimer's view, before 1348 leprosy was the 'most terrifying illness which people could imagine' (2009: 204). If plague was considered Archetypal due to the death toll alone, the case for labelling leprosy as the Archetypal Death of Walter's Traditional era has a wholly different rationale, justified by the fear and stigmatisation of those who suffered from the disease. Foucault (1972: 16), Brody (1974: 103), and Turner (1984: 66-151) all consider that 'by the end of the twelfth century writing about leprosy was so prolific that it is thought to indicate a veritable epidemic' (in Douglas 1991: 732). This notion of an epidemic has been challenged by Douglas, for example, who disputes the credibility that a disease, which before the twelfth century had formerly chosen its few victims among the elite, could suddenly over a period of seventy-five years (from 1100-1175) have infected 'large quantities among the dispossessed, leaving its former victims alone' (1991: 732). Further, she argues that the 'idea of epidemic leprosy would be more plausible if there were some record of an equivalent number of nobles, bishops and abbots being afflicted with it in the later-third of the twelfth century' (Douglas 1991: 733). Therefore, while it appears that the documented death toll from leprosy was not as vast as that of bubonic plague, it nevertheless aroused a sense of fear and horror in English society, leading to the perception that its vehemence could cause an epidemic.

### **Leper Hospitals and Archaeological Statistics**

If leprosy had reached epidemic proportions during the twelfth century it should be visible in archaeological evidence from the period. It was not uncommon for large towns and cities to have numerous *leprosaria*: London contained four leper hospitals in and around the city (Mortimer 2009: 205), the county of Oxfordshire is known to have had five, specifically in and around Oxford, and medieval Chichester had five

hospitals by the late-twelfth century, with all but St Mary's (the only one within the city walls) acting as *leprosaria* (Knowles and Hadcock 1953: 264). Overall, there were approximately three hundred *leprosaria* constructed in England before the early-fourteenth century (see plate 5), such was the perceived threat of leprosy, of which about 85% were modest suburban foundations established to accommodate the residents of towns and cities (Rawcliffe 2006: 190). The leprous skeletons from the cemetery of the Hospital of St. James and St. Mary Magdalene in Chichester, constructed in 1187, evidence that of the 351 individuals excavated, 83 skeletons (24% of the burial sample) exhibited changes compatible with a diagnosis of leprosy; out of all identifiable bodies 72% of all the leprous burials were male and 13% female (Lee and Magilton 1989: 278-279). The gender differentiation may simply be a result of the fact that until 1540 only male brethren were admitted, but the particular relationship between leprosy and male sin had wider socio-cultural connotations, which will be discussed later in this chapter.

The cemetery in Chichester also evidences the decline of leprosy in the later-medieval period; in the earliest area of the cemetery, with burials between the twelfth and fourteenth centuries, 54% of skeletons exhibited leprous changes, a percentage which declines to between 16% and 17% in the period of the fifteenth to seventeenth centuries (Lee and Magilton 1989: 279). Leprosy evidently was on the wane, but as Lee and Magilton claim the reasons for the decline in the disease are not fully understood (1989: 280). It is often considered that the Great Plague put a halt on leprous infection, but it was more likely that those with lessened resistance caused by leprosy would have easily succumbed to plague. Leprosy being a contagious social disease needed person to person contact and given that the population had declined so distinctly, this would have been far more difficult. The insurgence of tuberculosis (the 'White Plague') in the mid-fourteenth century also afforded a degree of cross-immunity (Whitlock 2009: 120-121), and thus, after 1348 leprosy no longer posed the threat it had done in previous centuries. Unlike plague, leprosy did not instantly erase huge portions of the population, in fact from the evidence of burials that have been discussed it seems that even in leper hospitals extensive signs of the disease were not altogether commonplace. One must then question why was it so feared and how, if indeed possible, one can replace plague with leprosy in Walter's Traditional type.



**Plate 5:** Roberts, C. A. 1984. 'The Distribution of *Leprosaria* in Medieval Britain' [Map]  
(in Cockburn 1989: 13)

### **Symptomatic Progression and Slow Death Trajectory**

The first challenge posed is to determine what constitutes an Archetypal Death. I would posit that in the case of plague versus leprosy, two factors would have to come into consideration: proportionality and fear, respectively. In turn, these two factors have much in common with Walter's Point Two: Dying Trajectory. In the

Middle Ages, the most prolific and mutilating form of leprosy was *lepromatous leprosy*. This particular form of the disease developed in stages; Jopling states that ‘clinically the disease would present itself as nasal congestion and oedema or swelling to the lower legs’ (1978: 70). To begin with, nerve damage and skin lesions would have been rarely noticed, meaning that people carrying leprosy contagion were living in and among their community during highly infectious stages of the disease for long periods before detection (Lee and Magilton 1989: 280). Poor nutrition, ill health and pregnancy were all common physical states within medieval English society and all would have had a ‘detrimental effect on the immune status’ (Lee and Magilton 1989: 280), making those affected more prone to leprosy infection. Mortimer graphically summarises the affect that medieval leprosy had on the body, stating that the disease progressed slowly, ulcerating the body and eyeballs before paralysing the extremities and riddling the skin with large nodules (2009: 204). Listing further symptoms, Mortimer claims that lepers would have suffered from alopecia, bodily bleeding, putrefaction of the nose and penis, as well as loss of teeth; considering these symptoms, one must concur with Mortimer’s postulation that ‘ultimately lepers were wholly deformed, stinking, repulsive and blind... [and] that is why it was called the “living death”’ (2009: 204).

To term leprosy as the Archetypal Death of Walter’s ideal Traditional era reverses his theorisation that Dying Trajectory in the medieval era was typically Fast; rather, the irreversible affects of medieval leprosy developed slowly and painfully and would certainly result in death (Lee and Magilton 1989: 281). I propose that a mere change in what Walter labels as Dying Trajectory profoundly alters societal methods of dealing with death and thus alters Coping Strategies. Whereas the first part of this chapter discussed the notion that plague came from Alien forces routed Outside of the community, leprosy came from within the community, in the sense that a leper may have incubated the disease for many years without self or outside detection. In this context leprosy was particularly threatening; the slow death trajectory propagated fear and suspicion within the community far more than the fast, unexplainable, unpreventable waves of plague which came from Outside. This is not to say that people did not fear plague, but rather that there was little to implement any strategies to combat its swift occurrence. The affects of leprosy were visible, preventable by exclusion and more generally the disease was a huge source of

anxiety due to the fact that in the early stages it could be concealed (intentionally or not) bringing certain death into the community.

### **Accusations of Insidious Harm**

Douglas proposes that leprosy's hiddenness afforded the opportunity for accusations and exclusions (1991: 723); 'they [lepers] wipe out populations, cripple, mutilate and kill' (Douglas 1991: 723). Because the person harbouring infection did not immediately show it, the 'carrier[s] of infection are liable to go unsuspected' (Douglas 1991: 724). Thus lepers had the capacity to deceive, what Douglas understands as a 'hidden power of causing injury... [which] justifies their being treated together as potential targets for strategies of rejection' (1991: 724). Perhaps this fearful rejection is most historically evident in Edward III's edict of 1346, which ordered the removal of lepers from within the walls of London (Rawcliffe 2006: 275). According to Rawcliffe, this 'constituted what was by English standards an unprecedented - and unique - warning of the hazards they [lepers] presented' (2006: 275).

By infecting their [lepers'] victims as well in the way of mutual communications and by the contagion of their polluted breath, as by carnal intercourse with women in the stews<sup>21</sup> and other secret places, the King asserted, some deliberately sought to contaminate the healthy. All victims of the disease were to leave the country within fifteen days, while anyone who sheltered them was threatened with forfeiture. Clearing certain malefactors and disturbers of the peace... (Rawcliffe 2006: 275).

Indeed, it was commonly men who were targeted with suspicion of possessing leprosy; not only do the archaeological statistics used with this chapter evidence that men were more frequently institutionalised within *leprosaria*, but contemporarily, leprosy was seen as an apt punishment for the sin of sexual miscreance, such as visiting the stews and brothels. Therefore, one can assert that the inevitable social outcome of leprosy was stigmatisation, ostracisation and seclusion from the community; as Clark states, the Church and surrounding community

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<sup>21</sup> A hot bath or 'stew' was designed to make the patient sweat, and thus eliminate impurities. It also opened the pores, and therefore seemed extremely dangerous in plague time, since the miasmas of the disease could more easily enter the body. Further, stews were synonymous with prostitution and were essentially early forms of brothels (Rawcliffe 2006: 227).

‘excluded the leper from society because of the corruption he harboured and the infection he spread’ (1994: 396). Goudsblom claims that in medieval thought, leprosy was deemed a punishment from God which rendered the recipient evil, impure and sinful (1986: 166). To return to Douglas’ view, it does seem that ‘as soon as immorality is associated with infectious disease the syndrome of social exclusion is buttressed with accusations of causing insidious harm’ (1991: 724), conforming to the Structural-functionalist perspective that ‘those whose behaviour and judgements consistently fall outside the range [that] the group [or community] construes as normative are identified as outsiders’ (Murphy 2000: 411). Thus, considering Walter’s notion of the Journey of death, if leprosy was named as an Archetypal Death in his ideal Traditional type, then death could accurately be denoted as the Result of Sin.

### **Segregation from Community**

The Middle English tale of *Amis and Amiloun* offers a detailed description of the manner in which lepers were dealt with in medieval society and more generally the wider societal feeling projected onto the ailment. It is important to note that the main character Amiloun conforms to the typification within contemporary literature of the leper as male (as will be witnessed further within this chapter). In the tale, God threatens Amiloun with leprosy for his misdeeds, eventually causing the character to become ‘as foul a leper as ever was born in this world!’ (Ricket 2000: 17). This extract evidences how even a respected youthful male, a knight, high in social status, could be reduced to lowly rejected leper:

Alas, alas, the gentle knight that was once both brave and of good counsel, was now brought so low that he was forbidden his own chamber at night, and in his own hall was driven away from the high board and charged to sit at the table’s end, where no man would be his neighbour (Ricket 2000: 19-20).

This extract concurs with the view of the (fourteenth century) monks of St. Albans who stated that leprosy was ‘the most loathsome of all infirmities’ and lepers should be separated from society never to share the ‘common conversation of mankind’ (in McNeill 1976: 175-77). Richards too, claims that lepers were constantly reminded that they had ‘the most loathsome disease [and] their manner and dress [should be] more contemptible and humble than other men’ (1977: 131). To return to *Amis and Amiloun*, Amiloun ‘oftentimes... wrung his hands as a man in such sorrow and

distress that he finds his life all too long' and in turn 'his lady [also] waxed wroth and thought he lived too long' (Rickett 2000: 19). The segregation of leprous individuals which is reflected in the fable's text is typical of the treatment that medieval lepers expected to receive after the Sarum Rite was performed<sup>22</sup>; as Grigsby states:

After the ceremony, the leper would put on clothes befitting the leper's new social role and be given a device that he or she would use to warn of approach, usually a rattle, castanet, or bell. The leper would... move to a new location outside of town where he or she would have to live off the alms of the populace. Forced to accept a new house, new clothes, and a new occupation, the leper had truly emigrated to a new kingdom (2004: 40).

Publically their contamination was so feared that lepers had to maintain a distance of six feet from other members of the community; all of these measures, as mentioned by Grigsby, demonstrated that lepers should have been in constant humble reflection to remind themselves of how bad their malady was (Clark 1994: 396).

### **Physical Manifestations of Sin**

Sontag notes that 'leprosy in its heyday aroused a... disproportionate sense of horror [being] one of the most meaning-laden diseases' (1989: 92). Medieval leprosy embodied Sontag's view that 'feelings about evil are projected onto a disease. And the disease (so enriched with meanings) is projected onto the world' (in Gaudet 1990: 193). Medieval leprosy became a socially constructed metaphorical of moral and literal contagion (Sontag 1977: 6), a symbol of the disgust associated with decay, pollution, anomie, weakness and ugliness (Goudsblom 1986: 194). As this contemporary lyric states:

For he is willing to spare no-one death that is feared and hated,  
For a gift of money, nor for good prayers;

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<sup>22</sup> Harvey states that 'lepers have been thought by some historians to have been treated very harshly. However, some of the more draconian legislation thought to have applied to them in England, such as the reading of the burial service over them, has recently been queried' (Harvey 2006: 169). Harvey further posits that the 'burial service for the living leper was included in the Sarum Rite *Manuales*, but not before 1526 (earlier ones do not include it), and the evidence suggests that it was an exotic import from France (Harvey 2006: 169). Thus, one must take into consideration for the purpose of this chapter the possibility that the Sarum Rite was not practised within the Middle Ages. That said, this ritual was performed in Catholic countries such as France and there is evidence that the Rite was used in England post-1526, a period in which leprous contagion was on the wane; one must therefore not fully discount the possibility that the ceremony may have been undertaken in preceding centuries when leprosy was considered epidemic, but simply remained undocumented.

While he snatches you quickly away, he changes each man's appearance,  
He was found here in an evil deed of sin.

But with the damned, hell is the reward you win,

That never ceases for your wicked sins (Anon in Stevick 1994: 82).

Leprosy was a disease that was feared and hated, and while death did not snatch lepers quickly away, the disease certainly changed each man's appearance - a distortion perceived to be born of an evil deed of sin. As Goudsblom states, 'in the Middle Ages the leper was a social text in which corruption was made visible; an exemplum, an emblem of decay' (1986: 194). It was a common Church teaching that 'sin was oftentimes the cause of bodily disease' (Goudsblom 1986: 196), causing leprosy to pose both a problem to physical condition and moral standing. Walter claims that 'traditionally meaning is given within the community - the church is not in the business of giving meaning that already exists in everyday life' (1994: 55). This is arguably not true in the case of leprosy; the Church dubbed leprosy sinful and society elaborated on this view, often confusing metaphor with physical manifestation. As Geertz posits, in past societies individuals defined their world and made their judgements within frameworks or systems of beliefs and inherited knowledge (1973: 76), particularly the knowledge of the Church. Thus, the denigration of leprosy as a sinful disease by religious authorities would have greatly contributed to the perception of leprosy as a persistent physical and spiritual threat within medieval society.

Leprosy was particularly prominent in contemporary literature, exemplified in the prologue of the Summoner in Chaucer's popular *Canterbury Tales*. The character of the Summoner reflects clerical corruption in obtaining financial gain through the abuse of his ecclesiastical power. His sinful behaviour could possibly have a correlation with the disease he possesses: leprosy. Chaucer's description of the Summoner would have allowed the medieval reader to quickly identify the symptoms of leprosy; as Curry posits, 'Chaucer's Summoner is dangerously ill, suffering from a species of morphea known as gutta rosacea, which has already been allowed to develop into that kind of leprosy called alopecia, according to the medieval understanding of his symptoms' (1960: 395). This could be indicated by the Summoner's 'fire-red face... the details about the eyebrows, his narrow eyes, and the white "whelkes" and "knobbes" on his cheeks' (Eckhardt 1990:

398). The Summoner's disease does not respond to numerous contemporary treatments, such as 'Boras, ceruce, ne oille of tartre noon' and 'Ne oynement, that wolde clense and byte' (Chaucer 2003: 427). Although leading medical minds, such as Lanfrank and de Chauliac, prescribed sulphur, lithage, borax, ceruse and tartar, as *The Summoner's Tale* demonstrates, leprosy was generally resistant to all of these medieval treatments. Even mercury (quyk-silver) could not relieve the Summoner's symptoms, despite its future popularity in the treatment of syphilis (which will be discussed in Chapter Two). The Summoner's diet is also representative of his malady, as Chaucer writes: 'Wel loved he garleek, oynons, and lekes, / And for to drynken strong wyn, reed as blood; / Thanne wolde he speke and crie as he were wood' (2003: 427). For Curry, the Summoner's 'crying out after drinking red wine may indicate that his voice has possibly that rough and husky quality spoken of by the medical men as an infallible sign of a leper' (1960: 401). His 'scanty beard' would also correlate with leprosy alopecia, a symptom which Mortimer has previously described. As Curry states, there is no doubt that the Summoner is afflicted with alopecia, the 'pimples of gutta rosacea have developed into great pustules –"whelkes whyte" and "knobbes" - of true leprosy' (1960: 401). The Summoner's eyebrows and beard are scabby and scurfy, his eyes are swollen and inflamed, devoid of lashes and enlarged to the extent he can only see through narrow slits (Curry 1960: 401); 'his eyes, as Chaucer says, are "narwe". It is no wonder that children are afraid of his "visage"!' (Curry 1960: 401).

### **Leprosy and Lechery**

In the Middle Ages, predominantly male victims of dermatological disease, such as the Summoner, were subject to accusation and vilification where almost any illness was suspected to be leprosy. To revert back to the relationship between lepers and male sin, lepers were thought to be 'endowed with an inordinate sexual appetites; lepers were incestuous, lepers were rapists, lepers sought to spread their condition by forced sexual intercourse with healthy persons' (Moore 1987: 54-5). It was not, as Grigsby correctly asserts, that leprosy was seen as a punishment for having sex, rather it was a punishment connected to the potential threat that lechery, not sex, can have on a community (Grigsby 2004: 80). In Richard Rolle of Hampole's *The Pricke of Conscience* (c.1340), the section entitled 'The Maladies of the Soul' provides further literary evidence concerning the contemporary belief in the relationship

between lechery and leprosy stating: ‘And som, for þe syn of lechery, / Sal haf als þe yvel of meselry’ (3000-1 in Rolle and Morris 1863: 82). The prominent chronicler Margery Kempe can here be referenced on the matter of facial deformity and lecherous lepers; distressed by her son’s dissolute lifestyle she prayed to God to punish him for failing to remain ‘clene’. His ‘synne of letchery’ was ‘sone aftyr’ punished, ‘his face wex ful of whelys and bloberys *as it has ben a lepyr*’ (in Meech 1940: 221-23); however, as with many moralistic tales of the time, after he ‘prayed for grace’, Margery ensured that first his soul and then his body would be purged of disease (in Meech 1940: 221-23). In medieval society sexual deviation also had a particular relationship to facial degeneration, especially the loss of the nose, which ‘was widely regarded as a sign of infamy, since it served to brand criminals and sexual miscreants’ (Rawcliffe 2006: 140). Further, ‘such an obvious deformity, from which many lepers suffered, could not be hidden, and, indeed, ranked high among the unequivocal signs the disease had entered its final phase’ (Rawcliffe 2006: 140). Not only did the physical impairment of losing the nose automatically indicate the commonly held belief that a leper was lecherous, it was also symbolic of their low status within the social ranks; ‘the *denasti*, or noseless, were deemed ineligible for the priesthood because of their blemish, and presented... a striking example of the connection between physical disfigurement and moral turpitude’ (Groebner 1995: 1-15). Husbands also ‘considered *abscission nasi* a suitable punishment for an immodest or unfaithful wife’ (Groebner 1995: 1-15), further affirming the connection between facial mutilation and lechery.

Chaucer’s *The Summoner’s Tale* too, attributes lechery as the main cause of leprosy, but he also concludes that poor diet or the ingestion of the wrong types of food contributed to lecherous behaviour (Curry 1960: 401). As Moore exclaims, ‘lepers were perceived to have had excessive sexual appetites and the Summoner is no different... he was “as hot... and lecherous, as a sparrow”’ (Moore 1987: 54-5). The character is also accustomed to eating garlic, leeks and drinking strong blood-red wine, the latter of which produces heat within the body and all, in contemporary medical thought, produced evil or foul humours in the blood (Curry 1960: 401). This is exemplified in the thirteenth century medical text by Bartholomeus’ Anglicus:

Also it commeth of fleshlye lyking, by a woman soone after that a leprous man hath laye by her... And sometime it cometh of too hot meates, as long

use of strong pepper, and of garlike, and of such other. And sometime of corrupt meates, and of meates that be soone corrupt, as of meselyd Hogges, of flesh that haue peeces therein, and is infected with such poison and greines. And of uncleane wine and corrupt (in Brody 1974: 55).

Further, Boorde asserts that:

Onyons doth prouoke a man to veneryous actes and to somnolence... He that is infectyd wyth any of the .IIII. kynds of the lepored must refrayne from al maner of wynes, and from new drynkes, and stronge ale; then let hym beware of ryot and surfetyng (in Curry 1960: 402).

Garbáty suggest that there was medieval ‘medical cliché in which these foods were thought of in connection with the Summoner’s peculiar dermatological condition’ (in Wood 1971: 240), despite there being no evidence adducing a comparison.

Garbáty posits that the Summoner’s leprosy is really secondary syphilis ‘which was considered a type of leprosy in the Middle Ages, although its source was well known’ (1963: 352), and provides a key observation in the difficulty medieval medicine had in differentiating between the two afflictions (which will be discussed further within Chapter Two). In this chapter, it matters little that the two diseases were confused; it is the socially constructed relationship between perceived leprous contagion and sexual desire which is at issue. According to Biggins, food such as garlic, leeks and onions were linked to lechery to such an extent that there was a fifteenth century treatise condemning the vegetables (in Wood 1971: 241). This particular treatise was justified through the association of carnal desires with the Biblical reading of Numbers 11: 5, in which the Israelites crave the meat, onions, leeks and garlic that they ate in Egypt in favour of the ‘manna’ available to them (Wood 1971: 242). Thus, according to Wood, ‘the Summoner’s fondness for these foods would aggravate his physical problems and simultaneously cause a spiritual danger’ (1971: 241). It is uncertain within the tale whether the Summoner has not read or not taken heed of the advice of medical authorities; as Curry exclaims, ‘having once contracted the disease by riotous and lascivious living and by the immoderate use of unwholesome meats and wines, he further aggravates it by the same foolhardy practices’ (1960: 401).

The association of sexual desire and lechery with leprosy has been discussed as often

leading to vilification within Walter's ideal Traditional Community; lepers were physically, morally and spiritually polluting bodies which needed segregating for the public good (Moore 1987: 54-5). To return to Chaucer's *Canterbury Tales*, the corrupt Friar states that he would take company with any member of society who would pay for his services, except lepers:

Bet than a lazarus or a beggestere;  
For unto swich a worthy man as he  
Acorded nat, as by his facultee,  
To have with sike lazarus aqueyntaunce.  
It is nat honeste, it may nat avaunce,  
For to deelen with no swich poraille,  
But al with riche and selleres of vitaille (Chaucer 2003: 422).

Chaucer's tale notes that the Friar was highly liked by all and intimate with Franklins everywhere in his country and with worthy women because, for his order, he was a noble post; however, he rebukes the company of lepers. Not only is it not advantageous for the Friar, but Chaucer claimed that it was not 'honest' to want to be with these people, it is unsuitable for members of society to want to be in their company, to have them even as acquaintances. One can read from Chaucer's tale that in both society's and the Church's eyes, lepers were outcasts, segregated from all levels of the social hierarchy as a result of their sinful natures.

This Middle English lyric offers further insight into the relationship between Chaucer's Summoner and Chaucer's Friar, exemplars of the medieval English leper, and the medieval Church as representative of wider English society, respectively. This didactic lyric is particularly applicable to the discussion of leprosy, emphasising that lust and sin contribute towards ill-being, pre and post-mortem.

...Ne may strong ne stark ne kene  
A-gyle Dethes wither-clench;  
Yong ne old, bright ne shene...  
Weylawey! Wepyng ne bene,  
Mede, list, ne leches drench.  
Man, lat synne and lustes stench;  
Wel do, wel thenck...  
Sore thou myghte thee adrede... (Anon in Stevick 1994: 6-7)

The poem states that ‘man permits sin and lust’s stench’, the sin of lust, when appropriated onto the disease of leprosy will symptomatically result in what Mortimer has previously described as a ‘wholly deformed, stinking, repulsive and blind’ (2009: 204) leprous carcass. ‘Nor may strong, nor stark, nor keen’ individuals avoid ‘death’s winter-clench’ if they submitted to their carnal desires; members of medieval society should ‘do well, and think well’ to avoid contagion.

The poet John Gower (1330-1408) also made reference to the relationship between lust and leprosy in one of his works:

Whan he was in his lusti age,  
The leper cawhte in his visage  
And so forth overall aboute,  
That he ne mihte ryden oute (Gower 2007: 140).

Although the poem may be brief, its moral remains the same as the lyric above; lust is the cause of leprosy in a moral sense. During the lusty age of youth the character of the poem caught leprosy, not merely altering his appearance or visage, but this disease resulted in his impending death; he may not ‘ride it out’, his fate is sealed. Returning to the prior lyric, the message of ‘wel do, wel thenck’ was not necessarily restricted to thinking morally, although this was beneficial in the avoidance of carnal sin, but in a similar manner to the Friar in Chaucer’s tale, it was about considering who one kept company with; in medieval society there was nothing honest or advantageous in associating with lepers. According to Faubion, poetry and lyrics such as these reflect ‘an ideate - a spoken and written understanding of the past’ (1995: xx) which offer a contemporary insight into perceptions of diseases such as leprosy, in the same manner as literary works such as Chaucer’s *The Summoner’s Tale*; the Summoner further evidenced why lepers should be distanced from the rest of society, his deformed and fearful form which terrified children and no doubt adults too, acted as a didactic image to enforce ostracisation. To refer to the aforementioned lyric, his pain, which could become others’ by association with his polluting body, ‘make[s] you afraid’ (Anon in Stevick 1994: 7). This is a pertinent line, the horrors of leprous symptoms made lepers social exemplars, by doing well and thinking well contagion could be limited through various methods of social control. For example, by merely reading Chaucer’s tale, the medieval individual learned not to eat foods which were believed to induce bad humours and to distance

and isolate individuals who may have possessed leprosy contagion, both of which acted as methods of prevention in contemporary thought. However, emphasising the everyday presence of leprosy in lyrics and ballads not only disseminated methods of disease prevention and eluding suffering to the general populace, but also maintained the social order.

### **Leprosy as Social Control**

Moore further emphasises how leprosy developed over the late-twelfth to thirteenth centuries to become a method of social control; the disintegration of Feudalism in society and the insurgence of personal wealth combined with centralisation resulted in masses of landless, poor and destitute individuals (Goudsblom 1986: 166). By 1170 ‘vagabonds, beggars and heretics were in the category charged with leprosy, while the rich and powerful seemed to have suddenly become practically immune’ (Goudsblom 1986: 166), which explains Douglas’ observation that while leprosy was deemed epidemic, there is little evidence of the upper-echelons of society being affected. Indeed, both Edward III’s and Henry VII’s orders to expel lepers from the streets of London, issued in both 1346 and 1472 respectively, were directed at the lower-classes; the ‘first...was specifically directed against those who frequented the stews, or brothels, of the city, thereby allegedly spreading their disease [and] the second... targeted vagrants...’ (Rawcliffe 2006: 22). Numerous lyrics also highlighted the distaste for the lower spectrum of society and even the worthlessness of their existence, mainly resulting in the idea that they were didactic reminders of mortality and precautions against pride. One lyric specifically questions why God permitted beggars to live, as ‘that goodness may not yield any profit’, to which the response was ‘to let such men live for others to see’ (Anon in Stevick 1994: 71-72); they are not people but visual and moral examples for a young man, the ideal of medieval society, to both think on and avoid. Again, yet another example of this message is evident in a Middle English lyric which discusses the ‘lame, bedridden and blind’; this lyric specifically questioned ‘why God let these men live so long’, concluding that ‘God is so kind’ as to make these men ‘a mirror into your mind’ (Anon in Stevick 1994: 71-72). These two quoted lyrics both repeat the theme that social lepers, whether they were infected with the actual disease or not, were no longer people but simply provided a service; lepers were a warning against the effects of sin.

### **Living Death**

The third Lateran Council of 1179 provided the medieval rationale for diagnosing leprosy and proclaimed the subsequent treatment that lepers should have received; any disfiguring skin ailment (including what we now consider eczema, psoriasis and lupus) was deemed leprous by law. Lepers were deemed the ‘living dead...barred from inheritance, denied the right to make gifts, unable to plead in court or negotiate contract’ (Clark 1994: 396). Further, lepers had to worship in their own churches and be buried in separate cemeteries (Moore 1987: 54-5), while in rural areas manorial lords ‘exercised a kind of guardianship over the movable and immovable chattels of afflicted tenants’ (Clark 1994: 396). The Old Sarum Rite, purportedly a form of pre-mortem burial with a requiem mass said for the soul of the leper, marked official banishment from the community (Clark 1994: 396), highlighting that leprosy was a social and physical condition. As Turner states:

The outward decay of the leper was a sign of inner profanity. The leper constituted both a moral and physical threat to the community and had to be separated from the population by dramatic rituals and other legal means. The Church’s office for the seclusion of a leper did not differ in fundamentals from the office of the dead, since the *separatio leprosoorum* defined the leper as a ritually dead person (1984: 67-8).

As Morgan proposes, ‘the presence in the world of souls already in purgatory had long given opportunities for the visible exercise of humility’ (2000: 130). Thus, the suffering witnessable in the leprous body exemplified the suffering that the sinful would experience in the afterlife. Morgan further emphasises the tendency for the metaphorical to become literal in medieval society, stating that ‘the very word “death”, Latin *mors*, was held to derive from *morsus*, a “bite”; those whose putrid flesh bore witness to the encounter with the jaws of death were thus already dead’ (2000: 130). Morgan’s view confirms that the disintegrating leprous body resided more comfortably within a state of death than in a state of living and further, emphasises that those suffering from leprosy experienced a social death which preceded their physical death, a notion which Walter’s Traditional typology disputes.

This lyric seems to offer a contemporary individualistic emotional expression of the medieval leper’s physical and social situation:

There is no lif, alas, that I do lede;  
It is but deth as in lifes likenesse,  
Endeless sorrow assured oute drede,  
Past all despeire and oute of all gladenesse.  
Thus well I wote I am remedylesse,  
For me nothing may comforte nor amende  
Till deth come forthe and make of me an ende (Anon in Luria and Hoffman  
1974: 230).

This lyric can be taken at the most literal level if the Sarum Rite was actually undertaken in the Middle Ages; the *Manuales* of 1526 show that after this ceremony the leper would have been excluded from his former social structure; once experiencing a form of burial the leper now lived out the rest of his life within the secluded walls of the *leprosarium* (Harvey 2006: 169). The leper was indeed ‘incurable’ and in such pain that ‘nothing may comfort nor amend... [until] death comes forward and makes his end’ (Anon in Luria and Hoffman 1974: 230); it was indeed a living death in ‘life’s likeness’ (Anon in Luria and Hoffman 1974: 230). However, this lyric may also make reference to the liminality which may have been experienced if the leper mass was undertaken. Liminality is a necessary transition from one situation to another during a rite of passage (van Gennep 1960: 3). Van Gennep determines that there are three stages experienced within a rite of passage; the ‘preliminal’ rite of separation from a previous world or socio-cultural context (van Gennep 1960: 21); the ‘liminal’ rite of transition (van Gennep 1960: 11), which involves being betwixt and between one’s past state and the future state to come (Turner 1967: 97); and the ‘postliminal’ rite of incorporation into a future state (van Gennep 1960: 11). Medieval death for example, could be read through the lens of liminality, typically entailing a preliminal status of dying, a liminal state of purgatory, and the final postliminal state of heaven.

The three-fold process from living to dead emphasises what Horrox calls the ‘theological success story’ of purgatory as a widely accepted medieval afterlife belief. Formulated in the Second Council of Lyons (1274), ‘purgatory...[was] a halfway stage between earth and heaven, where the sinful but repentant soul could, through purgatorial cleansing punishment, complete the process of making satisfaction for sin and so be rendered fit for heaven’ (Horrox 2000: 90). However,

medieval lepers experienced their liminality pre-mortem, essentially partaking in purgatory on earth before entering purgatory in the afterlife (Brodman 1998: 74). In the case of the historically questionable leper mass, lepers were removed from their pre-liminal state of living, placing them in liminality before transitioning to the postliminal state of death. Even if the Sarum Rite was not undertaken within the Middle Ages, the diagnosis of leprosy and the segregation of lepers into *leprosaria* removed them from their preliminal state within the healthy community, and their delineation from the rest of society through specific forms of clothing identified lepers as liminal characters suffering an earthly purgatory. In this sense, the lyric can be read literally, it is 'not life, alas, that [he] does lead; it is but death as in life's likeness' (Anon in Luria and Hoffman 1974: 230); the medieval leper was the 'living dead'. His 'sorrow assured out of [the] doubt' which was spurred by the uncertainty of what state he actually occupied (Anon in Luria and Hoffman 1974: 230). 'Nothing may comfort nor amend' his state of mind 'until death comes forward and makes [his] end' (Anon in Luria and Hoffman 1974: 230), as it is only then when he will once again conform to the natural order through the postliminal stage of physical death.

The liminal position of the socially constructed living-dead leper has prompted many academics to regard medieval leprosy as an embodiment of wider-society's most deep-seated anxieties; the fear of the *corps morcelè*, the fragmented body. Brody (1984), and Moore (1987), suggest that leprosy was conceptualised as 'living decay' in its ultimate form (79-80; 58-63), a theme which Walker Bynum elaborates, stating 'because parts broke off the leper's body, because it fragmented and putrefied and became insensate when alive, in other words because it was a living death... it was used as a common metaphor for sin' (1992: 276). In 'Material Continuity, Personal Survival, and the Resurrection of the Body' (1990), Walker Bynum analyses attitudes towards fragmentation of the corpse in the medieval practice of dispersed burial that was commonly undertaken for the disposal of saints. Walker Bynum proposes that 'the pious in the thirteenth century... often behaved as if division or fragmentation of the cadaver were a deep threat to person' (1990: 78). This was seemingly due to the common Northern European belief that 'until the flesh has dissolved and the bones been bared, the deceased person's spirit has not fully divorced itself from the body, which is thus not fully dead' (Brown 1981: 223).

Leprosy presented a unique problem as the living body was fragmenting and exhibiting the same processes of deathly decay; as Walker Bynum asserts, 'dismemberment is horrible, to be sure; and even more horrifying is rottenness or decay' (1990: 85). The equation of identity with body put 'a premium on keeping the body intact' (Horrox 2000: 101), indeed a disintegrating body also promoted anxiety surrounding the physical resurrection which would be experienced at the last judgement, prompting assurance by the Church that bodies would be restored to their rightful owners at the end of time.

Other than in the natural process of decay, the fragmentation or division of bodies after the thirteenth century was generally undertaken for two contradictory reasons; firstly, the Christian cult of relics encouraged widespread division 'not only [of] the bodies of the saints to provide relics but also the bodies of the nobility to enable them to be buried in several places near several saints' (Walker Bynum 1990: 79). This acted as a method of eliciting prayers for the deceased, in this sense, 'prayers took precedence over the unity of the corpse... Since the welfare of the soul was more precious than the well-being of the body... the corpse [could] be divided to promote the soul's salvation' (Treguier in Brown 1981: 242). The division of the dead body, as undertaken on the corpses of the nobility and saints, emphasises the strength of belief in the purgatorial afterlife and the desire to reduce one's stay there, manifested in the purchasing of indulgences and through the benefices of prayers over the corpse or at a shrine. Brown summarises this, stating:

For those who linked multiple prayers with salvation (and it was inconvenient for the Church to contest this view), division of the body also made it possible for the soul's eternal welfare to be brought into a close and meaningful relationship with the material world. The prayers that the wealthy could purchase, the rich tombs that would prompt viewers to implore intercession on their behalf, the privilege of division that would guarantee the right to a number of these tombs were all believed to ensure to the rich and noble *post mortem* benefits of a spiritual sort consonant with the advantages that they had had on earth (1981: 266).

Conversely, the other method in which society witnessed division of the body was in the 'revival of torture as a judicial practice and a significant increase in the use of mutilation and dismemberment to punish capital crimes' (Walker Bynum 1990: 80).

In the same period of time (around 1300) the first cases of dissection were also carried out in medical schools (Walker Bynum 1990: 80), a further punishment inflicted on criminal dead. Walker Bynum claims that:

Chronicle accounts of the use of dismemberment in capital cases make it clear both that it was reserved for only the most repulsive crimes and that the populace was expected to be able to read the nature of the offense from the precise way in which the criminal's body was cut apart and the pieces displayed (1990: 80).

In both capital punishment and in the use of holy relics, fragmentation of the body was subject to the medieval belief that the 'continuity of matter is necessary for continuity of the person' (Walker Bynum 1990: 81). This is both positive and negative; the punishment inflicted on the cadaver of a criminal extended his crime into eternity and 'the person who broke the integrity of community was himself presented broken' (Walker Bynum 1990: 81). Alternatively, the dispersion of holy relics multiplied personhood over distances, allowing shrines and prayers to be multiplied as well. But to quote Walker Bynum, 'the cultural assumption that material continuity is crucial to a person made such fragmentation horrifying as well' (1990: 81), and this was particularly evident in the case of leprosy; bodily fragments contained remnants of *spiritus* which in turn contained inherent contagion. As Porter posits, 'in medieval thought... the human condition had been conceived through a conspectus of the whole compass of creation and its macrocosmic - microcosmic correspondences' (2004: 7). Therefore, just as the microcosm of the broken criminal body represented the macrocosm of his broken community, the decaying body of a leper represented the decaying social fabric and the manner in which sin could quite literally rot the soul. As Potz McGerr states:

...a mutilated leper with serious disfigurement was bound to invite - if not always incur - a degree of moral censure. Diseased souls, infected with evil, were certainly described as deformed, in the sense that wickedness, like cancer or leprosy, had gnawed away at the divinity within leaving them hideous and misshapen (1990: 14).

Similarly to Walker Bynum, Park also asserts that late-medieval and early-Renaissance individuals saw the 'flesh-and-blood body' as integral to selfhood

(1995: 119). Thus, the physical body in decay was in a liminal state, usually only experienced in the process of post-mortem decomposition, which caused ‘fading vitality and personhood of the corpse’ until it was reduced to skeletal remains (Park 1995: 119). The experience of decomposition by lepers affirmed (in medieval thought) their status as the ‘living dead’; the rotting leprous body was relatable to what Hertz terms as the ‘wet stage’ of post-mortem liminality, in which the ‘wet’ corpse symbolises the corruption of the flesh and the devaluation of the social body until fully transformed into ‘dry’ skeletal remains (in Davies 1997: 13-4). Park posits that in medieval thought ‘during the crucial liminal period of decomposition... the corpse was most sensitive and vital, and... the person was still in the corpse’ (1995: 125); as Hertz notes, ‘Death is only consummated when decomposition has ended: only then does the deceased cease to belong to this world’ (1960: 47). Decomposition emphasised the ‘mortification and humiliation of the body [which] drew its force from the fact that the person himself or herself was continuing in some sense to suffer as the body itself decayed’ (Park 1995: 125). Thus, lepers underscored this belief in post-mortem suffering, they were living, walking reminders of decomposition and the pain associated with it; lepers were segregated because they were deemed polluting and contagious. However, this isolation of lepers served to mask the potent reminder of one’s physical fate, the suffering of both the body and soul associated with the lay society’s interpretation of medieval afterlife belief. The segregation of lepers in this sense correlated with Ariès’ view that as the Middle Ages progressed, the physical realities of death became more hidden as society expressed their desire to become untouchable by death (1981: 607).

To use Hallam’s terminology, lepers were a type of ‘hybrid’ which confused the categories of life and death (1991: 1). Stallybrass and White define ‘hybridisation’ as a ‘mixing of binary opposites [and] as such that there is a heterodox merging of elements usually perceived as incompatible [which] unsettles any fixed binaryism’ (1986: 44); lepers, as hybrids, represented the ‘dissolution of boundaries which organises key phases of the life course’ (1999: 1), dissolving the boundary between life and death by being socially dead yet biologically alive (Hallam et al. 1999: 3). Hybrids are also generally considered to be ‘unstable, dangerous and marginal within dominant social and cultural orders’ (1999: 1), which is again evident in the case of

medieval leprosy. In much the same way as in deathly decomposition, leprosy occupied a 'position that... [was] constantly diminishing, always changing under the pressure of increasing fragmentation' (Camille 1996: 175), giving an 'outward and visual form to an inward and conceptual process', which is also characteristic of a 'liminal persona' (Turner 1967: 96). As Turner states, 'liminal beings are not totally classified in relation to their former lives and not yet classified in their life to come, thus they become 'neither living nor dead from one aspect, both living and dead from another' (1967: 96-7); the leper's condition therefore, is one of 'ambiguity and paradox, a confusion of all the customary categories' (Turner 1967: 97). Typical of liminal beings, lepers possessed a 'physical but not a social reality' (Turner 1967: 98), isolated in *leprosaria* until death.

### **Leprosy as Social Malaise**

The medieval leprous body was a 'metaphor of social disorder' which needed removal (Goudsblom 1986: 166), a removal possibly implicated through the Sarum Rite, placing the leper in a state of living dead liminality. This rite also allowed 'the community to restructure itself on previous lines by absolving them from certain specified moral obligations' (Douglas 1991: 728), allowing lepers to be rejected from their former community without guilt purely because of their social standing. As Windsor contests, leprosy separated the individual from civic identity; it wrought significant changes to personal and physical self-construction (2009: 1). Windsor further states that 'the medieval leper personified the dissolution of physical self and social identity... Leprosy offered cultural institutions a medium through which physical, personal and social norms and boundaries could be negotiated and reconstructed' (2009: 1). In contemporary records the individual body was often used as a metaphor for the body politic or for analogising spiritual progression, representative of either the individual or society as a whole. As Rawcliffe states:

The spots and stains of leprosy... served as an effective metaphor for various manifestations of sin. But the boundaries separating allegory from the accidents of daily life were often blurred by authors who wished to drive their message home as dramatically as possible. The assumption that spiritual deformity would somehow leave its trace upon the body as well as soul insidiously found its way into religious and secular literature alike (2006:

48).

This confusion between the literal and the metaphorical (whether intentional or not) is particularly evident in the abundance of contemporary literature that attests to the previous discussion that lechery remained a popular cause (and effect) of leprosy in the medieval mindset. In Gower's *Mirror de l'omme* (1376-79), there is a likening between leprosy and lechery in their ability to stain the body and the soul (Grigsby 2004: 80). Further, the work evidences how leprosy and lechery were perceived to threaten the social order of medieval society, making people turn from good to bad (Grigsby 2004: 80); Gower states that 'leprosy is so virulent that it corrupts the air together with all the wind that blows by its side, and in this respect stands for lechery' (in Gower and Wilson 1992: 133). The author continues to note that both lechery and leprosy 'perverts the people' turning them from their 'good habits and virtues' which maintain the soul, towards 'evil intent' (in Gower and Wilson 1992: 133).

Gower's text conforms to the view that lechery was thought to be one of the physical causes of leprosy; it also informed medieval audiences about the degeneration of the body caused by leprous contagion through a physical imaging demonstrating how the sin of lechery maimed, deformed and eventually corroded the soul. Just as leprosy could 'take hold in both youth and old age', so too could the sin of lechery, serving the moralistic purpose of highlighting that sin could be committed by both the young and old. On a more literal level though, Gower does offer one an indication that there were no Typical or Untypical Deaths when leprosy is positioned as the Archetypal Death of Walter's Traditional era; it could strike anyone at any time and as such lepers needed to be segregated in order to limit their potential 'to corrupt the morals of others, thereby threatening the established community' (Grigsby 2004: 81). As Grigsby states, 'the breath of the leper could corrupt a person who did not have leprosy... [and] this corruption would influence the person's morals and virtues, in much the same was as leprosy influences the body's humoral system'<sup>23</sup> (Grigsby 2004: 81). Gower was not alone in chronicling the belief that

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<sup>23</sup> In *The Anatomy of Melancholy* (1621), Robert Burton surmises (using the theory of Laurentius, from the school of Hippocrates) that a humour is 'a liquid or fluent part of the body, comprehended in it, for the preservation of it; and is either innate or born within us, or adventitious and acquise' (2007: 121). Typically, medieval medicine dictated that there were four main humours, 'blood, [which] is hot, sweet, [and] temperate... phlegm, [which] is a cold and moist humour... choler [which]

lechery pertained to leprous contagion of the spiritual sort; in Hoccleve's (d.1450) translation of the *Gesta Romanorum*, he described three evil men attempting to seduce a beautiful but devout woman. The first man, her brother-in-law, is duly transformed into as 'foul a leepre as mighte be' (in Hoccleve and Furnivall 1892: 164), a fitting punishment for attempting to commit incest. The man is eventually cured, but only after he had fully confessed his 'offenses dirke and synnes blake' (Hoccleve in Hoccleve and Furnivall 1892: 167). Confession cures the evil man in Hoccleve's tale but what one fails to extract from the story was whether his ailment was physical or spiritual, emphasising the issue of metaphorical and physical interchangeability which undoubtedly led to confusion.

### **Spiritual Leprosy**

This extract from an anonymous fourteenth century sermon (1325), draws the reader's attention to the possible causes of spiritual leprosy, stating:

For just as leprosy makes the body ugly and loathsome and repulsive, so the filth of lechery makes the soul spiritually very foul. And the swelling of secret pride is leprosy, which none can hide. And envy and jealousy and felony may be called spiritual leprosy, and the covetousness of simony so apparent in Gehazi (in Small 1862: 129-30).

The author makes reference to the Biblical character of Gehazi in 2 Kings 15: 4-5 in order to offer an explanation of spiritual leprosy, attesting to Rawcliffe's view that 'medieval men and women were steeped in the Bible' (2006: 48); whether knowledge was acquired at the most basic level through the parish church, or developed after years of laborious study, the Bible 'permeated every aspect of their lives, as an unimpeachable historical record, a source of moral instruction and a guide to spiritual development' (Rawcliffe 2006: 48). Only the worst moral discrepancies warranted the diagnosis of spiritual leprosy, as one can witness in the extract above, lechery, pride, envy, and simony were the most targeted sins. As Hugo of St. Victor posits:

This leper is the human race... For there are, indeed, many within the body of Holy Church who are befouled by the leprosy of vice and polluted by the contagion of sins, as by leprosy. All the impure fornicators, concubines,

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is hot, and dry, [and] bitter... [and] melancholy [which] is cold and dry, thick, black and sour' (Burton 2007: 121).

incestuous, adulterers, the avaricious, usurers, false witnesses, purgerers, those who call a brother “fool”, and who look lustfully upon a woman, and even those who do not perform wicked acts, but harbour wicked desires: all such people, who are isolated from God because of their faults, are deemed to be leprous by the priests, who know and keep the law of God, and they are therefore separated from the company of the faithful in a *spiritual*, but not physical, sense (in Rawcliffe 2006: 112).

Imaging leprosy was used to subdue human pride by evoking an emotional response as a means of changing future behaviour based on the medieval thought that death and corruption were not natural processes, but were the result and punishment for sin (Cohen 1973: 21, 23). Drawing on Cohen, I argue that leprosy, both as a form of living death and moral punishment, inspired humility (1973: 23)<sup>24</sup>. Unfortunately, critics of the Church, such as the Lollards, could adapt such teachings to attack the very institution that promoted them. For example, in the case of simony, one Lollard sermon on *gostli meselis* (spiritual lepers) proclaimed that ‘He that nocht lawfully but bi symonye ordeyneth eni man into holi ordre, he geueth hym not office but lepre’ (Anon [1325] 1989: 36). Nonetheless, Church preachers were not discouraged from using Biblical imagery to illustrate the moral corruption of spiritual leprosy, with a multitude of sources available to them. For example in Numbers 12: 1-16, Miriam’s envy and proceeding criticism of her brother Moses led God to strike her down with leprosy ‘as white as snow’. One may also refer to the Biblical King Uzziah, whose usurpation of the throne and arrogant pride caused God to suddenly strike him down with leprosy (Rawcliffe 2006: 19-21), following which he was driven from the temple and compelled to reside in ‘a several house’ until the day of his death (2 Kings 15: 5, 27; 2 Chr. 26: 3). Uzziah’s pride caused his spiritual leprosy, however, once again the metaphorical and physical has been blurred; Uzziah evidently has a physical ailment named as leprosy which, in accordance with medieval practice, caused him to be confined within a *leprosarium*. It is unlikely that a largely unlettered congregation would grasp the subtle word play that denotes the

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<sup>24</sup> I have utilised Cohen’s (1973) discussion of the medieval form of tomb representation known as *transi* or cadaver memorials and applied this to the present analysis of leprosy. Just as the putrefaction represented on cadaver monuments encouraged observers to consider the degradation of the body post-mortem, I posit that leprosy, with its symptomatic degradation of the flesh, offered that same opportunity in the form of a living individual.

difference between the spiritual and the physical. Indeed, this issue is exacerbated due to the comparison that can be made between Uzziah and King Henry IV.

In the *Loci e libro veritatum*, Thomas Gascoigne (d.1458) produced one of the rare accounts of leprosy among the nobility, notably naming the King himself as a victim. The text describes ‘the great leprous pustules’ that had erupted on Henry IV’s face and hands, and it was being widely circulated by both English and French chroniclers by the time of his death in 1413 (Rawcliffe 2006: 45). Just as the accusation of leprosy vilified on a localised level, when used as propaganda against the King, the disease could undermine his authority and threaten his stability as ruler. More lurid accounts of his sickness began to circulate decades later during the Wars of the Roses, initially propagated by supporters of the House of York against his grandson, the ‘feeble-minded’ Henry VI (Rawcliffe 2006: 45). Posthumous accounts depicted a doomed leprosy-ridden dynasty, with Henry’s father, the pox-ridden John of Gaunt depicted as the progenitor - his own putrefaction spreading through his body from his rotting genitals (Rawcliffe 2006: 45). His Lancastrian opponents, promoted the view that Henry’s disease was a ‘condign punishment for usurpation’ (Rawcliffe 2006: 45), recorded dramatically by John Hardyng (d. c.1465) who adopted the character of the King on his deathbed:

This wormes mete, this caryon full vnquerte [diseased],  
That some tyme thought in world it had no pere,  
This face so foule that leprous doth apere,  
That here afore I haue had suche a pryde  
To purtraye ofte in many place full wyde:  
Of which ryght nowe ye porest of this lande,  
Except only of theyr benignyte,

Wolde loth to looke vpon I vnderstsande (in Ellis 1812: 370).

As Rawcliffe asserts, ‘Henry’s illness was symbolic of a deep malaise in the body politic... a leprous kingdom infected by... generations of corrupt blood...’ (2006: 45).

Leprosy’s status as being dangerously contagious, both morally and spiritually if not physically, may evidence the manner in which it was treated in medieval society. Leprosy was not necessarily a matter for medical attention; the *Omnis utriusque sexus* canon of the fourth Lateran Council of 1215 greatly consolidated the authority

of the Church by making ‘annual confession before one’s parish priest or another appropriately qualified *medicus animarum* compulsory and forbade anyone who did not do so to enter a church, take communion or receive a Christian burial’ (Rawcliffe 2006: 131). Horrox claims that this ‘requirement of annual confession placed upon every Christian... was a crucial step in the process of self-examination’, in a sense, a form of ‘self-help’ (2000: 110). This contests Walter’s opinion that the Authority of the Self and Self-help are Neo-modern typological characteristics; in effect, confession in the Traditional era was an exemplum of this pro-active form of coping.

### **Religious Observation and Medicalisation**

In the *Omnis utriusque sexus* canon, Rawcliffe evidences the close link between religious observation and medicalisation, claiming that ‘the wording is, significantly, replete with medical imagery’ (2006: 131). The text states that medieval priests were like skilled doctors who may have poured wine and oil over wounds and inquired about the circumstances of the sin and the sinner in order to discern whether a physical or spiritual remedy would be appropriate for healing the sick person (Rawcliffe 2006: 131). That is not to say that medical experts did not also record their knowledge on the symptoms of the disease, as one can witness in Lanfrank’s *Science of Chirurgie* (1295), which states that ‘Lepra is a foul sijknes that cometh of malancolie corrupt, outhir of humouris that ben brought to the forme of malancolye corrupt. & it goith into al the bodi, right as a cancre is in oon lyme of a mannes bodi’ (in Lanfrank and Fleischaker 1894: 196). Medical authorities attested to the fact that corrupt melancholies were thought to have polluted the blood, and the blood further goes on to corrupt and rot the organs and the skin. These corrupt melancholies or miasmas were perceived as highly polluting and contagious, exuded from every bodily orifice; as Batholomew (early-fifteenth century) stated ‘their [leper’s] eyes, nostrils, mouths, breath and, indeed, the skin of their entire bodies exuded miasmatic fumes which communicated a *morbus contagiosus*’ (in Rawcliffe 2006: 93). The French Surgeon Henri de Mondeville (d. c. 1320) also confirmed Lanfrank’s prognosis that ‘leprosy is a disease caused by melancholic matter... tainted by an irreversible corruption, which has the same effect upon the entire body as a cancer in a cancerous member’ (in Mondeville and Nicaise 1893: 616). Mondeville also stated that ‘leprosy cannot be cured without the corruption or surgical removal of all the infected body’, and as the whole of the body was infected, that was impossible (in

Mondeville and Nicaise 1893: 616). Thus, these medical texts firmly expressed that leprosy in its latter visible stages was incurable using contemporary treatment, and prevention via exclusion in order to avoid the pollution exuded by lepers was the best course of action.

Although the physical symptoms of leprosy could not be treated, the infection of the leprous soul could; as stated in the fourth Lateran Council, ‘the physically ill should provide for the soul before the body’ (Tanner 1990: 1215). The Council insisted that ‘confession ought henceforward to precede medical or surgical treatment, any practitioner who ignored the ruling being threatened with excommunication’ (Anon in Tanner 1990: 1215).

As sickness of the body may sometimes be the result of sin... so we by this present decree order and strictly command physicians of the body, when they are called to the sick, to warn and persuade them first of all to call in physicians of the soul so that after their spiritual health has been seen to they may respond better to medicine for their bodies; for when the cause ceases so does the effect (Anon in Tanner 1990: 1215).

Bernard de Clairvaux (d.1175) claimed that chronic disease should be ‘embraced as a divine gift, pregnant with opportunity’ (in Rawcliffe 2006: 56), concurring with Anselm’s (d.1109) view that ‘the progress of the soul grows out of the failure of the flesh, the salvation of the soul out of the illness of the flesh and forgiveness out of punishment’ (1990: 163). To quote Rawcliffe, ‘the beneficial effects of earthly tribulations took an increasingly literal, almost quantifiable, turn as complex infrastructure of belief slowly took shape in support of the doctrine of purgatory’ (2006: 57). Leprosy allowed the isolated victim to focus the ‘mind upon repentance and atonement’ (Rawcliffe 2006: 53). The liminal position occupied by lepers, as the living dead, acted as a form of purgatory on earth, reducing the ‘long stay in the antechamber of Death [and] prepared the soul for a rapid ascent to heaven...’ (Rawcliffe 2006: 53). As Rawcliffe puts it, leprosy was a ‘spur to salvation’ (2006: 53), which would also justify Sadlier’s postulation that ‘purgatory was a certain corporeal place’ (2008: 5) in the most literal sense. As Whittock states, ‘the leper had been granted the special grace of entering upon payment for his sins in this life, and could therefore look forward to earlier redemption in the next’ (2009: 209).

King Louis IX of France was recorded to have said that ‘no earthly disease could be as vile as a soul consumed by even one deadly sin. For, whereas physical leprosy ended with death, diseases of the soul might endure throughout all eternity in the flames of hell’ (in Joinville, Hague and Wailly 1955: 28-9). When talking to a patient within a *leprosarium* the King further stated that the leper’s sickness was ‘his purgatory on earth; and that it was better that he suffered such a malady here, than that he suffer something else in the world to come’ (in Joinville et al 1955: 28-9). This Middle English sermon demonstrates that this view was also prominent in English culture; ‘Thoo though had all manner of sekene of bodye all thi liffe tyme, and thoo that thow lyveste an hundreth vyntere [winters], yitt it vere not so grevous as one daye in purgatorie’ (Ross 1938: 41-2). The leper was comparative with the Biblical figure of Job, as one can witness in this fifteenth century verse commentary:

Thus lykyd god to proue exprese  
His grete meknes with messelry [leprosy],  
And for he fand his faith ay fressch,

He wuns in welth, als is worthy (Anon in Besserman 1979: 88).

The leper would ‘win his wealth in heaven rather than on earth, but might rest assured that he, like Job, was especially beloved of God, and thus confident of celestial reward if he endured his manifold sufferings with fortitude’ (Rawcliffe 2006: 57)<sup>25</sup>. Relating leprosy to purgatory in such a way served several purposes; firstly, lepers imaged the unimaginable. For example, a soul consumed with gluttony or lust would be revealed in the manifestation of leprosy; one can witness this in Dante’s *Divine Comedy*, where Dante’s friend Donati is punished with ‘dry leprosy’ for his gluttonous ways (Dante and Sayer 1955: 248). Rawcliffe asserts that ‘souls in torment were routinely forced to endure the type of physical mutilation that characterised lepra in its final stages’ (2006: 58). Thus, leprosy also encouraged people to cleanse their souls through confession and to buy indulgences to reduce the time spent in purgatory post-mortem, which in itself ‘greatly strengthened the

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<sup>25</sup> Despite the societal fear of leprosy contagion there were many medieval religious clerics who showed a great deal of charity towards lepers; one of the ‘largest and most generously endowed’ English leper hospitals was founded at Sherburn by Bishop le Puiset of Durham in 1181 (Rawcliffe 2006: 119). In turn, Bishop Gundulf of Rochester (d.1108) ensured that lepers in Chatham could rely on four quarters of corn and flour of rye each year from Bexley Abbey by ‘way of charity’ (Rawcliffe 2006: 323), and Bishop Alexander of Lincoln (twelfth century) founded a leprosarium at Newark, providing the residents with a priest and a chapel for spiritual nourishment, as well as guaranteeing a regular and high quality food supply of grain and loaves (Rawcliffe 2006: 325).

Church's financial and moral authority' (Rawcliffe 2006: 59). In many ways Rawcliffe's postulation that 'in view of the horrors to come, purification *before* death began to seem more like a privilege or mark of divine favour than a curse' seems undeniable (2006: 59). However, lepers still occupied an unstable position within society; lepers were socially undesirable, yet social examples, maintaining humility while experiencing a holy disease which would relieve their suffering in the afterlife. By 'embodying in his or her person a stark reminder of the ordeal to come, the leper cut a profoundly disturbing figure' (Rawcliffe 2006: 137); both holy and horrific.

### **The Conclusion of Leprosy**

The second part of this chapter has analysed the validity of leprosy as an alternative Archetypal Death for the first half of Walter's Traditional type, circa 1000-1535. It is notable that leprosy aroused a disproportionate sense of horror in medieval England, the sheer quantity of constructed *leprosaria* that are recorded in contemporary documentation attest to the fact that even if, as Douglas asserts, leprosy was not of epidemic proportion, society perceived its virulence as an immediate threat to individual and societal wellbeing. The slow death trajectory of leprosy coupled with the potential to hide the disease's deforming nature, instilled suspicion within communities, arousing a sense of fear propagated by the notion that Insiders to the community had the potential to cause insidious harm. As has been explored through the works of Rawcliffe, and Douglas, the capability that lepers possessed to conceal their ailment in the early stages and deceive those around them led to their increasing ostracisation to the outskirts of medieval society; lepers were expelled from London by Edward III, isolated in *leprosaria* and forced to distinguish themselves through alternative clothing. It is possible that the rite based on the Old Sarum Missal was even used to pronounce lepers socially dead to the world, completing their expulsion from the healthy living community.

In the second half of this chapter, I have evidenced that leprosy was the ultimate physical and moral degradation; while the lepers body painfully decomposed, they were subject to moral censure with their sinful disease rendering them loathsome and repulsive, detested by many who wished death on them before their pollution spread; *Amis and Amiloum* evidences this ostracisation. As Sontag noted, when sin and evil

are projected onto a disease, the disease becomes morally and literally contagious (1977: 6). Lustfulness and lechery were sins directly associated with leprosy, as evidenced in Chaucer's *The Summoner's Tale*, and the symptoms of facial mutilation and nasal decomposition conform to a common punishment for sexual deviance within medieval English society. According to numerous lyrics of the time, including poetry by John Gower, lepers were socially constructed in a manner which exemplified the physical manifestation of sin, with their physical degeneration projected in an outward display of immorality. Thus, leprosy can be seen as physical manifestation of a spiritual disease, however, its particular association with the male gender and also vagabonds, beggars, heretics and the lewd bears witness to the notion that there were also social lepers, who were merely unfortunate victims of the social disintegration and distancing of the lower-classes which accompanied the cessation of Feudalism within English society.

### **Chapter Conclusion**

In the analysis of both plague and leprosy as potential Archetypal Deaths of the first half of Walter's Traditional era, it has become evident that neither of these two diseases can be determined comprehensively as the ideal death of this period; plague did not arrive on English shores until 1348, three and a half decades after Walter's Traditional type begins, if one accepts Walter's utilisation of Ariès' (1981) historical timeframe, within *The Revival of Death*. In turn, leprosy infection was dramatically declining in the decades following the Great Plague, and therefore, perhaps the determinant of an Archetypal Death should be recognised as transitional, with leprosy being the most meaning laden moral, spiritual and social disease from the eleventh century until the arrival of epidemic plague in the middle of the fourteenth century. The justification of plague as Archetypal can be achieved through the analysis of morbidity statistics, with up to half of the English population perishing in the initial wave, followed by over half a century of acute epidemics killing between 20% and 50% of the residual population with each outbreak. It is undeniable that Walter is correct in his assertion that when plague struck one would have Seen Others Dying Frequently and the Human Condition was, as his Traditional type states, Living with Death on a daily basis. In turn, with individuals showing signs of infection within one day and few surviving the disease for longer than one week, the

contemporary Dying Trajectory of plague can also be confirmed to have been Fast. The rapidity of plague infection however, poses a challenge to Walter's determinants of the Traditional Journey; Ritual Action was often rushed if not forgone through fear of contagion. Burial rites and interment of the body were frequently undertaken en masse and records state that there were hardly enough survivors to care for the sick and dispose of the dead, let alone to undertake any ritualised form of mourning.

On the other hand medieval leprosy has been seen to have progressed slowly throughout the body, with symptoms that could be concealed until the physical degradation of the body became outwardly visible. The slow death trajectory of leprosy meant that individual sufferers were literally living with death, experiencing a decomposition of the body pre-mortem. Medieval leprosy in this sense has distinct links with Walter's Modern death ideal; not only was the Dying Trajectory of the disease initially Hidden by individuals fearing ostracisation, but also as the disease progressed the social exclusion of lepers from the community through institutionalisation within *leprosaria*, and the necessity placed upon them to wear particular clothing, hid leprous symptoms from the view of the general populace, while simultaneously distinctly identifying lepers as Outsiders. Walter's ideal Modern form of Bodily Surveillance undertaken by suspicious Neighbours and Kin who feared leprous contagion, evidences that when identified as lepers, medieval individuals experienced a Social Death which Preceded their Physical Death. This in turn, opposes Walter's notion that one was only removed from the ideal Traditional Community through the experience of physical mortality. While it may not be the case that leprosy was epidemic, the perceived virulence of the disease instilled fear and horror within English society in a manner in which plague did not. Lepers became prone to social constructions and exaggeration, with their physical threat extended into the realm of sexual deviance and exclusion; this can be evidenced through the expulsion of lepers from London in 1346, which was deemed necessary to contain the physical and moral pollution exuded by their contamination. It has been evidenced through Chaucer's *Canterbury Tales* and contemporary lyrics that lepers wore/had the outward signs of physical degradation which represented their inner sinfulness, indicating that Walter was correct in his assertion that Death was Resultant from Sin. Death caused by sin though, does not coincide with Walter's Traditional concept of Personhood being found within Community Structure; sinful

lepers, whether physically infected or spiritually labelled were examples of immorality and considered as the walking dead, both revered for their ability to experience a form of purgatory on earth and reviled for their deformation.

The Social Structure of Walter's Community was also ripped apart by the mass fatality caused by the bubonic plague. The inability to understand the Alien forces that caused this epidemic aroused suspicion directed towards strangers or Outsiders within the medieval mindset, indicating the exclusivity within what Walter falsely posits as the inclusive and homogenous Traditional Community Structure. In turn, other members of medieval society were subjected to vilification and exclusion, for example in Chaucer's *The Pardoner's Tale* an elderly man is tormented by embittered Roisterers who find it insensible that a man devoid of strength and societal value should live, while the youth are being snatched away by plague. This tale confirms Walter's notion that Child deaths, or perhaps more accurately a youthful death, was Typical during times of plague. However, his notion that Old Age was Venerated seems incorrect, with numerous contemporary works evidencing the worthlessness of the aged in a society that valued youth and strength.

Lastly, in consideration of plague as the Archetypal Death of Walter's Traditional era, one must dispute Walter's determinant of Authority; as has previously been summarised, plague was not viewed as the Result of Sin, but rather an unexplainable, untreatable and unpreventable scourge on humanity which could be most efficiently avoided by flight. Those who could run did, preferring this method of prevention over demonstrating Walter's Coping Stratagem of Courage through Prayer and Ritual. The fact that the rich were more financially able to flee from the epidemic and avoid plague by enclosing themselves within their country estates necessitates a need for class division within Walter's determinant of Community. The poor were more prone to succumbing to plague infection as they had little method of avoidance, with the urban poor most prone to infection due to the close confines of their unsanitary living conditions. The huge numbers of plague dead lends a macabre note to Walter's view of Surveillance, the Priest surveyed his parish in order to collect the mounting dead, and neighbours surveyed each other, dragging dead bodies from each other's homes for fear of contamination. Boccaccio noted the abandonment of kin and neighbours, claiming that many died without rituals and with no death bed

ceremony. The Good Death, as Walter posits, was not common when plague struck; the fast death trajectory of plague left little time for repentance, goodbyes and reparations. Indeed, families often abandoned their sick kin, creating new communities aligned with wellness, what Bauman would define as neo-tribes - communities which were not, as Walter claims, in locations where one grew up surrounded by bonds of kinship. These communities of well-ness aimed to suppress the fear of mortality, despite their very existence attesting to the mass death surrounding them.

In the case of leprosy, the Courage Shown by Walter's Traditional Community was exhibited through exclusion and not through Prayer. Ritualisation was used, as Walter himself states, in order to ceremonially formalise the removal of lepers from his ideal Traditional Community. However, the medieval leper received little Lay Support from Neighbours and Kin and Walter's notion of Surveillance of Behaviour only extended to the suspicion of individuals bringing illness to his Community Structure, threatening it from within. All in all, leprosy reiterates Walter's view that Authority was found in the institution of the Church and disseminated through the Clergy, who gave social meaning to leprous individuals. It was the Church councils who attributed the negative connotations towards leprosy as a method of social control. The sins of the flesh were never so visible than in bodily fragmentation and putrefaction; rotting leprosy was more than an individual ailment, leprosy's importance as an Archetypal Traditional Death was derived from its symbolism pertaining to the disintegrating body politic of medieval England. Therefore, this chapter has established the potential for two different types of Archetypal Death which can both be validated, albeit through different determinants, as typical forms of death within the Middle Ages, which in turn encompasses the first half of Walter's Traditional era.



## CHAPTER TWO

### **A Plague or a Pox on Both Your Houses? An Analysis of Plague and Syphilis as the Archetypal Traditional Deaths of the Reformation Era circa 1536-1660**

#### **Introduction**

In the previous chapter I took a snapshot of the first half of Walter's ideal Traditional era, roughly encompassing the Middle Ages (1000-1535) and positioned two contrasting diseases as possible Archetypal Deaths. These differing forms of death within the Traditional era presented the possibility that one may consider the definition of an Archetypal Death in two forms: as being justified by death toll or as a form of death which instilled a disproportionate sense of fear in contemporary society in comparison with its actual physical threat. In this second chapter I intend to follow the same formula; I will begin by taking another snapshot of English history from Walter's Traditional era, which I will name as the period of the English Reformation, dating from 1536-1660. This roughly encompasses the century at the half way point of Walter's Traditional type. In the first part of this chapter, I will once again consider plague as an Archetypal Death within Walter's Traditional typology in order to identify any discrepancies within his typological determinants, but also to examine if the manner in which society dealt with plague death remained consistent with behaviour portrayed in the Middle Ages. In doing this, one can gauge whether or not Walter's Traditional typology remains cohesive enough to depict an accurate portrayal of plague death over a spectrum of 660 years.

The initial part of this chapter will explore whether the developments in early modern medical knowledge had improved the ability to recognise and treat plague symptoms. I will also analyse popular perceptions pertaining to the prevention and cure of this disease as evidenced in contemporary medical literature, which will serve to inform Walter's ideal Traditional Bodily Context. Using Foucault's Archaeological Approach to Knowledge, I will attempt to establish any discrepancies or 'transformations in understanding' (2002: 23) between the

documented symptomatic progression of medieval and early modern plague death. In this chapter, I will investigate Walter's notion of ideal Traditional Authority in particular, with the intention of arguing that early modern society was becoming increasingly concerned with physical as well as spiritual well-being. Following a New Historicist methodological approach, I will investigate Renaissance medical developments as embedded and expressed in both literary and non-literary texts, such as contemporary anatomical textbooks and popular literature, which circulated inseparably (Veese 1989: xi); this will emphasise the increasing transition from the Traditional Authority of religion to Modern Medical Expertise. That said, I do not intend to disregard religious approaches to plague death in Reformist English society altogether. Rather, in the first part of this chapter I will explore how the association of sinfulness and immorality with plague infection could act as a method of implementing what Murphy defines as 'community solidarity through exclusion' (2000: 411), removing unwanted and diseased members of society from Walter's ideal Traditional Community.

The second part of this chapter will present a contrasting Archetypal Death, more spiritually fearful and slowly progressive in comparison with plague. However, one can no longer justify leprosy as an Archetypal Death during the English Reformation as its recurrence as a disease was on the wane in England after the initial outbreak of the Great Plague in 1348. Leprosy was perceived as neither so virulent nor so frightening in early modernity, so for a comparative Traditional typology another degenerative death must be found which aroused a disproportionate sense of horror in the same manner as leprosy; for this purpose I have chosen the symptomatically similar disease of syphilis. Adhering to Geertz's (1973) methodological formulation that judgements towards others are determined from an inherited body of social knowledge (76), I will begin my analysis with an exploration of the inherited iconography and social stigma bequeathed from leprosy to syphilis. I will consider whether the increasing societal reliance on medical treatment indicated that coping strategies had transitioned from the realm of religion and faith, to faith in medical knowledge. I will utilise Warne's methodological formulation to propose that the analysis of syphilis raises issues of gender and class differentiation which shaped assumed capabilities, sexual desire and religious status in early modern English society (2000: 140). Further, I will posit that the distinctions of class and gender

could be positively and negatively construed in order to determine who was included and who was excluded within Walter's ideal Traditional Community. Overall, the second chapter of this thesis aims to analyse Walter's ideal Social Context, Authority and Coping Strategies within English Reformist society when syphilis is appropriated as a form of Archetypal Death, in order to demonstrate the fragility of his Traditional type as a whole.

### **Social Context**

The beginning of the period 1536-1660 that is under consideration within this chapter coincides directly with formative events of the English Reformation, namely the publication of Henry VIII's *Ten Articles of Faith* (1536), which transformed medieval afterlife beliefs and death practices in English society, taking almost immediate effect. The tenth Article entitled 'Of Purgatory' is of vital concern here; the Article determined that it was charitable to pray for the souls of the dead but it was not necessary and had no effect on them, and in turn benefices purchased from the clergy had no power to either ease or release the dead from any form of post-mortem suffering. Thus, despite the cultural popularity of purgatory (since its formulation in the twelfth century) as a certain afterlife destination, which safeguarded English society from an eternity of hellfire and damnation, this afterlife location now became 'uncertain by scripture' (Fuller 1845: 158-9).

As previously noted, the historicity of Walter's typology is formulated using Ariès' (1981) five-stages of death. Ariès' perception of historical death within *The Hour of Our Death* had its locus in French culture and due to the unprecedented and unparalleled religious upheaval caused by the English Protestant Reformation, is thus limited in its appropriation to English religious belief and practice at this time. The publication of Henry VIII's *Articles* can be understood to mark the need to distinguish between Catholic and Protestant denominations of Christianity in English society at this time. Walter's view that Religion was a Given in his ideal Traditional era is incorrect if the reader assumes that Christian belief remained unchanged throughout this time, as the shift from Catholicism to Protestantism significantly altered death and afterlife beliefs in early modern English culture, most notably in regard to purgatory and the rituals surrounding this. Ariès himself notes the



**Plate 6:** Manuel Deutsch, N. 1517.  
*Death and the Maiden* [Woodcut]  
 (in Fronius and Linton 2008: 16)

importance of this distinction in *L'Homme devant la Mort* (1977). In *L'Homme*, Ariès notes that Purgatory was a 'Catholic rite... [and] the refusal of this devotion was the cause of Luther's break with Rome, with orthodox Protestants refusing the living the right to intervene on behalf of the dead whose fate depended only on the omnipotence of God' (1985: 171). Ariès also states that this 'new form of... [Protestant] devotion' was accompanied by a re-envisioning of the immediate, familiar and Tame Death of the Catholic Middle Ages (Ariès 1985: 171); 'the macabre death had its heyday... with much thought about decomposition, the

destruction of tissue and the swarming underground worms, snakes and toads' (Ariès 1985: 83), now, in the sixteenth and seventeenth centuries, death became a deep wound that poisoned life with regret and made it unbearable (Ariès 1985: 83). Death became savage, snatching away youth and beauty in the midst of life and in the pursuit of the pleasure of earthly vanity (Ariès 1985: 83). The juxtaposition between death as a savage event and the pursuit of earthly pleasures became a prominent theme in early- to mid-sixteenth century Northern European artwork, which depicted death as a brutal individual event; no longer was death the dancing social leveller of medieval Catholic imagery (see plate 4), Northern European artists characterised Death as an erotic figure who stole away unsuspecting



**Plate 7:** Sebald Beham, H. 1546.  
*Death and the Maiden* [Engraving]  
 (in Art Institute of Chicago 2012)

youth and beauty (see plates 6 and 7). Indeed, Ariès states that eventually death and pleasure became confused, to the extent that the death exalted pleasure and the dead body became an aesthetic object of desire (1985: 82). Ariès states that during the seventeenth century, European society ‘cultivated the illusion’ of the desirousness and seductiveness of death as an event (1985: 82). For Ariès, feelings of love were directed away from the beauty of the living body, towards ‘a new beauty, adorned with other attractions: the beauty of death’ (1985: 83). These emotions emerged in popular culture in many forms; plays such as Shakespeare’s *Romeo and Juliet* (1592) and *Othello* (1603) embraced the new savagery of death with obsessive forms of desire, love, and pursuits of vain earthly pleasure, ending in suicide and tragic death. Thus, it is within this socio-religious context that one must view this second snapshot of Walter’s ideal Traditional era.

## **Part A: The Case for Plague**

### **Introduction to Plague**

The first half of this chapter will differentiate between the urban nature of early modern plague in contrast to its medieval counterpart. Through the analysis of morbidity statistics and medical documentation, I will investigate the symptomatic progression of the disease, the treatments available and the frequency with which one would have seen others dying. The fast death trajectory of plague will be evidenced using contemporary pamphlets by authors such as Bullein (1564), and Dekker (1604), whose work also provides a social critique of the upper-classes who could afford to flee the plague-riddled areas, in the same manner as their medieval counterparts. Of particular importance within this chapter will be the analysis of the emergent changeover from Walter’s Traditional to his Modern Authoritative Structure evident within early modernity; I will investigate how the religious observation of disease increasingly transitioned towards a preference for medical treatments that were becoming available to the general populace through the early modern medical marketplace. Therefore, this chapter will further challenge Walter’s view that Authority resided within the Church and Tradition, with Courage and Coping Strategies established through Prayer and Ritual.

Through the analysis of poetic works, coupled with the consideration of the anatomical discoveries of Vesalius (1543), I will consider the perspective that early modern English society felt abandoned by God and found solace in medicine. Further, using a Structural-functionalist methodological approach, the first part of this chapter will explore the possibility that the plague-addled body was metaphorically constructed to represent a deeper social malaise in the body politic, polluted by the moral contagion of the bawdy playhouses and the disorder of the slums. Lastly, I will argue that the fear of pollution from plague victims turned Walter's notion of Surveillance into a macabre act performed by neighbours suspicious of insidious harm. Using the works of Shakespeare (1564-1616), I will argue that Reformist society tried to displace the fear of plague death by cordoning it or limiting its spread to areas which could be grotesqued, providing a socially constructed pedagogical display of the immorality of those infected, thus allowing them to be separated from Walter's ideal Traditional Community.

### **Mortality Rates**

In Singman's opinion, 'plague was the most dreaded disease of Shakespeare's time' (1995: 52); in the medieval era the death rate of bubonic plague ranged from approximately 35-50% of the population, however, according to Dobson, case fatality rates from plague in early modern England varied from between 50-80% (2003: 483). Bubonic plague was principally an urban disease in early modernity, with a marked seasonality; plague was typically prevalent during late-summer to autumn with a notable decrease during winter months (Dobson 2003: 483). The demographic impact of plague epidemics were, as Dobson claims, immediate and dramatic but, that said, statistical evidence of population decline can often be misleading, as towns lost population through both mortality and emigration (2003: 485). Nevertheless, towns were 'usually replenished with streams of new migrants and an influx of strangers, filling the empty houses once the crisis had abated' (Dobson 2003: 485). To name a few examples of morbidity rates from plague, it is believed that a quarter of the population of London perished from the outbreak of 1563 (Singman 1995: 52), 'when the death rate was seven times higher than in normal years' (Kamen 2000: 25). Such was the perceived threat of infection from this virulent epidemic, Elizabeth I moved her court to Windsor Castle, and the contemporary analyst Stow stated that 'a gallows was set up in the market-place to

hang all such as should come there from London' (in Kamen 2000: 26). Further, reminiscent of the 1348 outbreak, the devastation caused by the plague epidemic of 1665 earned it the title of 'The Year of the Great Plague' (Kamen 2000: 25). That said, it is likely that in fact 'proportionately more people died in the outbreaks of 1603 and 1625; together these epidemics... caused the death in London of up to 200,000 people' (Kamen 2000: 25). Further, outside of London, in the plague epidemics of 1665-66, 4000-5000 people died in Colchester and in this same outbreak the burial rate in Eyam, Derbyshire, increased nine-fold (Dobson 2003: 485).

While these statistics from large towns and cities seem to emphasise the continued virulence of plague epidemics in early modern England, in actuality, the acuteness of plague outbreaks was more profound in early modernity than in the Middle Ages; rather than targeting specific age groups as was witnessed in the previous chapter, late-sixteenth to seventeenth century plague outbreaks could be confined to a few households or even within the same family, and this was particularly the case in rural areas (Dobson 2003: 485). As Dobson posits, 'plague epidemics thus raged fiercely in some communities, barely scathed others, while leaving large parts of the country free from its impact' (2003: 485). In agreement with Ackerman's argument in the previous chapter, Dobson asserts that the transmitters of bubonic plague, *Ratus ratus*, favoured dark corners, dry places and crevices of buildings and domestic housing, and thus plague thrived in the congested and insanitary conditions of sixteenth century English towns (Dobson 2003: 485). The increased urbanisation of English society meant that when plague epidemics struck towns the mortality rates were huge, especially when compared to rural areas; therefore one is presented with difficulty in substantiating plague as Archetypal. When both towns and villages are considered, mortality rates caused by the plague were relatively low, however, to consider urban or rural areas in isolation would present a falsified image of English society as being either constantly ravaged by plague or remaining relatively untouched. In turn, certain suburbs in more unsanitary sectors of cities may have been ravaged by plague when more wealthy parts of town remained isolated. For example, in the burial register of the Church of St. Saviour, Southwark, eleven out of fifty burials were plague deaths in August 1592 and in the September this increased to thirty-four individuals out of ninety; in September 1593, two hundred and thirty-

three out of two hundred and fifty-four deaths were also the result of plague (Smyth 2010: 173). All in all, it is difficult to place plague statistically in an Archetypal position of Walter's Traditional type for Reformist Society.

If one is to justify Archetypal Death through death toll via infectious disease, which characterises Walter's Traditional type (1994: 61), then perhaps the only manner in which to determine plague as Archetypal is to consider outbreaks in London alone, deeming it representative of the rest of English society due to its status as capital. If this was the case, it can be witnessed that plague swept through London in 1563, 1578-9, 1582, 1592-3, 1603-11 (Singman 1995: 52), 1625-6, 1636-9, 1641 and 1643-7 (Totaro 2011: 9). According to Totaro, 'lined up back to back, this makes for more than two decades of plague out of slightly more than one hundred years, or one "great plague" year per every five years' (2011: 9). Kamen states, 'plague was the most virulent of all epidemics. The proportion of people who succumbed to plague, especially in the cities, could be staggering' (2000: 25). However, even this statistic highlights a discrepancy between public perception and actual mortality; between 1580 and 1650 only 15% of deaths in London were as a result of plague, but according to Kamen, this 'hides the gravity of periodic outbreak' which instilled fear into much of Elizabethan society (2000: 25). Kamen therefore shares Faubion's Constructivist view that history cannot be merely considered as a transparent set of facts; events such as plague are subject to the creation and preservation of meaning undertaken by early modern individuals which may not reflect statistical evidence (Faubion 1995: xx). That said, the statistical evidence of death rates analysed here does provide evidence that Seeing Others Dying from plague would have been far more Frequent in urban areas, in comparison with rural areas, highlighting the instability of Walter's proceeding organisational forms when plague is labelled as Archetypal.

### **Symptoms**

The symptomatic progression of bubonic plague, as evidenced in early modern accounts, varied very little from medieval outbreaks. In particular, the appearance of buboes remained an omnipresent sign of plague, which as the French surgeon Paré stated, came 'unto his just bigness as it were with a swift violence... [leading] the patient to destruction' (1634: 833). Just as the fourteenth century *Decameron*

recorded that the appearance of such buboes led to almost instantaneous death, Paré concluded that one should not ‘trust to much to those kindes of tumours’ (in Totaro 2011: 5), as even the most learned doctors could not successfully treat a patient afflicted to this extent. According to Totaro, ‘the bubo typically appeared within a day of infection, ranged from almond to orange size and lasted as long as a week before rupturing and leaving a ragged sore, if the patient was lucky to survive that long’ (2011: 5). Thus, as was the case in the first chapter, bubonic plague took effect extremely quickly, and as deadly as bubonic plague was, if ‘the bacterial infection [also] spread to the lungs (pneumonic plague) or to the bloodstream (septicemic plague), the unfortunate victim would certainly die, usually within hours with symptoms too horrific to recount’ (Singman 1995: 52). Thus, bubonic plague had a death trajectory of a few days and adapted strains, such as pneumonic and septicemic plague, killed even faster, perhaps within hours, undoubtedly substantiating Walter’s view that his ideal Traditional Dying Trajectory was Fast.

Other symptoms of bubonic plague included black extremities caused by gangrene leading to necrosis, and purple spots from haemorrhaging capillaries referred to as *purpura* or *petechiae* (Totaro 2011: 5). Patients also experienced ‘additional inflamed lesions then called “carbuncles”, but also “God’s tokens”, for their resemblance to coins, and “coals”, for their burning hot appearance and sensation at some stages’ (Totaro 2011: 5). The sores then became ‘fluid filled blisters that break and either healed eventually or become infected, leading to ulcers and/or necrosis’ (Totaro 2011: 6). The representation and medical treatment of plague was rendered intelligible to the general populace through widely circulated popular fictional works (Storey 2006: xvii), such as Bullein’s *A Dialogue of the Fever Pestilence* (1564); in this tale, the character Medicus lists the symptoms of plague in order of least to most severe, also indicating the prevalence of the initial symptoms in many other ailments, such as nausea and fever, yet noting others which were specific to plague, such as ‘pestilent sores’ that arose in the location of the lymph nodes or ‘cleansing places’. Descriptions of plague symptoms were not only prevalent in pamphlets and popular literature such as Bullein’s work, but also dominated medical texts, such as Paré’s depiction of the plague-addled body, which described stages of madness, convulsions, and altered complexion among many other symptoms (in Totaro 2011: 7). It is notable that while there are such extensively accounted symptoms and signs

of the disease, these contemporary records do not appropriate a cause of plague, merely an effect: that the disease was incurable and the patient would surely die if symptoms such as buboes and a blackened complexion were shown. The incurable nature of plague can be witnessed in Thomas Nasche's (1567-1601) *Litany in the Time of Plague*, in which the penultimate line of every verse states 'I am sick, I must die' (in Snyder and Martin 1916: 79). It further makes a social comment; only the rich could afford medical assistance (wealth and poverty will be considered further in this chapter) despite its inability to cure the pestilence: 'Rich men, trust not in wealth, / Gold cannot buy you health / Physic himself must fade. / All things to end are made, / The plague full swift goes by; / I am sick, I must die' (Nasche in Snyder and Martin 1916: 79).

In the previous chapter it was established that the speed of death trajectory profoundly altered societal approaches to death, with the slow degenerative death trajectories of diseases such as leprosy subject to fear and suspicion. However, quite the reverse is true of both medieval and early modern plague; the unpredictability and swiftness of the pestilence was especially traumatic, threatening to strike one down at any moment (DeWall 2011: 138). In *London's Mourning Garment* (1603), the plague writer Muggins even described how spouses might wake to find their husbands and wives lying dead next to them: 'the ioyfull Brydegroome married as to day, / Sicke, weake, and feeble before table layde, / And the next morrow dead and wrap't in clay, / Leaving his Bride, a widow, wife and mayde' (in DeWall 2011: 138).

### **The Emergence of the Medical Market Place**

The publication of Vesalius' anatomical discoveries in *De Humani Corporis Fabrica* (1543) initiated a new way of perceiving the body; the body was not longer viewed in holistic terms, rather it became interpreted as a biological systematic machine which abided by the laws of mechanical subjectivity that would eventually culminate in Cartesian Dualism (1647 and 1649)<sup>26</sup>. The imaging of the body within early modernity was characterised by descriptions of biological systems: 'arterial', 'venous', and 'nervous', found in the anatomical works of Vesalius. Ermarth posits

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<sup>26</sup> The notion of Cartesian Dualism was first formulated in *The Description of the Human Body* (1647) and *The Passions of the Soul* (1649).

that historical individuals ‘live through life in a vast network of accumulated meanings and life-values’ (1978: 288), and this view is particularly pertinent in consideration of the new early modern systematic anatomical interpretation of the body, which, according to Watson, was combined with the socio-cultural perception of the physical self as an ‘internal America’ (1994: 26-27). Watson claims that in the fifteenth century the body was ‘an object of discovery, subject to ownership by an individual soul which imposed a regime of health on the body, which seemed to too often find refuge in sickness’ (1994: 26-27). The progression of medicalisation caused by Vesalius’ investigative dissection which destabilised medieval Galenic methods of observation, resulted in disease becoming comprehended ‘as an external force, threatening from without... rooted in alien forces which penetrated the body’s defences’ (Watson 1994: 33). The discovery of the Vesalian mechanical/systematic body, prone to disease as an external force, marked a transition in what Walter defines as Traditional Authority – with Medical Expertise challenging the omnipotence of God and Tradition. As Totaro states, when religious and civic methods of dealing with plague failed (as was nearly always the case) individuals:

...turned to a variety of sources of comfort and cure... in the early modern medical marketplace, where licensed and unlicensed practitioners, from apothecaries and barber-surgeons to wise-women, physicians, charlatans and nurses, made their skills and goods available to consumers (2011: 2).

The changeover from religious to medical authority is evident in George Herbert’s (1593-1633) *Affliction*; after describing being healed of a deadly illness, Herbert closes the poem by stating ‘Well, I will change the service, and go seek / Some other master out. / Ah my deare God! though I am clean forgot, / Let me not love thee, if I love thee not’ (in Walton and Zouch 1832: 307). Herbert has forsaken God here, he now places his trust in the service of the Physic who has proven his skills by curing his patient; in this period of religious Reformation, Herbert’s poem envisages the popularity of an authority which could present materially verifiable results. Thus, Walter’s view that Authority resided wholly with God and Tradition in his ideal Traditional type can be disputed by society’s increasing reliance on ideal Modern Medical Expertise and developments that were being newly discovered during the period of the Reformation. Further, the practice of medicine was becoming

increasingly secular within early modernity, thus indicating a progressive transition in process, from Walter's Traditional to his Modern Type of death.

### **Body and Soul at War**

In spite of the increasing reliance on medical cures for physical ailments and a new understanding of anatomy, in early modernity the body's interior could still not be understood without recourse to an analysis of the soul (Sawday 1996: 16). The animation of the body was entirely reliant on the *anima* (the soul); indeed, as Marvell's Body described in the *Dialogue of the Soul and the Body* (1681), the Soul 'warms and moves [the Body's] needless frame', although reference is still made to the authority of medical knowledge, stating 'a fever could but do the same' (in Wilcher 1985: 55). The discovery of the Vesalian body promoted a stark dualism between the body and soul; as Sawday states:

The body was perpetually at war with that which it found residing within itself... the body was either the unwilling host to a nagging parasitical arbiter of right and wrong, or a close prison which perpetually sought to constrain the expansionary desire of the soul (1996: 16).

Both the body and soul had the ability to ruin its opponent, with the body's gross physicality ensuring the endless enslavement of the soul, with the soul's desire to escape involving the destruction of its temporary corporal residence (Sawday 1996: 16). Thus, the body became a self-reflexive instrument of torture. As Marvell's Body states, the Soul 'Has made me live to let me die' (in Wilcher 1985: 55), emphasising what Watson describes as the body's 'treasonous desire to destroy itself' through the inherent possession of a soul (1994: 33). The uneasy relationship between the soul and body is encompassed in their opening lines of Marvell's *Dialogue*, with the Soul stating 'Oh, who shall from this dungeon raise / A soul enslaved so many ways?', with the Body responding: 'O, who shall me deliver whole, / From bonds of this tyrannic soul?' (in Wilcher 1985: 55). The 'treasonous desire to destroy' oneself is also evident in this extract spoken by the Soul: 'And all my care itself employs, / That to preserve which me destroys; / Constrained not only to endure / Diseases, but, what's worse, the cure; / And, ready oft the port to gain, / Am shipwrecked into health again' (in Wilcher 1985: 55).

Medical authorities could provide cures for many ailments with the limitless possibility of further discovery (Sawday 1996: 16), demonstrated by leading medical tracts such as *De Humani*. However, medicine, unlike religious authority, could not offer immortality, as was more than evident in the midst of the plague's vast death toll, and can be witnessed in this extract from Marlowe's *Faustus* (1604): 'Yet art though still but Faustus, and a man. / Couldst thou make men to live eternally, / Or being dead, raise them to life againe, / Then this profession were to be esteem'd. / Physicke farewell' (I. i. 50-54). *Faustus*, here offers an insight into changing perceptions of religious belief in early modern English society; while secular medical knowledge had the ability to prolong earthly material life, the soul still belonged to God who was the only authority who could offer immortality. This societal blending of medical and religious coping strategies when faced with the prospect of plague death, resonates with the Post-structuralist theorisation that members of society are constantly educated to make judgements by those around them, particularly those in authoritative positions (Murphy 2000: 410). Thus, in early modern English society, inspired by anatomical discoveries and characterised by religious Reformation, one can truly witness the initial stages of the transition between Walter's ideal Traditional and ideal Modern Authoritative Structure, with individuals often seeking the preservation of earthly life through medicine and turning to religion only in death. However, this increasing rejection of God in favour of the Physic can also be utilised to substantiate Walter's view that Unbelief was the Worst Sin of the Traditional era; if faith in medicine failed to preserve life, then the faithless souls could, in the new Reformist perspective, reside for an eternity in Hell without hope of redemption.

With reference to plague, which during the Middle Ages was unrelated to individual sin, Healy claims that 'given that the soul was increasingly construed as capable of infecting the physical body, it became possible to assert the reverse: bodily diseases could indicate the state of your soul' (Healy 1993: 22). The preacher Henoeh Clapham (1585-1614) considered that 'the plague itself... [was] to be understood and even experienced as a species of language' (in Totaro 2011: 7), a notion which may explain the many metaphorical uses of plague in popular literature and plays pertaining to this snapshot of Walter's ideal Traditional era. In Shakespeare's *King Lear* (1603-6), Lear describes how his daughter Goneril's misdeeds punish him,

using the metaphor of plague: 'But yet thou art my flesh, my blood, my daughter; / Or rather a disease that's in my flesh, / Which I must needs call mine: / thou art a boil, / A plague-sore, an embossed carbuncle...' (II. ii. 242-246). The validation for using bodily manifestations of disease as metaphors of sin can be found in Calvin's *Institutes of the Christian Religion* (1536), which defines Original Sin as a 'hereditary corruption and depravity of our nature' which:

...first makes us obnoxious to the wrath of God, and then produces in us works which in Scripture are termed works of the flesh. This corruption is repeatedly designated by Paul by the term sin, (Gal. 5: 19) while the works which proceed from it, such as adultery, fornication, theft, hatred, murder, revellings, he terms, in the same way, the fruits of sin, though in various passages of Scripture, and even by Paul himself, they are also termed sins.

The manifestation of sin as a physical ailment is all too common in popular literature of this period; to return to Marvell's *Dialogue*, the poem is written using medical terminology with the Body referring to the Soul as 'an ill spirit' which will never let the Body rest, and the Soul infecting the Body with maladies which the 'Physic yet could never reach' (in Wilcher 1985: 55). However, the verses are entwined with moral issues as well, such as the 'palsy... of fear', the 'pestilence of love', and 'hatred's hidden ulcer' (Marvell in Wilcher 1985: 55). In turn, in Dekker's *Wonderful Yeare* (1603), he personified plague as a rapist, a thief and a tumbaine, giving it form, in a similar way as Calvin gives sin form. This conforms to Watson's view that in sixteenth century English society, death had to be contextualised and visualised 'in order to forestall the terrors of an infinite darkness' (1994: 40).

According to Watson, in an era characterised by religious (and particularly afterlife) reform and increased medicalisation, metaphor in popular plays and literature gave 'death a voice rather than a silence, a visible agency rather than a Black Hole, [which] removes its nihilistic sting' (1994: 40). For Watson, Shakespeare's *Measure for Measure* (1603-1604) parodically mocked the need for 'conventional fantasies of an existence above and beyond the bodies that make us slaves to our biological mortality' (1994: 130). The play represents the problem that the medical and the religious Reformation posed to Renaissance England, that 'if providence and eternal life are nothing more than consoling metaphors, then the human body is a machine-like organism' (Watson 1994: 40), returning to an animal-like state with the sole

purpose of reproduction before eventual death. *Measure for Measure* is therefore, very much a product of the plague year (1603), ‘not only in its emphasis on the replenishment of the population, but also in its Puritanical portrayal of a city abandoned by its benevolent but exasperated Lord to an agency of deadly retribution’ (Watson 1994: 100). The play reflected the sermons and literature of 1603 which predominantly characterised the plague as God’s scourge visited on an increasingly immoral nation (Watson 1994: 100). Thus, *Measure for Measure* emphasises the view evident in Walter’s Traditional type, that plague death was the Result of Sin and a punishment for an immoral country which had disregarded what Walter determines as the Core Value of Respect.

### **Spread of Contagion**

The spread of plague from flea to rat to flea to human remained undiscovered until the nineteenth century (Ackerman 1976: 107) and therefore Healy claims that the ‘mysterious’ spread of bubonic plague was ‘ripe for speculation and appropriation’ (1993: 22). She further states that ‘even in the most down-to-earth, Galenic-based accounts of the plague’s spread, an aura of mystery surrounded speculation about “secret qualities” in poisoned, miasmatic air and the power of inanimate objects like clothing’ (Healy 1993: 22). In Chapter One, Boccaccio’s *Decameron* described hogs dying from disturbing the rags of a dead man, and similarly, Thomas Elyot (1490-1546) noted that clothing, especially ‘woollen stuff and fur collars’, had the potential to infect the healthy (in Healy 1993: 22). In his *Castel of Helthe* (1539), Elyot instructs:

Moreover receyve not into your house any stuffe, that commeth out of a house, wherin any person hath ben infected. For it hath bene sene, that such stuffe lyenge in a cofer shutte by the space of two yeres, after that the coffer hath bene opened, they whiche have stande nygh to it, have ben infected, and sone after have died (in Champion 1993: 21).

Healy posits that ‘the contents of the coffer are rather like those of Pandora’s Box - extremely harmful and only explicable by recourse to a thwarted god’ (1993: 23) and this in turn accords with Walter’s view that death concerned the Will of God; God could preserve or strike down whom He pleased. However, one must note that this does not encompass a comprehensive early modern societal view, as can be witnessed in Thomas Paynell’s *Moche profitable treatise against the pestilence*

(1534), which questioned ‘Why that some do die and peryshe of the foresayde sycknesse, and some not: and beyng in the sayde same citie or house, why one dothe dye, and another not’ (in Healy 1993: 21). Thus, one can infer that Walter’s postulation that his Traditional society determined infectious disease as attributable to the Will of God was not wholly accepted and neither was his view that Death was the Result of Sin, rather, increasing Humanist sympathies called for more natural explanations.

In 1534, Thomas Paynell, a cleric and highly educated Humanist translator, recorded that plague could have resulted from ‘the vulnerability of certain humourally imbalanced persons’ or even ‘venemous air’ (in Healy 1993: 21). As Healy claims, Paynell was in Henry VIII’s employ so we should perhaps expect him to be echoing a government line (1993: 23). Healy further asserts that in Paynell’s treatise, as well as in the majority of medical plague treatises of the sixteenth century, the pestilence was perceived as contagious because:

...from infected bodies commethe infectious and venemous fumes and vapours, the whiche do infecte and corrupte the aire. And therefore it is very necessarie to avoyde and eschewe all suche as be infected with any such infirmitie: and also in tyme of pestilence to avoyde greate multitude and congregation of people. For in a greatte multytude maye some one infectyd the which may infecte manye (Paynell in Healy 1993: 21).

Based on this extract, one may deny Walter’s assumption that Death was the Result of Sin. Rather, here one witnesses the beginnings of the segregation between medical and religious sectors; it may have been the case, as Walter posits, that the Will of God decided who would live and who would die when medical authorities failed to provide a cure, but the diagnosis of initial infection and symptomatic progression was now removed from the Priest and placed in the hands of the Doctor. Contagion, as Paynell believed, was a ‘matter of mini-miasmatic clouds breathed in and out’ (in Healy 1993: 21), and as Healy states, ‘his account was unusually pragmatic: Paynell did not make an obvious moral point, only a medical one - infected people transmit disease, crowds should be avoided’ (1993: 23).

### **Poverty and the Plague**

It was discussed in the first chapter that as plague outbreaks developed they became more acute, notably targeting children in the second half of the fourteenth century. In early modernity, plague was often associated with the poverty-stricken urban lower-classes, acting as a socially constructed method to exclude members of society whose 'behaviour and judgements consistently fall outside the range the group construes as normative' (Murphy 2000: 411). In a similar manner to leprosy, plague became metaphorically and physically interchangeable, symbolic of social malaise, especially during this era of religious reform. To list two examples, in 1532, Thomas More described heretics creeping around England with abominable books, such as Tyndale's unauthorised Bible (1526), corrupting good simple souls like a canker of pestilence (in Healy 1993: 22). Also in 1544, the Commons declared that 'the one infection and pestilent poyson is there greate Lordships [the Bishops] and domynions, with the yerely proventes of the same', making reference to 'greedy clerical landlords and exorbitant rents' in the metaphorical language of pestilence (in Healy 1993: 22). Healy notes that contemporary society believed that 'gatherings of people could spread contagion like the plague; the biblical "Worde", "conversacion" and meetings were dangerous - they bred sedition' (1993: 23); as plague was particularly virulent during the mid-sixteenth century, it was commonly felt that conversation and meetings could also literally breed contagion. In particular, there was a common contemporary correlation between moral and physical plague and playhouses; in 1564, Edmund Grindal, Bishop of London, declared:

...common playours; who now dayle, but speciallye on holy dayes, sett up bylles, wherunto the youthe resorteth excessively, and ther taketh infection besydes that goddes worde by theyr impure mouthes is prophaned, and turned into scoffes (in Patterson 1989: 20).

Grindal's intention was to bring an end to popular (Catholic) religious dramas which were prominent in the medieval era, warning that:

...such gatherings spread the plague, moral contagion and possible social unrest - a triple evil which through the course of the century informed a powerful linkage and conflation of plagues with playhouses in some circles (in Healy 1993: 26).

For Healy, ‘among the reformers who had now become the establishment in the Church and City, plays, and their strange bedfellow of large unorthodox religious gatherings, both potentially gave rise it seems to the spirit of enthusiasm which bred sedition as well as plague’ (1993: 26). Disorder became, like the plague, endemic in London, manifesting in thirty-five outbreaks of disorder between 1581 and 1602, such as economic disaster, protests and influxes of Alien workers. Disorder, like the plague, and the playhouses, was ‘closely associated with the unruly suburbs - the Libertines of London which were outside the city walls and beyond the Sheriffs’ control’ (Healy 1993: 26). Metaphorical plague spread among the disorderly citizens of London, who resided in the ‘dirty overcrowded slums... the whorehouses and the playhouses’ (Healy 1993: 26), which in turn provided the perfect conditions to incubate and spread bubonic plague. The contamination of the microcosmic city and the macrocosmic nation resided physically and morally within these slums, contaminating the body politic. As the Lord Mayor of London, Nicolas Woodfrofe, wrote in 1580, ‘some things have doble the ill... both naturally in spreading the infection, and otherwise in drawing God’s wrathe and plage upon us, as the erecting and frequenting of houses very famous for INCONTINENT ULE out of our liberties and jurisdiction’ (in Mullaney 1988: 49).

### **Social Disorder and Physical Illness**

In Healy’s opinion, ‘from the civic perspective, all this personal and urban disorder had to be stabilised if England’s mercantile capital was to remain in business supplying the nation with wealth’ (1993: 26). Indeed, there were numerous medical plague tracts post-1590 which highlighted the necessity of cleaning individual bodies and homes in order to clean-up the city, metaphorically and literally. For example, Kellwaye’s *A defensative against the plague* (1593), recommended replacing bad smells with good by strewing flowers and herbs and burning sweet woods, infusing ‘a spirit of duty and desire to order things, clean them up... to counter the bodily and social chaos threatened by the plague through a strictly regimented approach to life - order pitted against potential chaos’ (in Champion 1993: 26). In an attempt to maintain order, judicial sanctions were issued in 1604, stating that anyone with a plague sore found wandering outside could be whipped as a vagrant rogue and could be hanged if in the company of others. In Manning’s (1604) treatise, he declared:

May not they be condemned for murderers, which having plague sores will presse into companies to infect others, or wilfully pollute the ayre, or other meanes, which others are daily to use, and live by? (in Champion 1993: 22).

As Healy posits, 'plague in such medical/religious discourses was by then very much a penal matter associated closely with the dirty, unruly poor, especially the unemployed, living outside the city walls - the place of the plague' (1993: 26), or to use Dekker's terminology, 'the sinfully-polluted suburbes' (in Clark 2001: 134).

Watson states that there were numerous 'examples of the reluctance of parishes to contaminate their churchyards with plague corpses' (1994: 55), leaving lower-class suburban dwellers having no method of dealing with their dead and which also promoted further illnesses. A 'New Churchyard' was even established outside of Billingsgate in 1569 as a response to the terrible plague of 1563 - the first to be created away from the consecrated ground of the Church (Marshall 2002: 298). Therefore, one must address Walter's organisational forms of Institution and Mode of Transport in consideration of the Funeral, which was a Burial. The Church was both unwilling and unable to deal with the multitude of plague deaths, thus new burial grounds were established in un-consecrated ground and ritual was limited due to many parishes' fear of pollution. Plague even affected Church attendance; Walter states that in his Traditional era Meaning was Given and Authority was established by the Church, however, contemporary accounts dispute this, claiming that on 'seeing the mortalitye of the last plague 1603... there had bene little [church] service, much lesse preaching some Sundays together' (Marshall 2002: 153). Therefore, the poverty-stricken lower-classes were trapped in a vicious cycle; they were more prone to contracting the disease and unlikely to be able to properly dispose of their dead due to the lack of Church support, thus residing in a situation which propagated contagion. These people were Seeing Others Dying Frequently around them, yet they could not mourn within their Community, with Support from Priests and Neighbours to assist in the Coping Strategies of Prayer and Ritual, as Walter depicts (1994: 55); the institution of the Church was unwilling to risk contagion within its parishes and thus largely abandoned the sick. Walter's depiction of the Authority of God and Tradition was therefore degraded by its own institutions which feared plague and isolated many lower-class parishioners, leaving them to both cope and dispose of their dead alone.

In *Purity and Danger*, Douglas posits that:

...ideas about separating, purifying, demarcating and punishing transgressions have as their main function to impose system on an inherently untidy experience. It is only by exaggerating the difference between within and without, above and below ... with and against etc. that a semblance of order is created (2002: 4).

Therefore, by labelling plague as originating within the sinfully-polluted suburbs, there is an automatic separation of the residents of these suburbs, whether it is socially or in the sense of class, thus gaining plague a derogatory social meaning. However, one can assume order from the chaos; plague may be named as a punishment of the poor - a necessary scourge on 'untidy' poverty-stricken bodies, which are representative of the ills of the wider social body. This conforms to Watson's opinion that plague needed to be viewed as a 'dreary Punishment' or 'Heaven's curse', as then at least death became part of a political and providential narrative (1994: 40). By construing death as a punishment, it returns it to the realm of human meaning as 'contagion without guilt would come too close to demonstrating that death is an ordinary unpleasant fact of our bodies that no retribution can correct' (Watson 1994: 40). It was not difficult to justify plague as a scourge on the sinful lower-classes; physically plague was a disease which thrived in urban areas and particularly in the dirty slums which surrounded cities such as London. In turn, the poverty-stricken residents who dwelled there were neither likely to be able to afford medical treatment, which was largely ineffective anyway, nor have the means to keep clean or flee, thus often succumbing to the pestilence. Many wealthier citizens however, could flee, which still proved to be the most effective coping strategy available.

### **The Fleeing Rich**

Dekker's pamphlet *Newes from Graves-end: sent to no-body* (1604) represents London as a sinking ship deserted by all of the notable members of society, which in itself offers an explanation for the title: 'sent to no-body'. He states:

...in this pestiferous shipwrack of Londoners, when the pilot, botswaines, maister and Maister-mates, with all the chiefe Mariners that had charge in this goodly Argosy of government, leapt from the stern... never sownded in

places of danger...but suffered all to sincke or swim, crying out onely, Put your trust in god my bullies, and not in us, whilst they hid themselves in hatches, or else scrambled to shoare in cock-boats ...And not as your common constables, charging poore sicke wretches, that had neither meate nor money, in the king's name to keepe their houses, thats to say to famish and die (Dekker in Dekker and Wilson 1604: 71).

This extract both substantiates Walter's view that death was down to the Will of God, at least for 'poore sicke wretches', and denies that Courage was Shown in Prayer, as the rich who had means to flee did so, as was the case in medieval society. Thus, it does seem increasingly difficult to simply label plague as Archetypal when it was both a demographic endemic disease and was also associated with a certain social rank - an association justified by death toll within the lower-class suburbs. As Dekker claims, 'Tis now The Beggars' plague, for none / Are in this battaile overthrown / But Babes and pore: The lesser fly / Now in this spiders web doth lie' (in Taylor and Lavagnino 2010: 145). This extract in itself is satirical and open to multiple interpretations; Dekker makes reference to the 'lesser fly' being caught in the 'spider's web' which one may presume to be the lower- 'lesser' classes residing in the slums just waiting for plague death to kill them, just as the spider kills the fly. Alternatively, 'the lesser fly' may be a reference to the wealthy who fled, perhaps 'lesser' in character or courage, abandoning other members of the wider 'Christian community' (in the sense of fellow countrymen) to die. Indeed, Dekker goes as far as to say that 'the wealthy who had to stay were no doubt in favour of the plague orders which attempted to keep the baser sort out of the richer quarters of the city proper' (in Taylor and Lavagnino 2010: 145). However, the monetary means of certain members of society which allowed them to flee at will, especially tradesmen, could be more fatal than the plague itself; the bulk of the metropolitan population were forced to observe both the full horrors of the sickness and the dysfunctioning of the capital city when trade had ceased. Food prices were high and people who survived the illness could often starve. Thus in summation, as in the Middle Ages, those who could flee did so, considering this action as more viable and successful in preventing the plague than Prayer, as Walter would posit.

### **The Liminal Poor**

In the previous chapter liminality was discussed as pertaining to individuals transitioning through boundaries of being, betwixt and between their former state and their state to come, in the case of leprosy for example. According to Turner, depictions of the liminal are prone to exaggeration, which transform liminality into something grotesque and monstrous in a rational and thought provoking manner (1967: 104). It has already been discussed that the suburbs were metaphorically used to represent the untidiness and unruliness of wider English society, which strongly relates to Bakhtin's view of the grotesque in *Rabelais and His World* (1984); 'in *Rabelais* there is a promiscuous intermingling and juxtaposing of the categories of event experience, and knowledge, with a pedagogic intention' (Turner 1967: 106). In contemporary thought, the poor and vagabonded residents of the city suburbs were understood to have had a heightened susceptibility to plague, as were the wealthier, and promiscuous Libertines who visited the playhouses and gambling dens located there. These individuals' event experience of plague was portrayed more acutely than other members of society, in order to provide a pedagogical display of the scourge of plague on immoral English citizens. As Healy states, the poor, the vagrant, and the sexually immoral members of early modern society were perceived as unruly (1993: 26), and thus by labelling them as grotesque, it served to exaggerate those who were contemporarily believed to 'disrupt, undercut and complicate the status quo' (Bakhtin in Krieger 1993: 93); these socially undesirable and grotesqued individuals therefore became targets for exclusion and social Othering, vilified as potential carriers of plague contagion.

Barasch proposes that a mind that lived in the danger of conflict, which feared nature and the unknown, could overcome these fears through the 'prolific invention of the grotesque' (1983: 61); thus the fear of the sudden onset of plague, the prospect of an almost instantaneous death, followed by the possibility of eternal hell (now that the safeguard of purgatory had been removed), would have been eased by the appropriation of plague onto an Other, onto the grotesque. As Lebrun asserts, 'the grotesque... speak[s] about the truly unmanageable design of our condition' (in Hazelton 1997: 76). Referring back to Ariès' view that early modern death was 'violent, surreptitious and savage' (1981: 608), death needed disguising or grotesquing as a method of displacement, which in turn made it manageable. Here

we find a problem with Walter's view of the homogenous Traditional Community; it was not difficult to exclude members of communities through the accusation of the grotesque, which reflects the Structural-functionalist perspective that communities effect their solidarity through excluding members who do not adhere and uphold their defined normative values (Murphy 2000: 411). Plague, in this sense became a method of social control. Those who were disreputable and unwanted within English society could be segregated from the community, which presented unruliness and untidiness as pedagogical displays of the ideal typical immoral plague victims.

### **The Grotesque in Isolation**

The metaphorical isolation of plague onto an Other, using grotesque terminology, may also have more literal connotations when considering the treatment of plague victims in early modernity. Konnert states that in early modern times 'people understood that proximity to the ill somehow infected them but never made the connection between rats, fleas, and the plague. They did, however, attempt to blockade stricken areas, occasionally successfully' (2008: 28). For Lindemann, aside from flight, 'isolation [w]as the most effective means of handling the problem' of plague, as well as purifying the air outside of diseased households by shooting off cannon, burning fires and correcting the corrupt atmosphere with applications of vinegar and aromatic-oils (2010: 53). Shakespeare's *Romeo and Juliet* (1592) reflects the disruption plague quarantine had on everyday life in London society, indeed plague even inadvertently caused the lovers' deaths, with Juliet's final letter to Romeo remaining undelivered due to the Friar John's incarceration in a plague house, as can be witnessed in this extract:

Friar John: "Going to find a bare-foot brother out  
One of our order, to associate me,  
Here in this city visiting the sick,  
And finding him, the searchers of the town,  
Suspecting that we both were in a house  
Where the infectious pestilence did reign,  
Seal'd up the doors, and would not let us forth;  
So that my speed to Mantua there was stay'd."

Friar Laurence: "Who bare my letter, then, to Romeo?"

Friar John: "I could not send it,--here it is again,--  
Nor get a messenger to bring it thee,  
So fearful were they of infection." (V. ii. 2905-2916)

This extract offers an insight into Walter's organisational form of Surveillance; as was the case in medieval society, Surveillance of Behaviour was particularly macabre in plague times with 'searchers' or 'watchmen' observing societal members in order to identify them as sick and place them under quarantine. If flight was not an option, courage was evidently shown in quarantine and isolation, an isolation which not only marked social death from the community but which would undoubtedly be preceded by physical death if individuals were left incarcerated with other plague victims.

The certainty of death following plague quarantine invoked much fear in early modern society, and in Dekker's *The Wonderful Yere* (1603) he records Londoner's desperately trying 'to steal forth dead bodies / lest the fatal handwriting of Death should seal up their doors' (in Dekker and Pendry 1967). Dekker further describes plague in terms of a war, with an 'army consisting (like Dunkirke) of a mingle-mangle, viz. dumpish Mourners, merry Sextons, hungry Coffin-sellers, scrubbing Bearers, and nastie Graue-makers... employed onely (like Moles) in casting up of earth and digging of trenches' (in Dekker and Pendry 1967). This was the actuality of Walter's early modern Traditional Community; as Berggren states, 'citizens would sooner spread infection abroad than risk incarceration in their home' (2011: 150), isolated and full of 'Feare and Trembling' (in Dekker and Pendry 1967). For the confined, as Dekker puts it, 'No parley will be graunted... But the Allarum is strucke up, the Toxin ringes out for life' (in Dekker and Pendry 1967). While the plague-ridden suburbs conformed to Walter's view that Community was about the demographic situation of family and kin living in close proximity, this closeness also exacerbated plague contagion. Thus, isolation of infected family and friends became a necessary public health procedure, profited from by those who organised the burials.

### **Abandoned by God**

To return to *Romeo and Juliet*, according to Berggren, the sealed Capulet tomb in which both lovers end their lives evokes the horrors of a quarantined plague death - dark and abandoned by the rest of society (2011: 150). This scene is not reminiscent of Walter's view of the Good Death, surrounded by dead and dying family members; it is doubtful that these members of society would have felt respect towards the Church or community that placed them in this situation. Rather, these individuals would have likely only felt abandonment, often leading to what Walter calls Unbelief. Shakespeare's *Measure for Measure* (1603-4) also can be seen as a reflection of the abandonment felt by quarantined plague victims; there was little if any Lay Support by Friends and Neighbours as Walter posits, but rather abandonment by their Community and even a perceived abandonment by God. As Watson expresses, heavily depleted by plague, early modern citizens were left with a residual feeling that 'God had mysteriously absconded and left his children in an inscrutable universe, and in the cold hands of Death' (Watson 1994: 130).

Watson states that in *Measure for Measure* the disappearance of the Duke 'who has strangely gone from hence' (I. iv. 54) can be read to resemble early modern feeling towards the abandonment of society by God (1994: 130). The Duke's separation from the rest of society and his recondite attributes are further reminiscent of the mysterious nature of God; Angelo's 'givings out were of an infinite distance from his true meant design' (I. iv. 58), he is unknowable to 'many gentlemen' (I. iv. 55), and he is also described as pure and distinct from human sense and emotion - 'a man whose blood / Is very snow broth; / one who never feels/ The wanton stings and motions of the sense' (I. iv. 53-56). Further, society's abandonment by God is considered as cruel and harsh; the text emphasises that Angelo, as God, needs to be softened through 'fair prayer' (I. iv. 69), otherwise all hope for humanity would be gone. Therefore, the perceived disappearance of Angelo, as God, within this extract from *Measure for Measure* poses a challenge to Walter's notion that Authority came from God, whose perceived abandonment of society left many early modern individuals without hope in the time of epidemic mortality. That said, the reference in the play to prayer as a form of hope conforms to Walter's view that Courage was Shown in Prayer when individuals were confronted with death in his ideal Traditional type. However, two statements in *Measure for Measure*: 'In hand and

hope of action: but we do learn' (I. iv. 56) and 'All hope is gone' (I. iv. 68), can also be applied to the issue of confinement; the action of isolation was the only manner in which one could contemporarily learn if a victim truly carried plague contagion, in turn hoping with this action that the contagion was contained. Typically though, quarantine led to death, thus reflecting the quote 'All hope is gone' from *Measure for Measure*, and with up to an 80% case mortality rate, the belief that God had abandoned the infected was likely to have been common in early modernity, once more proving the efficacy of flight over Walter's perception of Courage being Shown in Ritual and Prayer. The use of quarantine emphasises, as Watson posits, that bubonic plague 'pressed death to the forefront of Renaissance consciousness, but largely as a problem of public health and an occasion for conventional moral admonition' (1994: 40).

### **Conclusion of Plague**

This chapter has so far considered plague as an Archetypal Death for the period dating 1536-1660. During this era of Walter's ideal Traditional type, England experienced nine epidemic outbreaks of plague lasting more than two decades with case mortality rates of up to 80%. Resulting from these epidemics, over 200,000 Londoners perished from this disease, which developed into its final fatal stages within a few days. The Dying Trajectory when infected with plague remained, as Walter states, Fast in early modernity, despite increasing medical knowledge and advanced observation of the symptoms, which ranged from nausea, to necrosis, to bubo. All of these statistics portray a very convincing case for labelling plague as the Archetypal Death of Reformist society, however, in reality plague had developed distinctly from its medieval counterpart; plague now was an urban disease, rarely affecting rural areas and even when it did, it caused limited damage. Even in London, plague deaths over this period only accounted for 15% of all mortality within the city, and plague mainly thrived on the outskirts, in the polluted poverty-stricken suburbs. Thus, in order to remain Archetypal, Walter's form of plague requires classification into sub-forms, including geographical location and class distinction, perhaps even limiting analysis of plague to London alone as representative of wider-English society. If this extensive sub-classification of plague is not undertaken then the death toll would not substantiate the disease as Archetypal within early modernity.

Although there was still no cure for plague, the publication of Vesalius' *De Humani* in 1543 marked the beginning of the relinquishing of the Church's authority over society, placing the care of the body in the hands of medicine during life, and secular (often) money-grubbing coffin makers and grave-diggers after death (Dekker in Dekker and Pendry 1967). Walter's Authoritative Structure should reflect the increasing dominance of the culture of medicine in early modernity, represented by what Totaro describes as 'the early modern medical market place' which provided both 'comfort and [occasionally] cure' (2011: 9), and to a large extent replacing Prayer and Ritual as Coping Stratagems. Walter's determinant of Surveillance was now undertaken by the Doctor and not the Priest, surveying the Body and its symptoms instead of Behaviour and the Soul. Unfortunately, the poor and poverty-stricken were unlikely to be able to afford treatment, thus accentuating their susceptibility to plague contagion. Many parishes were unwilling to deal with the multitude of dead manifesting from the suburbs; this combined with the public health measure of quarantining the infected left the lower-classes isolated, separated from their community and experiencing a social death before actual mortality. Residents of the city suburbs were evidently living with death on a daily basis, unable to 'flee the sinking ship' as the wealthy tended to do. The fact that plague thrived in down-trodden areas, led to moral admonition; the grotesque playhouses, whorehouses, and inns which were such prominent public destinations in city slums were perceived to breed contagion, both morally and physically. The contagion of the sinful souls that resided within these locations manifested in the pestilence, resulting, as Walter states, in Death caused by Sin. Thus, plague achieved what Douglas terms as 'the semblance of order' (2002: 20) amongst the untidy, unruly lower-classes, and even the morally disreputable Libertines of early modern society, who became pedagogically associated with moral and physical corruption, leading to their vilification and social ostracisation as potential harbourers of contagion.

## **Part B: The Case for Syphilis**

### **Introduction to Syphilis**

In the second part of this chapter I will be considering syphilis as an alternative to plague as an Archetypal Death of Walter's Traditional era during the period of the Reformation. I intend to analyse the role of blame and accusation directed towards syphilitics as a form of what Geertz would define as 'inherited knowledge' bequeathed from the negative iconography of medieval leprosy (1973: 76). In the discussion of syphilis I will make particular reference to the contemporary perception of syphilis as a Foreign disease; a disease which was thought to have come from Outside of the English 'community'. Through the analysis of medical pamphlets by contemporaries such as Clowes (1540-1604), I will posit that syphilis was selectively acceptable within early modern society, with class and gender differentiation both affecting social inclusion and exclusion within Walter's ideal Traditional Community. I intend to undertake a gendered analysis of the perceived role of the female in the spread of syphilitic contagion, particularly emphasising the early modern perception of the deceptive carnality of polluting women, such as prostitutes. The Reformist revival of the texts of the Early Church Fathers will be used in conjunction with popular literature such as Spenser's *The Faerie Queene* (1590), in order to present contemporary views on the denigration of (particularly) lower-class females, who, I will posit occupied the same social stratum as the medieval male leper.

### **Origins of Syphilis**

I have previously posited that during the Middle Ages, leprosy could be viewed as a possible alternative for the Traditional Archetypal Death which dramatically altered the way in which Walter's whole Traditional typology is formulated. In early modernity, a period which is still encompassed in Walter's ideal Traditional period, another disease was ever-present in societal thought: syphilis, a disease which spread throughout Europe as quickly as plague but more closely resembled leprosy in its symptoms. The suitability of syphilis as an Archetypal Death within Walter's Traditional type can be witnessed in the following quote by Boehrer who states that:

Syphilis is probably the quintessential disease of Renaissance Europe more so even than plague. It comes into being, as a distinct medical entity, in the last decade of the fifteenth century, and indeed it helps to occasion a whole new mode of medical discourse (1990: 202).

Today, we are still uncertain of the exact origins of syphilis (Lobdell and Owsley 1974: 77), however, in sixteenth century European thought the cause and spread of the disease was evident, even down to the exact date of its emergence. Syphilis was an early modern disease believed to come from the New World, previously wholly unknown in Europe; known as the *Columbian Thesis* (Pusey 1933: 12), it was both popular and medical belief that the sailors who were part of Columbus' first expedition to the Americas became infected and brought syphilis back to Spain, from which it spread throughout Europe reaching epidemic proportions (Lobdell and Owsley 1974: 76).

Crosby states that syphilis has:

...a special fascination for the historian because, of all mankind's most important maladies, it is the most uniquely 'historical'. The beginnings of most diseases lie beyond the ken of man's earliest remembering. Syphilis, on the other hand, has a beginning. Many men, since the last decade of the fifteenth century, have insisted that they knew almost exactly when syphilis appeared on the world stage, and even where it came from (1986: 218).

The year 1493 marked the recognition of the existence of this new disease, which is reflected in the writings of the Spanish contemporary Ruy Diaz de Isla (1542), who not only stated that syphilis emerged in this particular year, but that 'the disease had its origin and birth from always in the island which is now named Espafiola' (in Crosby 1986: 218); 'Columbus had brought it back, along with maize and other American curiosities' (Bloch 1901: 306-307). Von Hutten also concurred that syphilis spread to Europe in 1493:

In the yere of Chryst 1493 or there aboute, this most foule and most grevous dysease beganne to sprede amonge the people not only in Fraunce, But fyrst appered at Naples, in the frenchemennes hoste (wherof it toke his name)

which kept warre under the frenche kyng Charles, before hyt appered in any other place (in Healy 1997: 16)<sup>27</sup>.

The advance of this ‘new sickness’ across Europe was seemingly assisted to a large degree by the French King Charles VIII (Healy 1997: 18); during his invasion of Italy in 1494, his ‘largely mercenary army of Flemish, Gascons, Swiss, Italians and Spaniards were, according to all Renaissance accounts, responsible for spreading the disease so rapidly and with devastating effect around Europe and eventually the world’ (Healy 1997: 17). Syphilis thus became known as *Morbus Gallicus*, the ‘French Disease’, a term full of socio-cultural connotations which will be discussed further. The French King’s accountability in the spread of syphilis even permeated into literature, leading the Renaissance Humanist, Erasmus of Rotterdam, to dedicate several of his *Colloquies* to explaining the horrors of the disease and how to avoid it. In *The Unequal Match* (1523) the character Petronius declares:

But it is amazing that Princes, whose duty it is to look out for the commonwealth, at least in matters pertaining to the person - and in this regard nothing is more important than sound health - don't devise some remedy for this situation. So huge a plague has filled a large part of the globe - and yet they go on snoring as if it made no difference at all (in Healy 1997: 18)<sup>28</sup>.

### **Similarities to Leprosy**

The view that syphilis entered Europe in 1493 can be challenged by its striking symptomatic resemblance to medieval leprosy, evidencing the possibility for misdiagnosis prior to this date. It would serve no purpose in this chapter to debate the exact date that syphilis entered European society; the significance of linking syphilis to leprosy in this chapter resides in the possibility of inherited symbolism passed from one symptomatically similar disease to another, resonating with Geertz’s theory that historical individuals often utilised an ‘inherited body of

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<sup>27</sup> Ulrich von Hutten, Giovanni da Vigo, Daniel Sennert, and Philippus Hermanni were continental writers who all translated widely available treatises on the ‘pox’ in late-sixteenth century England (Milburn 2004: 603).

<sup>28</sup> Erasmus appears to have been extremely concerned about the effect of the spread of this disease, particularly among the nobility (he correctly associated it with mental deterioration and decreased fertility, and was calling - through the voices of his protagonists - for active measures to control it (Healy 1997: 20).

knowledge' to gain understanding of subjects, such as disease, and used this knowledge to establish pre-formed judgements and feelings which they expressed towards others (1973: 76). In 1303 the early European writer Gordonio reported a highly infectious epidemic of *lepra* or leprosy which had a remarkably short incubation period (Lobdell and Owsley 1974: 77). During this outbreak, Gordonio stated that children were being born with the *lepra* and it was being acquired venereally. As Lobdell and Owsley suggest, Gordonio's description fits syphilis much more closely than it fits any known forms of leprosy (1974: 77). In turn, according to Lobdell and Owsley, some European leper burial mounds have contained numerous skeletons with 'deep worm-like lesions suggestive of syphilis' (1974: 77), and more generally within early historical records 'the number of cases of "leprosy" diminished with the advent of mercurial treatments' despite the fact that leprosy, in all forms known to modern man, does not respond to mercury treatment (Lobdell and Owsley 1974: 78). This was the one key difference between the two diseases; whereas leprosy was believed to be incurable, early modern physicians actively treated syphilis with mercurial remedies (Lobdell and Owsley 1974: 77).

### **Symptoms**

Even in modernity syphilis has earned the nickname 'the great imitator', as it mimics any number of other diseases in its primary, secondary and tertiary phases (Fitzgerald 1981: 426). It is unsurprising therefore, that early modern chroniclers confused leprosy and syphilis due to their striking symptomatic resemblance; the Franconian Knight and Poet Laureate Ulrich von Hutten (1540), himself a syphilitic, described physical degeneration through joint pain, raised swellings and a 'strangely altered' complexion (in Healy 1997: 22). Patients would suffer excruciating pains which became worse at night, skin discolouration, the growth of finger nodules, as well as facial lesions and loss of the nose (Healy 1997: 22). Symptoms of syphilis were so well known in early modern society that even popular writers such as Shakespeare included them in his plays. In *A Midsummer Night's Dream* (1594-1596), he makes both reference to syphilitic hair loss and the spread of the disease by the French, claiming that 'some French crowns have no hair at all' (I. ii. 99-100). Hutcheon and Hutcheon list further physical symptoms of syphilis, stating that:

...the disease initially appears as a hard ulcer or chancre, usually found on the genitalia, that clears spontaneously. The disease reappears in a secondary stage some weeks later, often with skin and mucous membrane involvement. This too may clear, only to be replaced much later by signs of the tertiary stage: cardiovascular disease, neurological symptoms or chronic inflammatory lesions or 'gummas' (1995: 266).

Similarly to von Hutten, Diaz de Isla recorded the progression of his own illness, describing skin eruptions on the penis, with swelling, purulent discharge and a painful swollen groin, which resulted in difficulty in walking and urinating and was swiftly followed by the formation of a bubo in the prepuce (Dennie 1962: 13). In his *Practica in Arte Chirugica Coposia* (1514), Giovanni de Vigo, surgeon to Pope Julius II, also noted that the second stage of syphilis was:

...characterised by lesions in the limbs, joints and head which in time gave rise to pain that was resistant to the usual analgesics and of such severity that the victim's body was forced into a semi-foetal position with the trunk bent forward and the limbs drawn together in flexion (in Conway 1986: 252).



**Plate 8:** Aspertini, A. 1506.  
*Decapitation of St. Valerian and His  
Brother* [Fresco]  
(in Gilman 1987: 94)

Thus, there was very little to differentiate between the two diseases and both leprosy and syphilis resulted in premature death. Therefore, as with leprosy, we can alter Point Two of Walter's typology: Dying Trajectory, as once infected with syphilis, death would occur slowly.

Erasmus evidently recognised the resonance between the two diseases, claiming that 'the French pox presented a threat which was not smaller than that from the leprosy' (in Vicary 1989: 12). The main difference, as Siena claims, was that experience quickly demonstrated that the 'new disease' was sexually transmitted (1998: 14). In visual imagery Aspertini's painting of the

*Decapitation of St. Valerian and his Brother* (1506), 'depicts a syphilitic in the long-established iconographic tradition of the leper, who bears the signs of his disease to the world' (Gilman 1987: 99). As Gilman states, 'although, by the sixteenth century, leprosy was no longer endemic in Western Europe, its iconography remained as part of the popular storehouse of images of disease and pollution and was immediately attached to the new disease of syphilis' (1987: 99). Leprosy bequeathed to syphilis the social stigma of sexual deviance that was contemporarily perceived to manifest in degenerative and deformative disease - the bodily signs of inner sin. What is significant, is that two diseases with similar symptoms, both resulting in eventual death and both having the ability to be hidden and incubated within the community, produced social reactions of fear and detestation. Once again, Walter's view that Community is all-encompassing is challenged; on a simplistic level the symptomatic comparison of syphilis with leprosy indicates the possibility of an inherited mindset towards the social treatment of sufferers (which will be discussed further within this chapter). For as Jillings states:

Confronted by the *Morbus Gallicus* from Outside, Europe in the early-sixteenth century was a society fully aware of the frailty of the flesh. Leprosy, rare after the fourteenth century, seems, though, to have bequeathed its medieval symbolic valence and iconography to syphilis (1995: 1).

The early modern societal use of blame and accusation, particularly directed towards foreigners as progenitors of syphilis, evidences that there were Insiders and Outsiders to Walter's ideal Traditional Community. In the case of syphilis, foreigners were targeted and on a national level, warring enemies became easy targets for blame. From a Structural-functionalist perspective, one can witness that the denigration of victims of syphilis acted as a political process through which cultural groups established and consolidated their identity (Murphy 2000: 411). Syphilis was perceived to have come from without of the community, and as Crosby expresses, syphilis was not only considered to be a new malady but also a 'foreign import' (1986: 219); Italians called it the French disease, as did the English, the French called it the disease of Naples, Poles called it the German disease, Russians called it the Polish disease, and so on (Crosby 1986: 219). However, the blame attributed to the French for the initial spread of the disease did not explain the

persistent growing numbers of infected syphilitics within England during the sixteenth and seventeenth centuries. Thus, one may approach socio-cultural perceptions of the disease in two ways: from coming from Outside of the country from a Foreign source and coming from Outsiders to the English community from a sinful source, as witnessed in the discussion of leprosy in the first chapter.

### **Spread of the Syphilis Epidemic**

According to Lobdell and Owsley, syphilis:

...had struck like a thunder-bolt in the very last years of the fifteenth century. But unlike most diseases that appear with such abruptness, it did not fill up the graveyards and then go away, to come again some other day or perhaps never. Syphilis settled down and became a permanent factor in human existence (1974: 218).

That said, due to the nature of syphilis, a disease characterised by progressive deterioration at varying rates dependant on the constitution of the patient, actual morbidity statistics are difficult to attain. This however, does not justify its dismissal as an alternative for Walter's Archetypal Death in the Renaissance era, but rather, one must establish syphilis as an Archetypal Death utilising the methodological approach of *epochē* that apprehends the disease in its contemporary lived reality. Indeed, contemporary observations indicate that at the turn of the seventeenth century, syphilis was perceived to have exploded into epidemic proportions (Milburn 2004: 597), as previously witnessed in Petronius' speech in *The Unequal Match*. In 1579, surgeon William Clowes reported that there were not enough beds in London's hospitals to accommodate the vast numbers of syphilitic patients that required treatment (Milburn 2004: 597). He stated:

In the Hospitall of Saint Barthelmew in London, there hath bene cured of this disease, by mee, and three other, with in fiue yeares, to the number of one thousande and more: I speake nothing of Saint Thomas hospitall, and other houses about the Citie, wherein an infinite multitude are dayly in cure (Clowes 1579: fol. 1v.).

Cities were contemporarily perceived to be overflowing with those infected with this new disease, but as Clowes exclaimed, it was not only individual sufferers in danger, but whole nations which were confronted by an imminent apocalypse:

It is wonderfull to consider the huge multitudes of such as be infected with it, and that dayly increase, to the great daunger of the common wealth, and the staine of the whole nation. The syphilis epidemic, which increaseth yet daily, spreading it selfe throughout all Englande, and ouerfloweth (as I thinke) the whole world (1579: fol. 1v.).

### **Social Status of those Infected**

In the 1579 pamphlet *A Briefe and Necessarie Treatise, Touching the Cure of the Disease Called Morbus Gallicus, or Lues Venerea, by Unctions and Other Approved Waies of Curing*, Clowes sought:

...partely to helpe those good poore people that be infected by unwary eating, or drinking, or keeping company [with syphilitics, and who] either for shame, dare not bewray [their infection], or for lack of good Chyrurgions, know not how to remedye it (in Boehrer 1990: 198).

The assistance offered by Clowes was, however, limited to those members of society whom he deemed deserving, which offers another insight into who was excluded from what Walter would describe as the ideal Traditional Community. Clowes stated that his pamphlet was not for:

...the great number of rogues, and vagabonded: The lewd and idell persons, both men and women, about the citye of London, and a great number of lewd aleehowes, which are the very nests and harbourers of such filthy creatures: By meanes of which disordered persons, some other of better disposition are many times infected (in Boehrer 1990: 199).

Clowes further threatened that if the wrong people used the book for the wrong reasons, then the ‘Lord God in just wrath one day make ye disease to be incurable’ (in Boehrer 1990: 199).

Boehrer asserts that Clowes’ work moves in two directions at once, ‘eschewing elitism and addressing a common reader, good and poor, but some readers are just too poor and too common to deserve the treatment that he offers’ (1990: 199). Again, here we witness a challenge to Walter’s inclusive Community; in this case Clowes, as a medical practitioner, has excluded the lewd, the idle, vagabonds and rogues, as members of the English community who he has deemed unworthy of treatment. From a Structural-functionalist perspective, Caws notes that community structure

can be understood as hierarchical network of relations (1977: 916) and this is evident in Clowes' pamphlet, which both aimed to heal people that were deemed desirable within Walter's ideal Traditional Community and conversely aimed to ensure that certain undesirable people did not get healed (Boehrer 1990: 198). If one were to use Clowes' view as representative of early modern medical authority, then by denying those he deemed undeserving the treatment that they needed, he ensured that their social death preceded their physical death. These members of society, much like lepers, the poor, beggars and vagabonds in the Middle Ages, were specifically targeted for exclusion; this was in stark contrast to many members of the upper-classes who transformed their syphilitic infection into an almost fashionable social trend, as will be discussed further within this chapter.

### **Sexual Deviance and Prostitution**

Helms claims that the 'syphilitic became an underworld figure, for the primary carriers of the disease, prostitutes and discharged soldiers, were socially vulnerable and readily marginalised' (1990: 328). In fact the fear of contamination from prostitutes was perceived to be so great that Henry VIII closed the public stews in 1546, and Scottish edicts banishing whores, healthy and infected alike, appeared as early as 1560 (Siena 1998: 561). This reaction to prostitution is evident in Shakespeare's *Pericles: Prince of Tyre* (1607-1608), in which the characters of Bawd, Pander and Boulton discuss the unwholesomeness of the diseased prostitutes in the brothels of Mytilene, a place where, Helms claims 'sexuality has become a war of attrition' (1990: 327).

Bawd: "Continual action [has made the prostitutes] good as rotten... The stuff we have, a strong wind will blow it to pieces, they are so pitifully sodden."

Pander: "Thou sayest true, there's two unwholesome, a' conscience. The poor Transylvanian is dead that lay with the little baggage."

Boulton: "Ay, she quickly poop'd him, she made him roast-meat for worms."  
(VI. ii. 18-25)<sup>29</sup>

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<sup>29</sup> Bawd and Pander are the owners of the Brothel in Mytilene, and Boulton is their servant. The owners are introduced in the play when they are sold to the virginal Princess Marina (the main female character of the play) by pirates (Thompson 2000: 2).

In this text, 'continual action' is used as a euphemism for frequent promiscuous sex, however, metaphorically 'action' could also be related to military undertakings, at once combining two taboo members of society: prostitutes and discharged soldiers. Syphilis, according to Helms, was 'a disease of early modern naval exploration and military conquest... [which] transferred the corporeal pollution of illicit sexuality from the realm of ritual dread into the world of early modern medical discourse' (1990: 327). Thus, 'fear of contagion could be exploited ideologically to renew Traditional social hierarchies' (Helms 1990: 327); venereal infection and social marginalisation became reciprocal in early modern society. Here we have further members of society which are characterised as both polluting and deserving of the pollution they possess, causing more segregation within Walter's ideal Traditional Community Structure. In the medieval period, the male poor and the vagabonded were denigrated as lepers, in early modernity however, it was female prostitutes who were targeted, perceived to vehemently spread syphilitic contagion and thus they were excluded from the healthy community.

In *The Faerie Queene* (1590), Spenser makes reference to the social construction of prostitutes as a major force in active propagation of early modern syphilis (Milburn 2004: 609). The character of Duessa, who resonates strongly with the Biblical 'Whore of Babylon' and is named by Spenser as 'that scarlot whore', emphasises the way in which 'the targeting of prostitution tainted active female sexuality with the aura of contagion in contemporary English society' (Milburn 2004: 609). In Spenser's tale, the Knight Redcrosse exposes Duessa's naked body displaying the evidence of venereal disease; the character is listed as having misshaped parts, being wrinkled, old and containing a secret filth (Spenser 1590: I.viii.46-47). Duessa is bald and scurfy, with rotten gums and foul breath - scabby and loathsome. Her 'dried dugs' and deformed genitals signify the sterility of sin (Hamilton 1990: 638). All of these symptoms have been previously discussed within this chapter as relating to an advanced state of syphilis. This text acted as a warning to all men; while the prostitute Duessa was appealing when 'painted and dressed up', without her accoutrements she became a 'fowle deformed wight', a carrier of disease (in Milburn 2004: 610). In a similar manner to Clowes, Spenser considered female prostitutes' 'nether parts' as animalistic and dirty (Milburn 2004: 610), with the character Fradubio describing the genitalia of the naked Duessa as 'misshapen, monstrous...

more foule and hideous, / Then womans shape man would beleue to bee' (I. ii. 41.1–4). In Spenser's worldview, syphilis 'abides within the hideously deformed genitals of infected women, hidden from view, and that sexual contact with such women is a sure means of contracting pox' (Milburn 2004: 610).

### **Male Victims**

One can refer to Bronzino's *Allegory of Cupid and Venus* (1545), otherwise known as *The London Allegory*, in support of Spenser's perception concerning the corrupting polluting female. The predominant female figure in the foreground of the piece is Venus; notably playing on the Renaissance colloquialism for sexual intercourse ('the act of Venus'), this figure's 'lascivious kiss and wanton embrace' with her son Cupid, symbolised not only elicit love (Conway 1986: 255), but also that Cupids' dart could strike lust in any man and deceive him into embracing carnal passions, thus rendering him prone to syphilitic infection in the quest for love, in a similar manner to Redcrosse in *The Faerie Queene*. Michael Drayton's (1563-1631) poem, *Cupid, I Hate Thee* illustrates the fear of lust's deception further: 'Cupid, I hate thee, which I'd have thee know; / A naked starveling ever may'st thou be. / Poor rogue, go pawn thy fascia and thy bow / For some few rags wherewith to cover thee' (1856: 458). Drayton's demotion of Cupid is indicative of the follies and dangers associated with 'false love' in early modern society; just as Cupid was transformed into a 'poor rogue' when his garments were disposed of, the prostitute revealed her infection when her garments were removed.

To return to *The Faerie Queene*; the image of the deceptive infectious prostitute is evident within the metaphor of Duessa's 'golden cup' (her genitals): 'Death and despeyre did many thereof sup, / And secret poyson through their inner parts' (I. viii. 14.3–4). As Milburn asserts, Spenser's focus on 'genitalia and promiscuity ("many did sup" from her cup) reflects cultural recognition of syphilis' venereal nature and the assumed culpability of active female sexuality in its dissemination' (Milburn 2004: 611). After his fornication with Duessa, the Knight's carelessness over his health is symbolised by the giant, Orgoglio, defeating the Knight and throwing him into a dungeon. As Milburn explains, Orgoglio originates from the Greek, *orgaô*, meaning 'swollen with lust' (2004: 606); metaphorically, in the tale Redcrosse has

been defeated by his own corporeality; his lustful desire to copulate with a prostitute has entrapped him in a dungeon of disease. This is reminiscent of the medical writings of de Vigo who stated that male genitalia deteriorated because of dirty blood trapped within it (Milburn 2004: 606); ‘deteyne and kepe in the matter, as it were in a pryson, wherby the member is corrupted, and great peynes ensue’ (in Vigo and Traheron 1543: fol. clxiiv). Spenser’s advice is to follow the injunctions of Thomas Nashe in *Christ’s Tears Over Jerusalem* (1593):

Sin enough of yourselves (women) have you; you need have no sin put into you. Your flesh of the own accord will corrupt faster than you would, though you corrupt it not before his time with inordinate carnal sluttishness. Make not your bodies stinking dungeons for diseases to dwell in; imprison not your souls in a sink.

To you, men, this admonition I will give: be prodigal any way rather than give a whore an earnest-penny of her perdition (1593: 83).

Clowes further stated that ‘inordinate users of women [were] unfit to be cured: and their health [was] almost... not to be looked for’ (in Boehrer 1990: 201), which according to Boehrer, is ‘so effortless in its choice of euphemism for fornication, it helps reveal that in addition to being industrious, employed, educated, stable, and opposed to pastimes, Clowes’ ideal patient is also male’ (1990: 199). This is a complete role reversal, the excluded leprosy sufferer of the Middle Ages was viewed as a vagabonded male sexual deviant; in early modernity the excluded ideal syphilitic was a poor, lewd female prostitute who infected unsuspecting upper- and middle-class males, enforcing Warne’s view that the construction of gender at a social level negatively shapes perceptions of sexual desire (2000: 140). Thus, in early modern society one could posit that the Typical Death from syphilis was perceived to be that of an unsuspecting virile young male in the prime of life and not the Death of a Child as Walter asserts.

The first visual representation of the syphilitic, produced by Albrecht Dürer in 1484 for a broadside written by Theodoricus Ulsenius, attests to Clowes’ view that the Archetypal early modern syphilitic was a middle- to upper-class and male. Gilman notes that Dürer depicts an isolated male sufferer who bears the signs and symptoms of syphilis like stigmata (1985: 92). ‘Although echoing the position of the suffering

Christ, exemplum of masculinity, the figure wears an enormous, plumed hat; an abundant cloak; broad-toed, slashed shoes; and long, flowing hair' (Gilman 1985: 92). This image therefore embodies the contemporary notion that syphilis was a disease which came from Outside, with Dürer's caricature portraying a 'fop, as outsider, as Frenchman', as Catholic (Gilman 1985: 92); decadent and louche, his depravity and low levels of morality have led him to indulge in the material pleasures of carnality that has left him a sexual victim, evident through the inclusion of the zodiacal sign of Scorpio in the image<sup>30</sup> (Gilman 1985: 92). Gilman exclaims that from this very first image, the syphilitic is seen as isolated, visually recognisable by his signs and symptoms as a victim of sexual deviance (1985: 93). This then alters Walter's view on what constitutes the Worst Sin, as during the Renaissance one could assume that sexual deviance, especially when it was associated with female deception leading to male infection, was viewed as particularly immoral.



**Plate 9:** Dürer, A. 1484.  
*Syphilitic Man* [Illustration for  
 Broadside]  
 (in Maw 2007: 158)

<sup>30</sup> Siena states that 'some contemporary university practitioners explained that the French Disease located itself in different parts of the body as a result of the influence of peculiar celestial phenomena, such as planetary conjunctions or oppositions, zodiac projections, and lunar eclipses' (2005: 42). In particular, the *Libellus ad evitandum et expellendum morbum gallicum* (1500), by the Valencian, Almenar, expressed that the zodiacal sign of Scorpio was projected upon the anatomy and diseases of the genitals, such as syphilis (in Siena 2005: 42). 'Almenar believed that the French Disease tended to begin in the genitals because there was a "conformity" between these parts of the body and the quality of the new disease resulting from the entrance of Saturn in the sign of Aries and other corresponding celestial dispositions... Simply put, he located the symptoms in the genitals based on the assumption that the conjunction of 1483[-4] – which allegedly marked the disease's beginning, happened under the sign of Scorpio' (Siena 2005: 42-43). The image of the scorpion therefore became a prominent theme in contemporary depictions of syphilis, in particular among Northern European Humanist artists, such as Dürer (1471-1528) and Grünpeck (c.1473-1530).

### **Reformist Perceptions of Women**

The early modern prostitute's perceived role in the dangerous spread of syphilis offers a social commentary on early modern perceptions of women and in turn the problem with Walter labelling his Traditional English society as an all encompassing homogenous Community. Reformist perceptions of women resonated with and were perhaps influenced by medieval texts such as the *Malleus Maleficarum* (1486-7), which stated that:

A woman is more carnal than a man, as is clear from her many carnal abominations... this is indicated by the etymology of the word; for *femina* comes from *fe* and *minus*, since she is ever weaker to hold and preserve the faith... What else is a woman but a foe to friendship, an inescapable punishment, a necessary evil, a domestic danger, a delectable detriment, an evil of nature, painted with fair colours (Kramer and Sprenger 1971: 41-8).

Klaits claims that in the proceeding sixteenth century, general distaste towards women did not improve, but rather 'the religious strife of the Reformation probably had the effect of increasing fear and hatred of women' (1985: 70). According to Klaits, the sixteenth century was the first era in which it was acceptable for laymen, as opposed to religious clerics, to discuss sexual topics. He argues that the negativity directed towards women began to appear in the visual arts, becoming a prominent theme from the Renaissance era onwards (1985: 71), as can be witnessed in the Northern European *Death and the Maiden* genre<sup>31</sup>.

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<sup>31</sup> *Death and the Maiden* imagery was an art genre painted by a group of artists known as the 'Little Masters', schooled and inspired by the work of Albrecht Dürer. The imagery, which depicts a rotting corpse in a sexual embrace with a young beautiful woman, reached the height of popularity in the first half of the fifteenth century, with artists Baldung Grien (1484-1545), Niklaus Manuel Deutsch (1484-1530) and Hans Sebald Beham (1500-1550) being highly influenced by the politics surrounding the Lutheran Reformation (Brown and Welch 2010).



**Plate 10:** Baldung Grien, H. 1517. *Girl and Death* [Tempera on Wood]  
(in Pioch 2002)



**Plate 11:** Baldung Grien, H. 1519. *Woman and Death* [Tempera on Wood]  
(in Pioch 2002)

The ethos of Reformism was associated with the revival of Augustinian theology, an emphasis on the authority of scripture, and the need for educating the public in order to understand this scripture (McGrath 2001: 69-76)<sup>32</sup>. Thus, it was from these

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<sup>32</sup> Augustine stated that women should be chaste and pure as ‘carnal concupiscence is seen as a violation of the order of nature, and the shame of sexuality is a consequence of the soul’s shame at the fact that the body, which by its nature is inferior and subject to it, resists its authority’ (in Kinsch 2008: 268). The views of the Early Church Fathers, such as Augustine, concerning the insatiable carnal desires of women find origination in the Platonic notion of the ‘migratory uterus’, developed further by Aretaeus. The uterus was seen to be like an ‘animal within an animal’, an ‘erratic wandering organ’ that was ‘capable of violently compressing other organs and even causing death’ (Aretaeus [circa first century] in Dixon 1995: 19). The womb’s constant search for sexual pleasure caused it to attempt to consume male lovers and frequently the insatiable desires of this organ were thought to cause hysteria in women, thus rendering them an altogether erratic, weaker and more dangerous sex (Dixon 1995: 19).

sources that contemporary female attributes were defined; as Bach states, in the early modern mindset:

...women are naturally inferior to men and, therefore, naturally more sexually desirous (and unfaithful); that a man's relationship with God is primary, that his relationships with men are secondary, and that any sexual engagement with women runs a distant third; and that sexual desire is sinful, a worldly result of the Original Sin of our first parents (2005: 263).

Indeed, for Augustine, man was embroiled in a constant battle between will and lust inherited from the Original Sin (1984: 586), therefore, to assist man in conquering his lust, women should embody the virtues of chastity and virginity; quite the opposite of the syphilitic female prostitute. In Bouget's *Discours des Sorciers* (1602), he argued that 'the social order of the elites reflected universal and almost entirely unquestioned assumptions about the inferiority and dangerous attributes of females' (in Levack 2006: 80), claiming:

The Devil uses them [women]... because he knows that women love carnal pleasures, and he means to bind them to his allegiance by such agreeable provocations; moreover there is nothing which makes a woman more subject and loyal to a man than that he should abuse her body (in Levack 2006: 80).

In Klait's opinion, women were perceived to have a 'sensual power... to lead men into corruption [showing] women as the progenitor of lust and the explanation for man's perennial failure to rise above bestiality' (1985: 74). Thus, syphilis could easily be denoted as a female crime, an accusation of sexual deviance or trickery, with women leading innocent males towards a long, slow and painful death.

### **Grotesque Carnality**

For Miles the 'sexual instability' of Renaissance women and their perceived desirous natures transformed them into the 'grotesque' (1997: 95). Miles proposes that in early modern Northern European patriarchal society, male bodies were viewed as superior, perfectly formed, and therefore normative (1997: 96). According to Miles, while the grotesque is culturally and socially defined, there is an element of the grotesque in all women in patriarchal Northern European society by the necessity of being man's opposite (1997: 85-96). In the sixteenth century, the female body was typically seen as a source of volatility caused by the supposed voracious carnality of women and this 'grotesqueness' can be witnessed as manifesting physically in the

female syphilitic body, which was plagued with sores, lesions and generally putrefying pre-mortem. By infecting the perfectly formed, superior, normative male bodies, especially those of the middle- and upper-classes, the accused prostitute both highlighted the corruptibility and immorality of early modern men, and also (in the contemporary mindset) justified her sexual nature as inherited from Eve, the first woman; the early modern woman was temptress, seductress and her carnality resulted in the moral fall of man. This confirms Conway's assertion that early modern theologians pronounced syphilis as a scourge of God in punishment for sin (1986: 252), both confirming Walter's view that Traditional death Resulted from Sin, but also demonstrating that his notion of Community is misleading when dealing with the hierarchical nature of sixteenth and seventeenth century English society, especially when analysed through the lens of gender and class differentiation.

### **A Selectively Acceptable Disease**

For excluded members of the community, such as prostitutes, contemporary surgeons promoted the view that syphilis was a disease which afflicted the sinful as a form of punishment from God (Boehrer 1990: 198). Early modern syphilis gained consideration as a 'treatable ailment only when it is associated with those figures at the heart of the political and social order, with cardinals, popes, electors, and later with the superior order of the bourgeois' (Boehrer 1990: 210). As Boehrer exclaims, 'when identified with the poor and socially undistinguished, the disease almost ceases to be a disease at all; instead, it emerges in its concomitant character as an instrument of discipline and punishment' (1990: 210). This conforms to Foucault's view that early modern disease had forms and seasons that were alien to the space of societies, and the more complex the social space in which it became situated, the more denatured it became. For Foucault, as a social network tightens its grip around individuals, 'health seems to diminish by degrees; diseases become diversified, and combine with one another' (2003: 18); if the number of individuals with a particular disease is already great in the bourgeois, it gets exaggerated 'so it is as great as possible in people of quality' (Foucault 2003: 18). In this sense, one can view Clowes' aforementioned pamphlet as demonstrating that syphilis was 'selectively acceptable' within sixteenth and seventeenth century English society (Boehrer 1990: 212), reiterating the instability of Walter's term Community.

While Clowes described his lower-class patients as ‘vyle creatures that otherwise infect many [with their] grievous sinne’ (in Boehrer 1990: 212), the seventeenth



**Plate 12:** After Greenhill, J. 1673. *Portrait of William D'avenant* [Woodcut] (in National Portrait Gallery 2012)

century poet William D'avenant had a self-portrait commissioned emphasising two things: the laurels indicative of his profession and his decayed syphilitic nose; not only was syphilis acceptable for the upper-classes, but it became fashionable. Ironically syphilitic dementia can cause changes and irresponsible behaviour, promoting mania and euphoria in a patient, or more commonly delusions of grandeur (Holvery 1972: 1540). This is evident in Michael Drayton's poem (1563-1631), *As Other Men*. In this work, the speaker claims 'As other men... / I will resolve you: I am lunatic... / 'Tis nine years now since first I lost my wit; / With diet and correction men distraught / (Not too far past) may to their wits be

brought' (2012: 43). Here Drayton's speaker has evidently suffered from syphilis for many years and one could imply that after nine years has also experienced latent periods of the disease and progressed at least into the secondary stage. Drayton's belief in mercurial remedies is obvious, 'with diet and correction... may to their wits be brought' (2012: 43), whereas in reality the mercury was encouraging the speaker's madness. This poses a challenge to Walter's view concerning Traditional forms of Courage being Shown in Prayer and Ritual; as evidenced in Drayton's *As Other Men*, to name but one example, early modern society increasingly relied on Walter's Modern Authoritative Structure of Medical Expertise in order to diagnose, explain and treat their syphilitic ailment. Medical practitioners, such as surgeons and

physicians displaced (to an extent) the Authority of God and Tradition. No longer did the Catholic Priest offer Walter's notion of ideal Traditional Surveillance of the Soul and of Behaviour; now men such as Clowes provided the courage of a cure and the surveillance of the physical body in the course of medical treatment, albeit to those who could afford it and were deemed worthy enough to be treated.

### **Fashion and Syphilis**

The way in which awareness of syphilis and coping strategies permeated into popular culture is apparent, as Erasmus posited, in the decades surrounding 1500, there was 'no malady more contagious, more terrible for its victims, more difficult to cure... or more fashionable' than the 'French pox' (in Erasmus and Thompson 1965: 401). For the early modern upper- and middle-classes fashion acted as a popular form of expression which these social groups deployed in order to 'make sense of, define, figure out and render intelligible' their syphilitic infection (Storey 2006: xvii). On the most literal level, fashion acted to simultaneously hide the gruesomeness of the symptoms and signify the fact that an individual was infected. As Healy describes, facial lesions and loss of the nose were 'met with crude answers like the copper noses, velvet patches and heavy make-up' (1997: 22) that were satirised in Renaissance epigrams and dramas. 'Hair loss [also] encouraged the vogue for wigs... [which] came into fashion in the sixteenth century' and 'masks had a special place from the mid-sixteenth century in the disguising of the facial disfigurement [and irregular dentition] caused by syphilis and its treatments' (Healy 1997: 22, 38). Many of these elements are visually present in Bronzino's *London Allegory*. The left-hand figure in Bronzino's image is a male in a semi-foetal position; he is in the prime of life, with darkened skin, reddened *ocular sclera* and missing teeth (Conway 1986: 254). There are nodular swellings on his fingers and on his shoulder there are signs of syphilitic alopecia caused by mercurial treatment (Conway 1986: 254). This character is evidently in the advanced stages of syphilis and in excruciating pain. In the bottom right-hand corner of the image there are masks, disguises commonly used by early modern sufferers, but also metaphorically masks of vice (Conway 1986: 255). In turn the red velvet cushion represents the material of choice for patches to cover the symptoms of syphilis and, as Conway asserts, this fabric is also a metaphor for lechery (1986: 255).



**Plate 13:** Bronzino. 1545. *Venus, Cupid, Folly, and Time* by Bronzino [Oil on Panel]  
(in Healy 1997: 4)

By 1495 the first public health edicts relating to syphilis were issued around Europe and by 1497, nine of Europe's leading physicians had issued pamphlets containing knowledge about the venereal cause and treatment of the disease<sup>33</sup>. In the early- to mid-sixteenth century, the male fashion for wearing padded codpieces became increasingly popular, a social trend which Vicary argues had a 'functional link' to the syphilis epidemic in the guise of an 'aggressive virility display' embodied in the material culture of Western dress (1989: 3). Northern European male dress altered to incorporate matching padded (Anglo-Saxon style) codpieces into the canions<sup>34</sup> (Vicary 1989: 3) and this trend became so popular that by 1537 Hans Holbein, court painter to Henry VIII, had already produced a portrait of the King dressed in such a style. Edward VI was portrayed in a similar style in 1547 and both he and his father were suspected of suffering from syphilitic infection (see plates 14 and 15) (Vicary 1989: 3). These images highlight how vastly different the codpiece was compared to the 'soft triangular flap attached to the hose' which was the popular style prior to Henry's reign (Vicary 1989: 3). In turn, men can be seen to be sporting a similar style in the image of *Queen Elizabeth I in Procession with her Courtiers* (1600-1603). The reason for such a fashion is clear when one realises that in the first stage of the disease one part mercury to fourteen parts grease would be applied to penile sores, 'followed by [the] application of other herbs or drugs as continued cures, preventative measures, or general hygiene' (Dennie 1962: 17). There was, therefore, a need (for nobility in particular) to protect their clothing from the 'greasy ointments and/or any purulent discharges' that exuded from the penis, as well as protecting the genitals from 'belt-slung articles' (Vicary 1989: 13)<sup>35</sup>. The padded protruding codpiece therefore allowed for bandaging of the syphilitic penis and the protection of both clothing and the painful genital area (Dennie 1962: 6, 9).

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<sup>33</sup> Other early physicians who wrote pamphlets, or poems, about the disease, its causes, and its treatments were: C. Gilino (1497), N. Leoncina (1497), A. Scanaroli (1498), Lopez de Villalobos, physician to Ferdinand and Isabella of Spain (1498), B. Steber (1498), J. Catane (1504), Juan de Vigo, physician to Pope Julius II (1514), Fracastorius (1530), R. Diaz de Isla (1539).

<sup>34</sup> Kelly describes canions as items of clothing which were tubular in structure, appended to shortish wide breeches and covering the lower thigh and knee. They were a masculine fashion 'of close, sheath-like continuations attached to the short trunks and encasing the lower thighs and knees' (1918:106).

<sup>35</sup> A workman or peasant who contracted the 'Great Pox' could make do with stuffing his bandaged penis inside the expandable triangular flap-codpiece on his stiff linen or wool hose as can be seen in the drawings of Dürer and Brueghel (1514, 1567) (Vicary 1989:13).



**Plate 14:** Holbein, H. 1537. *Portrait of Henry VIII* [Oil on Canvas] (in Wolf 2004: 75)



**Plate 15:** After Holbein, H. 1547. *Portrait of Edward VI* [Oil on Canvas] (in National Portrait Gallery 2012)

While the codpiece had this functionality, it was a large and overtly visible article of clothing which was a new trend worn by the King and replicated by the subjects of his court. However, this is not to say that society had a voyeuristic intention to put their malady on display, but rather it served as a display of concealment. Syphilitics were typically persecuted; they were prohibited from entering barber shops or public institutions in nearly all of the major cities in Europe and soldiers would be discharged from service if infected (Dennie 1962: 59). Thus, concealment of syphilitic infection became necessary and the codpiece functioned as one form of camouflage to prevent persecution and the accusation of insidious harm. The codpiece promoted speculation, being seen as a sign that one could be suffering from syphilis, or perhaps it was simply a display of virility by a healthy man; either way the codpiece afforded a certain amount of hiddenness, with viewers not being able to decide on outward appearance alone whether the individual was subject to infection (Dennie 1962: 59). That said, the mere presence of the codpiece was a method of indicating the constant threat of syphilis that was at the forefront of societal thought.

### **Women and Insidious Harm**

Within several decades of its initial outbreak, society witnessed a dramatic change in the visibility of syphilis; as Dennie states, its virulence ‘clearly became less pronounced from the beginning of the sixteenth century onwards’ (1962: 63). The initial syphilis epidemic of 1493 swept across Europe quickly, was particularly virulent and often killed its hosts within months due to lack of immunity to this new disease. In the early-sixteenth century there was a perceived decline of syphilis infection, however, this was a fallacy; the ‘emerging accommodation between parasite and host’ merely meant that the disease had become less visible (Ross 1995: 337). Those who survived the initial phase of the syphilis experienced a ‘period of latency (often of many years’ duration) when they were asymptomatic but crucially still infectious’ (Csonka 1983: 281). As Ross states, ‘by the middle of the sixteenth century it had probably become increasingly difficult to recognise who was infected with syphilis’ (1995: 281). As has been discussed in Chapter One, when a disease is not physically visible the possibility of insidious harm promotes suspicion within communities; in the case of syphilis, a ‘disproportionate amount of suspicion seems to have been directed at women, who were regarded as especially likely to be carrying unsuspected infection’ (Ross 1995: 281). As one of the first contemporary writers dealing with the disease, von Hutten did nothing to suppress the allegations against women, stating:

There persists, within the private parts of women, lesions which remain remarkably virulent for a long time; they are particularly dangerous because they are less evident to the eye of the man who wishes to cohabit with women in complete safety. And it is for this reason that the condition is so pernicious, for these lesions make it impossible to avoid the sickness, because the bodies of women of this sort are sometimes so badly infected (in Quetel, Braddock and Pike 1990: 28).

Von Hutten’s views on the manner in which females could keep syphilis hidden is further reflected in Shakespeare’s *King Lear* (1603-1606). In Act 4, Scene 11, Lear describes women and in particular his daughter Cordelia, as ‘monstrously double’ (in Stern 1990: 303): ‘Down from the waist they are Centaurs, / Though women all above. / But to the girdle do the gods -does a father- inherit, / Beneath is all the

fiends' (XI. 124-27). He continues, '[it] is all a husband's, is all France's: 'There's hell, there's darkness, there is the sulphurous pit, / Burning, scalding...' (XI. 128-29). In his jealousy over his daughter's affections for her husband, Lear accuses her of the 'unbearable desire of the other, of France' (Stern 1990: 303). Here, Lear is accusing her of having the 'French disease' with all the monstrous symptoms of the disease being hidden 'down from the waist' (Stern 1990: 303). Indeed, prostitutes went to such lengths to disguise their infection they even wore pubic wigs. As Francis states:

In the days before penicillin, it didn't take long to become infected with sexually transmitted diseases. They knew it was no work, no pay, and didn't want to scare the customers off with their syphilitic pustules... So the merkin was used as a prosthesis to cover up a litany of horrors (2003).

Further ordinances were issued in London concerning the clothing of women with suspect sexual morals; a decree of 1351 stated that no common wanton woman should wear fur or other noble linings in their hoods, because they 'have recently from time to time taken up the fashion of being dressed and adorned in the manner and dress of good and noble ladies and damsels of the realm, against reason' (Farmer and Pasternack 2003: 214). According to Farmer and Pasternack, the purpose of this regulation was 'not so much to distinguish prostitutes from chaste women but to distinguish different levels in the social hierarchy... but in the case of prostitutes other reasons became important: distinguishing them to advertise their availability' and to prevent contamination of the healthy (2003: 214). Prostitutes were enforced to wear unlined striped hoods so that everyone 'could have the knowledge of what condition they are' (Farmer and Pasternack 2003: 214). This form of legislation was not limited to prostitutes, as Farmer and Pasternack state, such decrees were 'intended to keep such women in their place, whether that place was a social class position, or a position of the margins of society based on sexual behaviour' (2003: 215).

Early modern prostitutes were, as they are today, commercial sex workers, however, there were a great deal more women that were denigrated as whores or meretrices under the judicial system, including any woman who partook in extramarital sex or fornication with a number of different men (2003: 215). Further, Farmer and

Pasternack claim that ‘while any woman that engaged in sex outside of marriage fell within the purview of legal regulation, poorer women were more likely in practice to bear the brunt of enforcement’ (2003: 215). Here, we find a further need to expand Walter’s term Community; marginalisation through city ordinances, gender and class delineation all are essential considerations when investigating who were deemed as Insiders and who were deemed as Outsiders of the socially controlled barriers of community. That said, the main focus of this chapter is the villainisation of prostitutes pertaining to syphilitic contagion and as such the necessity for them to wear striped hoods images the use of disguise or costume in a very different manner to items such as the merkin for example; the striped hood was an identifier, a symbol of the prostitutes’ profession, while simultaneously highlighting the possibility of their syphilitic infection through repeated copulation with various customers. The hood was as symbolic for the prostitute as the codpiece was for upper-class males; it indicated the likelihood of infection while promoting speculation. The striped hood was a fashion accessory, albeit an enforced one, that displayed sexual availability, in a similar manner to the codpiece which displayed sexual virility. However, while both of these fashion items signified an aspect of sexuality, the hood condemned prostitutes to the margins of society, while the codpiece allowed its wearer permeation within the upper echelons of society by masking the contagion that was hidden underneath.

The importance of the hood as a signifier of sexuality in early modernity can be witnessed in Perrault’s 1697 *Le Petit Chaperon Rouge* or *Little Red Riding Hood*. In Perrault’s original version of the tale Red Riding Hood is the ‘prettiest creature who was ever seen’ given a red cloak by her grandmother who doted on her. Red Riding Hood then encounters a wolf in the forest, as in her innocence she did not know it was ‘dangerous to stay and talk to a wolf’ (in Lang 1891: 51-53). As the story progresses, the wolf eats and mimics Red Riding Hood’s infirmed grandmother with the intention of eating the child. The wolf, hiding under the bed clothes, states ‘come and get into bed with me’ (in Lang 1891: 51-53); Red Riding Hood responds by removing all of her clothes and climbing into bed with the wolf, which results in the wolf eventually falling upon her and ‘eating her all up’ (in Lang 1891: 51-53). Providing a moral for his story, Perrault writes:

Children, especially attractive, well bred young ladies, should never talk to strangers, for if they should do so, they may well provide dinner for a wolf. I say ‘wolf,’ but there are various kinds of wolves. There are also those who are charming, quiet, polite, unassuming, complacent, and sweet, who pursue young women at home and in the streets. And unfortunately, it is these gentle wolves who are the most dangerous ones of all (in Lang 1891: 51-53).

Perrault’s tale is strewn with sexual imagery, as Bettelheim claims, from the beginning ‘the girl is sexualised by the (grand)mother with the gift of the red hood. The girl’s journey is conflicted with a duality of obedience and seduction: the gift of the hood is really the gift of sexual maturity’ (1976: 173). The sexualisation of the girl is initiated through seduction and consumption; the masculine wolf, described in detail, lures the innocent girl into bed, and when she is naked falls upon her and eats her all up. In terms of the link between prostitution and syphilis within this chapter, this tale can be interpreted to demonstrate that even the most innocent woman can be led astray from the righteous path (metaphorically the path in the woods, which Riding Hood must follow in order to be charitable towards her grandmother) and lured into a life of vice and sexual promiscuity through the association with a predatory wolf.

Notably, in his treatise *Against the Libertines* (1549)<sup>36</sup>, Calvin likens heretics to wolves, corrupting the word of God, like poison ‘murdering poor souls under the pretext of grazing them and providing them with good pasturage’ (in Calvin and Farley 1982: 188); using Calvinistic terminology then, the wolf in Perrault’s *Little Red Riding Hood* can be read as a morally corrupt and sinful heretic, or the wolf as a Libertine can be a sexually promiscuous predator, both of which could be prone to degenerative diseases due to their sinful natures. Alternatively, the sexual promiscuity of the cloaked female who willingly climbs into bed allowing the Libertine to ‘fall upon her’ could be read to represent a prostitute, who after the act of copulation is eaten up with syphilitic contagion represented by the wolf, who in turn hides or disguises his true nature from the girl until the deed is done and reproach is impossible. The notion of the wolf as symbolic of this venereal disease

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<sup>36</sup> In this text Calvin uses the term Libertines to denote mild reformers during the Geneva disputation in 1538; the Libertines wanted magistrates to be firmly in control of the clergy, whereas Calvin wanted a theocracy (McGrath 2008: 319).

could also be substantiated by the repetitive emphasis on the girl's beauty, which would also be eaten up and ravaged as syphilis progressed throughout her body.

Further contemporary popular literature makes reference to the ever presence of syphilis in early modern English society; in particular, Shakespeare's *Twelfth Night* (1601-1602) comically portrays the perception of women's vigorous sexuality as a source of what Labriola calls a 'comedy of festive abuse' (1975: 13). In a conversation between Sir Toby Belch and Sir Andrew Aguecheek about the texture and colour of Andrew's hair, Toby claims that it normally 'hangs like flax on a distaff' (I. iii. 108), which according to Labriola suggests both eunuchry, as well as foolishness (1975: 13). The 'distaff' metaphor is elaborated by Toby who mentions that a housewife might take Andrew 'between her legs and spin it [his hair] off' (I. iii. 109-110). Labriola exclaims that to 'spin off' was an 'Elizabethan euphemism for sexual climax, which a man experienced because of the vigorous action of a woman' (1975: 13). Thus, Andrew's loss of hair, which the housewife would 'spin off' as from a distaff, might be viewed as a consequence of venereal disease (Labriola 1975: 13). Overall, Toby is insinuating that 'a woman would have to be dominant and unusually vigorous to elicit a sexual response from the lethargic Andrew, who would no doubt contract a venereal disease from the encounter' (Labriola 1975: 13). This encounter between Toby and Andrew portrays a combination of two early modern societal views pertaining to syphilis; firstly, that the initial spread of syphilis was resultant from so-called French promiscuity and that secondly, the onset of syphilis caused impotence (viewed as fit retribution for overusing one's virility). Thus both of these contemporary perceptions serve to humorously 'characterise the impotent Andrew as a sufferer of the Frenchman's disease' (Labriola 1975: 13). Granted, this is a short comedic extract that bears no real relation to the storyline of the play, however, the fact that the subject of syphilis was introduced, indicates that the meaning was immediately grasped by the audience with no need for explanation and was so well understood that the foolish Andrew was mocked by an audience who knew better than to undertake sexual relations with such a sexually vigorous woman.

Extracts from popular works such as *Twelfth Night*, highlight the daily presence of syphilis in early modern society and the methods of coping deployed, which in the case of this Shakespeare play, was the labelling of syphilitics as contagious whores

and contaminated fools. It is therefore evident that Walter's typology needs to be gendered; just as male lepers were branded as sexually deviant during the Middle Ages, we find a role reversal when considering early modern syphilis, with the female bearing the brunt of the blame. But either way, sexual allegations are an important consideration in the examination of, what Murphy defines as, the hierarchical construction of society (Murphy 2000: 411). Walter argues that Traditional Meaning was self-evident or a Given, however, in Renaissance England it seems that Personhood and identity were socially constructed, with typified gender specific behaviour being subject to community censure if it did not adhere to communal definitions of the normative (Murphy 2000: 411).

Ross proposes that in a 'pronatalist age, when Europe was still recovering from the demographic impact of the Black Death, women generally tended to bear the brunt of virtually any intimation that fertility and reproduction were being thwarted by negligence or malevolence' (Ross 1995: 337). Syphilis contributed to this misogynistic societal perception; pregnant women who were infected may have showed no signs, but the likelihood of her offspring contracting congenital syphilis was particularly high, usually causing death to the foetus and spontaneous abortion (Ross 1995: 337). Children that did survive would suffer from 'a constellation of skin, central nervous system, bone, liver, lung, kidney, and other organic disorders that range from blindness and deafness to brain and severe neurological damages... few survive the first months of life'<sup>37</sup> (Ross 1995: 337). Chase has described congenital syphilis as 'the cruellest of all forms of the disease' (1982: 462); the death of an innocent child as the result of an infected mother. The views of Clowes and his contemporaries concerning female lewdness and sexual deviance increased accusations against the female population and produced a feeling that women lacked in social worth. The increased 'prevalence of spontaneous abortion, stillbirths, and congenital malformations' (Ross 1995: 337) as a result of syphilis in the sixteenth and seventeenth centuries was undifferentiated from infanticide, and in an era of witch-hunts, often inferred supernatural intervention (Ross 1995: 337)<sup>38</sup>. Here, one

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<sup>37</sup> Dennie, reporting on the high mortality inflicted by congenital syphilis, notes: 'A survey of two hundred sixty untreated syphilitic mothers was made in which 45.9 per cent of the infants were born dead or died soon after birth and of the remainder 64.5 per cent were syphilitic' (1962: 82-83).

<sup>38</sup> Levack states that between 1450 and 1750 thousands of women were tried for the crime of witchcraft, held by both religious courts prior to 1550, moving to secular courts post that date. Further

could infer that Walter's postulation that Child Deaths were Typical in his Traditional era is correct, however, I would propose that society resonated more with a young adult male victim. Nonetheless, we can see the comparable nature of medieval leprosy and early modern syphilis - when a disease was hidden it implied insidious harm, a sense of the sinful preying on the innocent. However, the fact that the male was considered to have become passively infected and the female had become the aggressive container of infection in early modernity, reflects the Reformist influence on English society; the return to Old Testament scripture, with Eve as lustful temptress, bringing death to her lover Adam, and not only her innocent unborn children, but all children to come (Gen. 3: 17-19). The temptation by the serpent also has many connotations in relation to syphilis which will be discussed further. Therefore, syphilis as a disease offers a profound insight into the ordering of early modern English society; its misogynistic undercurrent found its locus in biblical scripture, which in turn supported the use of accusations against females as sexually deviant, brought further into consciousness by the spread of syphilis.

The general feeling of bitterness towards the female sex with regard to the spread of syphilis in England often found its outlet in popular art, poetry, literature and stage plays pertaining to the era. John Donne's (1572-1631) *An Apparition* exemplifies this, depicting an embittered male who has been infected with syphilis by his female lover. Miller and Norton propose that the lady in the poem is a 'used prostitute' riddled with syphilis, with Everson concluding that 'her [syphilitic] degradation is complete' (in Bell 1983: 128). If she rejects him, he warns, she will be exposed and treated as a 'fain'd vestall' (Donne in Bell 1983: 128): 'isolated, humiliated, and rebuffed by subsequent lovers: And he, whose thou art then, being tyr'd before, / Will, if thou stirre, or pinch to wake him, thinke / Thou call'st for more, / And in false sleepe will from thee shrinke' (Donne in Bell 1983: 128). The first four lines of the poem: 'When by thy scorn / O murd'ress, I am dead / And that thou think'st thee free / From all solicitation from me / Then shall my ghost come to thy bed...' (Donne in Bell 1983: 128) seem to indicate that the speaker is dead, literally returning to

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Levack claims that witch-hunts have been attributed in a larger part to the Reformation and the social and cultural conflict surrounding the movement, as well as increased medical knowledge, accompanied by the virulent spread of syphilis (2006: 2).

haunt his ex-mistress. However, Rieke claims that the 'speaker's identification of himself as an apparition becomes enigmatic if it is read metaphorically' (1984: 12).

His riddle, 'What... I will not tell thee now / Lest that preserve thee', takes the form of a real or imagined confrontation with her wherein he alludes to the nature of his ghostly visitations, but does not fully disclose their meaning (Rieke 1984: 12).

When interpreted literally, the speaker haunts the woman for her 'scorn' and her rejection of him for another man, although, as Rieke claims, 'if Donne has constructed an enigmatic metaphor, another possible suggestion appears behind the speaker's repeated references to sickness' (1984: 12); the image of her 'sicke taper', from the 'cold quicksilver sweat' that makes her 'a veryer ghost than I', from his own 'spent love', and from his wish that she 'shouldst pain fully repent' her promiscuity, indicates that on a figurative level, the 'ghost' of the poem could be identified as a venereal disease (Rieke 1984: 12). The metaphorical ghost that is syphilis has been passed onto his ex-mistress, or perhaps she merely feels the symptoms long after her victim, and when lying in her mercury ('quicksilver') bath, she experiences the pre-mortem decomposition of bone and flesh which is symptomatic of this disease (Milburn 2004: 597); she will be a 'veryer ghost' than the speaker. Thus, Rieke states, she would be in no way "free / From all solicitation from" him. It is the knowledge of his own diseased body that he will not tell her to "preserve" her health' (1984: 12). That said, it could be argued that the last two lines: 'I'd rather though shouldst painfully repent/ Than by my threat'ning rest still innocent' (Donne in Bell 1983: 128), clearly represents early modern English society's tendency to accuse the female. In these lines, the speaker is exposing the woman's disease without a care for what physical, psychological or spiritual pain she will suffer as a result. Unlike Rieke's postulation, I would propose that the male speaker believes that the female is the carrier of contagion and rather than letting her 'rest still innocent', his 'threat'nings' have exposed her to society as a sexual deviant.

In regard to sexual deviancy and to return to *The Faerie Queene*, in Book 1: 'The Legende of the Knight of the Red Crosse, or of Holinesse', Spenser presents a contemporary allegory of syphilis as a 'carnal scourge debilitating English nationhood' (Milburn 2004: 598), as well as acting as a self-help manual for upper-

and middle-class sufferers of the disease<sup>39</sup> (Milburn 2004: 601). In summary, a marauding dragon has imprisoned the King and Queen ‘with murderous raine and deuouring might / Their kingdome spoild, and countrey wasted quight’ (I. vii. 44.4–5). The dragon is drowning the land with black fluid from its tail which itself displays ‘thicke entangled knots [which] adown does slacke’ and is also ‘bespotted as with shields of red and blacke’ (I. xi.11.1–9). As Milburn claims, ‘the dragon’s tail... is reminiscent of the spotty, scabby, and knotted flesh of pox sufferers, whose speckled skins, as von Hutten tells us, are contorted into “swellyngs wrynkles and knottes”’ (2004: 610). The imagining of syphilis as a dragon is representative of the reluctance of society to completely disregard the authority of Church teaching, reimagining the Edenic serpent in a contemporary form of disease. However, it is also in-keeping with contemporary thought; Girolamo Fracastoro, who gave syphilis its name, described the disease as an ‘infernal serpentine disease... a silently snaking affliction... a many-headed hydra whose bite spreads venereal poison’ (in Milburn 2004: 600). Ruy Diaz de Isla also characterised the Pox as a ‘loathsome and venomous predator’ in his *Treatise against the Serpentine Disease*, and Thomas Dekker called it a ‘demonic monster... bred vp to deuowre the Citties [of England]... a serpent [who] shoots his ranckling stings into... our bosomes’ (in Milburn 2004: 600). ‘Even John Donne describes the insidious movement of pox through secret parts of the body as a serpentine crawling’ (Milburn 2004: 600). This imagery also allows one to return to Bronzino’s *London allegory*; ‘La Fraude’, the deceptive child in the background of the image, offers honeycombe as a ‘sweet pleasure’ which disguises the syphilitic sting present within her reptilian tail (Conway 1986: 255).

In Spenser’s tale the Redcrosse Knight enters into battle with the dragon, who is depicted as ‘monstrous, horrible, and vast, / Which to increase his wondrous greatnesse more, / Was swolne with wrath, and poyson, and with bloody gore’ (I. xi. 8.7–9). According to Milburn, the dragon is ‘painted in terms that evoke the spread of polluted syphilitic blood’ (2004: 599), breathing ‘pestilence’ and when wounded produces ‘a gushing riuer of blacke goarie blood, / That drowned all the land,

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<sup>39</sup> Spenser famously stated in a letter to Sir Walter Raleigh that his intention was for the *Faerie Queene* to ‘fashion a gentleman or noble person in virtuous and gentle discipline’ (in Milburn 2004: 601). The *Faerie Queene* acts as a sort of medical ‘self-help’ manual for the English citizen, offering a model of correct behavior in those moral virtues enacted by each of the six books of the poem—holiness, temperance, chastity, friendship, justice, and courtesy—and making taboo and horrifying those vices that might lead to sickness or other misfortunes (Milburn 2004:601).

wheron he stood' (I. xi. 22.4–5) with 'durty blood' (I. xi. 23.8). This resonates with medical writings of the time; von Hutten claimed that 'this infyrmytie [the Pox] commeth of corrupte, burnte, and enfecte bloude... this syckenes is no other thyng, but a postumation and rotting of vnpure blood', stating that the 'pocky sores [were] full of venemus poyson' (in Milburn 2004: 599). In 1596, the Scottish surgeon Peter Lowe also used the term 'venim' for syphilitic blood, concurring with the Dutch physician Philippus Hermanni that the 'roote [of the Pox] lyeth in the bloode... euill black enflamed blood' (in Milburn 2004: 599).

John Donne makes further reference to the dangerous mixing of syphilitic blood in his poem *The Flea*: 'Mark but this flea, and mark in this / How little that which thou deny'st me is / It sucked me first, and now sucks thee / And in this flea our two bloods mingled be...' (1904: 1). The poem continues over the next nine lines to promote the carnal joys of which the speaker evidently seeks and eventually attains, however, the tone of the poem then alters when the speaker states: 'And cloistered in these living walls of jet' (Donne 1904: 1); 'living walls of jet', a stone which has been traditionally associated with death and mourning regalia, one assumes is used by Donne to metaphorically express what he feels is a sentence of living death caused by the infection of syphilis attained through mixing blood and bodily fluids during sexual intercourse. Suddenly then, the flea, the metaphor of his desire to have a sexual union with the woman, becomes a harbinger of death:

Though use make you apt to kill me,  
Let not to that, self-murder added be,  
And sacrilege, three sins in killing three.

Cruel and sudden, hast thou since  
Purpled thy nail in blood of innocence? (Donne 1904: 1)

Once again, in the final lines of this poem: 'Wherin could this flea guilty be / Except in that drop which it sucked from thee?' (Donne 1904: 1), one finds how syphilis was a disease of exclusion; the man in his folly and lust desired the woman and yet the attainment of his desire, of giving in to the sin of lust, resulted in the punishment of syphilis. That said, it is the woman who is once again blamed - she is the one that possessed the bad blood which polluted him.

Donne's poetry is not alone in producing such anti-female allegations, *Murdering Beauty* by Thomas Carew (1595-1640), *An Evil Spirit* by Michael Drayton (1563-1631) and *Away, Delights* by John Fletcher (1579-1625) all contemporarily expressed how female deception led to early male death, resonating with societal views on syphilis. In *Murdering Beauty*, Carew's speaker is embittered by his own lust which could lead to his demise: 'Ill gaze no more on her bewitching face, / Since ruin harbours there in every place' (in Carew and Jones 1845: 24). This is reminiscent of Spenser's view of the prostitute in his allegorical character of Duessa; the beauty of the prostitute is a guise under which disease is hidden, what King Lear describes as centaurs legs hidden below the waist (IV. iv. 124-125). The speaker in this poem would none-the-less be inspirational for the early modern male reader, as he rejects the lethal temptations of the syphilitic woman in the manner recommended by his contemporaries, such as Clowes and Nashe, stating:

I'll love no more those cruel eyes of hers,  
Which, pleased or anger'd, still are murderers:  
For if she dart, like lightning, through the air  
Her beams of wrath, she kills me with despair:  
If she behold me with a pleasing eye,

I surfeit with excess of joy, and die (Carew in Carew and Jones 1845: 24).

Drayton's poem, however, is the antithesis of Carew's, although it begins in a similar way - through temptation by beauty: 'An evil spirit, your beauty haunts me still' (in Drayton, Griffin and Smith 2006: 7). The difference between the two speakers emerges in the second line, where it becomes evident that Drayton's speaker has given in to his lust a long time hence and has been infected with syphilis which is taking its unrelenting toll on his body: 'Wherewith, alas, I have been long possest, / Which ceaseth not to tempt me to each ill, / Nor gives me once but one poor minute's rest; / In me it speaks, whether I sleep or wake...' (in Drayton, Griffin and Smith 2006: 7). This last line can be seen to reflect the bone pains that are symptomatic of syphilis which grow worse at night (Hutcheon and Hutcheon 1995: 265). Drayton's speaker then goes on to discuss the 'greater torment' that was the medical treatment of syphilis, stating that it 'tortures me in most extremity; / Before my face it lays down / my despairs, / And hastes me on unto a sudden death' (in Drayton, Griffin and Smith 2006: 7). The mercurial treatments of the time, as has been previously discussed, had side-effects comparable to the disease itself,

promoting delusions and syphilitic dementia, possibly accounting for Drayton's closing lines: 'Thus am I still provok'd to every evil, / By this good wicked spirit, sweet angel-devil' (in Drayton, Griffin and Smith 2006: 8), which could be seen to imply that this new authority of medical practitioners, did not, as yet, wield the same authority as God, the Church and tradition. Perhaps, one could once again return to Faustus' postulation that the Physic may be able to offer solace to the earthly body, but it was religion that held the key to the afterlife.

Fletcher's *Away, Delights* varies very little in its moral message from Drayton's poem; it can be read as a tale of a bitter infected syphilitic, tricked by lust into a painful death and mocked by the society in which he lives. The poem begins: 'AWAY, delights! go seek some other dwelling, / For I must die. / Farewell, false love! thy tongue is ever telling / Lie after lie. / For ever let me rest now from thy smarts' (in Beaumont and Fletcher 1866: 630). The speaker here repels the carnal 'delights' of sexual pleasure, or 'false love', which have neither satisfied him nor brought him anything but pain ('smarts'). The pain caused by his disease is evidently extensive and one could insinuate that he is in the tertiary stage of syphilis and wishing his own death. The speaker realises too late his mistake of giving into what he calls 'deluding love' and his bitterness shows, as after his death, while he will 'sleep' the 'poor maids' who perhaps gave him the infection 'cry' (in Beaumont and Fletcher 1866: 630-631). The man's wish for physical death is also an acknowledgment of his social death; his disease has caused stigmatisation, as has been previously discussed within this chapter, and he desires an end to his social ostracisation. His mockery, he feels, cannot be continued when he is dead and buried in the clay. This last line of the poem is evidence therefore that Walter's presumption that the Traditional Social Death Followed Physical Death is incorrect, rather the reverse was true for the stigmatised early modern syphilitic. Victims of syphilis suffered a degenerative, slow and drawn out death with symptoms that, in the secondary and tertiary stages, were physically visible and would indicate the presence of the disease to anyone who encountered them.

### **Conclusion of Syphilis**

Within this chapter it has been evident that syphilis was understood as a uniquely historical early modern disease, dating almost exactly to the discovery of the

Americas and rapidly spread by the warring French. Further, syphilis has been seen to bear a striking symptomatic resemblance to medieval leprosy, with chroniclers such as Gordonio, confusing the two diseases, which only later became differentiated by the fact that syphilis responded to mercurial treatments. The slow progression of syphilis throughout the body does not conform to Walter's view that the Traditional Dying Trajectory was Fast, with contemporary sufferers such as von Hutten evidencing this fact through recording the progression of his own disease. In turn, leprosy bequeathed to syphilis much of its socially constructed symbolic iconography, witnessable in images such as *St. Valerian and his Brother*; both of these diseases were perceived as being Resultant from Sin, confirming Walter's view of the ideal typical Traditional death, and syphilis also inherited the medieval accusation that slow deforming diseases were rife among the disordered lower-classes and the sexually promiscuous. As with leprosy, the accusation of insidious harm and the isolation and ostracisation of syphilis sufferers, evidences problems with Walter's term Community; syphilitics were underworld figures, prostitutes, vagabonds, the lewd, the idle and foreign enemies - individuals which were deemed unworthy of support from their neighbours, or often even the medical profession, who dedicated their attention to the middle-classes.

Chroniclers, such as Clowes, demonstrated how syphilis was selectively acceptable, promoting a need for demarcation between gender and class to name but two determinants in Walter's Traditional perception of Community. The negativity attributed to the prostitute as a source of contagion is reflective of changing perceptions towards women in Reformist society, namely Calvinist theology; Augustine's view that women are the progenitors of lust, echoes Old Testament scripture about Eve, the temptress, who deceived her lover Adam with her carnal insatiability and brought death to her children, just as the early modern syphilitic whore produced congenital defects in her unborn child. Here one can witness, as Walter posits, that Authority and Meaning are being provided or Given by the Church and Tradition through a reversion to the Early Church Fathers' reliance on the interpretation of biblical scripture. Bitterness towards the female is also evident in contemporary literature, such as Spenser's *Faerie Queene*, and Drayton's *Cupid, I Hate Thee*, which portray embittered male sufferers deceived by the false love of prostitutes. Shakespeare's *King Lear*, and *Twelfth Night*, further emphasise how

female sexual miscreancy and deception leads to male syphilitic infection, with the characters of Lear and Sir Toby Belch respectively, describing how sexually vigorous and desirous women are the progenitresses of venereal disease.

Returning to the view that syphilis was selectively acceptable, one can witness that fashion displays such as cod pieces, masks and other disguises had functionality in the sense that items could both emphasise and hide syphilitic infection. In images such as Holbein's portrait of Henry VIII, and the portrait in his style of Edward VI, the virility display of the codpiece emphasises their masculinity, while perhaps protecting the genitals while undergoing medical treatment for syphilis. Walter's view that typical Traditional manifestations of Courage in the face of death were Prayer and Ritual cannot be substantiated when considering the analysis of early modern syphilis, and his view that Neighbours would provide Lay Support to victims was also unlikely; syphilitics in Reformist society relied on medical treatment and disguise to conceal their disease and the non-infected members of society acted as surveyors of the bodily symptoms of disease, fearful of insidious harm through concealment. Thus, disguise became a necessity; prostitutes would hide their disease and were targets of suspicion for that. However, the upper-classes used their disguise as a fashion statement - their lust for materiality that caused their venereal disease initially, now hid their physical signs of immorality. Disguise therefore, made reference to religious beliefs of the time; whether fashionable or merely signifiers of infection, disguise delineated a syphilitic from the rest of the community, providing a pedagogical display of the physical onslaught of sin, which ate away at the body as much as the soul, leading to a social death which occurred before actual mortality.

### **Chapter Conclusion**

This chapter has analysed the affect that two symptomatically different, yet extremely prevalent early modern diseases, have on Walter's Traditional typological determinants when considered as Archetypal Deaths in the period of the English Reformation. In the first part of this chapter it was determined that plague, as Walter posits, can accurately represent a typical early modern death if considered as an urban or city-dwelling disease, thriving in unsanitary congested areas, such as slums and suburbs. In terms of Walter's Traditional Bodily Context, fatality rate was still

between 50% and 80% when epidemics emerged and Dying Trajectory was undoubtedly Fast, with infection emerging within a day and patients rarely surviving longer than a week, despite the progress achieved by contemporary medicine. With nine recorded outbreaks in London, many of which lasting several years, one would have Seen Others Dying Frequently of plague, as one quarter of the population perished and as such it would be justifiable to say that the Human Condition of citizens of large cities would have been Living with Death on a daily basis.

There are discrepancies in Walter's Traditional Bodily Context in terms of plague death however, as in rural areas plague was limited to a few households, if it struck at all, country dwellers were left relatively unaware of the continued virulence of the disease. Rural individuals were not necessarily then, living with plague death, and were unlikely to see people dying frequently of this disease; thus questioning the validity of plague as an Archetypal Death due to its demographic variances. In turn, and unlike the Middle Ages, there was no typical age range for those struck down by plague death; it was medically understood that those in close confines with other sufferers would likely die. Indeed, quarantine was enforced within many cities in order to contain contagion, kin were sealed in together and surveyed until death occurred, lending a macabre twist to Walter's notion of Surveillance of Behaviour by Priests and Neighbours, and ensuring that Social Death far Preceded their Physical Death from plague, which conforms to Walter's Modern death ideal. Also, through the use of metaphorical plague language that socially constructed links between physical disease and social malaise, Othering could be achieved, socially excluding unwanted members of society, such as Libertines, players, vagrants and slum dwellers, again ensuring that Social Death Preceded Physical Death, portraying Modern forms of behaviour within Walter's ideal Traditional type.

In the second part of this chapter, the Bodily Context of Walter's Traditional type was wholly altered through the consideration of syphilis as the Archetypal Traditional Death of the Reformation era. The most striking difference between plague and syphilis was the death trajectory; while plague killed in days, the degenerative nature of syphilis took effect over several years, if not decades, lying dormant intermittently between its primary, secondary and tertiary stages. Syphilis has been seen to be a uniquely early modern disease, discovered with the Americas

and virulently spreading throughout Europe. Walter's Human Condition of Living with Death was more literal in the sense of syphilitic infection; the sufferers were physically living with death, their disease progressing and deforming them slowly until the parasite eventually killed off its host. Again, as with plague there was no age range which one may decipher as typical of a syphilitic death, as a sufferer of syphilis may be infected very young and possess the disease for many years, and congenital syphilis meant that stillbirths and child death were also common. The fact that people did live with the disease for long lengths of time and often kept it hidden, meant that mortality rates are almost impossible to decipher, but medical writers attest to the frequency of infection, recording that hospitals were inundated with patients needing treatment. As with plague, often the social death of syphilitics far preceded their physical mortality, with ostracisation occurring as a result; those labelled syphilitic included vagrants, vagabonds, discharged soldiers and most importantly female prostitutes. The social Othering of these individuals was such that medical authorities typically deemed them unworthy of treatment and often it was necessary to adorn a disguise to avoid accusation.

The social ostracisation of syphilitics also raises issues within Walter's Social Context; this form of Archetypal Death particularly challenges Walter's determinant of Community as a Social Structure, excluding foreigners for spreading the disease, the lewd and idle for their immoral behaviour and also lower-class females, especially prostitutes, for their sexual promiscuity and ability to disguise their ailment. This chapter has deemed it necessary to delineate between Insiders and Outsiders to Walter's homogenous notion of Community, making class distinctions and well as undertaking a gendered analysis of the disease in order to establish a more realistic perception of what actually defined Personhood, and how syphilis affected Belonging within Walter's Traditional Social Structure. It has been evidenced that upper-class males were ideal sufferers, perceived to obtain syphilis through copulation with prostitutes. However, the misogynistic culture of early modernity informed by the texts of the Early Church Fathers used within Reformist teachings, often denigrated the female as sexually devious and worthy of blame. The deviant figure of the female prostitute, with her ability to disguise her infection, was segregated to the outskirts of the town community, losing her social position before death occurred. On the other hand, upper-class males could maintain their social

status parading their potential infection through the exhibition of fashion items such as the codpiece. The fact that the slow progression of syphilis afforded a sense of hiddenness for the sufferer, caused the social accusation of insidious harm to arise in much the same manner as leprous contagion, and coupled with the notion that this new venereal disease was caused by sexual promiscuity, it can be noted that despite inconsistencies among Walter's other determinants, syphilis was perceived to be Resultant from Sin.

Unlike the Middle Ages, in which plague was largely considered unexplainable and coming from Outside of the community, early modern England viewed plague as a scourge from God - a punishment on an immoral nation who were becoming increasingly reliant on the medical marketplace, displacing the authority of God with the authority of the Physic. The confusion in afterlife beliefs amidst the Reformation coupled with European anatomical discoveries and the symptomatic understanding of disease, led many early moderns to believe that God had abandoned them, and that the epidemic plagues that ravaged the cities were retribution for the deep malaise in the body politic. Plague was the punishment for sin and while the rich could afford flee, the poor suffered, abandoned by their parishes which feared contagion. Walter's Authoritative Structure had initiated its transition into the realm of Modern medical discourse; in the case of both plague and syphilis, Religion was no longer a Given, it was doubted and contested, with medical treatment, flight and isolation, largely favoured as forms of Coping Strategies which denigrated the efficacy of Traditional Prayer and Ritual in the fight against bodily disease. There was little if any Lay Support for sufferers of plague, Surveillance was now undertaken by the Doctor who attempted to record the symptomatic progression of the disease in a manner pertaining to Walter's ideal Modern type. In summation, if one considers Walter's view that Unbelief was the Worst Sin, then perhaps it would have been understandable to contemporary English society, who were in the midst of a politically and socially unstable period of religious Reformation, that they were being punished with outbreaks of diseases such as plague and syphilis. However, in an unparalleled era of religious disruption, alongside vast advances in medical knowledge and worldly discoveries, both plague and syphilis, as forms of Archetypal Deaths, pose problems to Walter's Traditional Bodily and Social Contexts, as well as to his Traditional Authority and Coping Stratagems.

## CHAPTER THREE

### **The Syphilitic Sins of the Fathers and the Bloody, Beautiful Consumptive Death: Syphilis and Tuberculosis as Archetypal Deaths of the Nineteenth Century (1800-1901)**

#### **Introduction**

In this final chapter, I will take a snapshot of Walter's ideal Traditional era that encompasses the period 1800 to 1901 in order to gauge changing attitudes towards death-related behaviour throughout the nineteenth century and towards the end of this period of ideal death-related behaviour<sup>40</sup>. Following the formula set in the first two chapters, two diseases, syphilis and tuberculosis, will be appropriated as Archetypal Deaths within this period of Walter's Traditional type. Initially, I will once again place syphilis within this determinative position in order to establish whether the disease retained the early modern social acknowledgement of being associated within immorality in nineteenth century society. The first part of this chapter will compare the bodily symptoms of syphilis, as documented in mid- to late-Victorian medical texts, with its early modern counterpart in order to identify whether the disease has remained cohesively identifiable in its Bodily Context over a period of more than three hundred years. Further, I will investigate whether advances in medical knowledge throughout the mid- to late-Victorian eras resulted in a disproportionate reliance on Modern medical cures for bodily diseases, displacing Walter's ideal typical perception of Traditional religious spiritual welfare, and indicating that medicine was becoming an increasingly dominant Authoritative Structure in nineteenth century England.

Again, following the methodological approach of Warne (2000), I will undertake a gendered analysis of contemporary approaches to syphilis in order to identify how popular and medical perceptions of the disease shaped infected males' and females' assumed capabilities within society, as well as their sexual and their social status.

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<sup>40</sup> The period of the nineteenth century will be further delineated into four different time-frames: the Regency period (c.1811-1820), the early-Victorian (c.1837-1845), mid-Victorian (c.1845-1860) and late-Victorian (post 1870) eras, which will serve to distinguish between the varying social contexts of English society circa 1800-1901.

The issue of class will continue play a pivotal role in the investigation of the treatment of syphilitic patients within nineteenth century society, particularly focusing on the stigmatisation associated with being syphilitic throughout the class stratification and the subsequent implication this had on social standing. Finally, the first half of this chapter will decipher whether syphilis, as a form nineteenth century Archetypal Death, conforms to Walter's ideal Traditional Bodily and Social Contexts, or if the manner in which society perceived the disease conforms more closely to the determinants outlined in his ideal Modern type, which would identify the possibility of behavioural progression within his typology.

In the first two chapters of this thesis I have maintained Walter's typological determinant of plague as a comparative ideal Traditional Archetypal Death, however, with the last major outbreak of this disease occurring in Europe in the late-eighteenth century, one must find an alternative disease which statistically fulfils the criteria of having the highest contemporary mortality rates. Tuberculosis will thus form an alternative Archetypal Death of the nineteenth century. In the second part of this chapter, I will analyse contemporary morbidity statistics attributed to tuberculosis in order to justify its position as the most fatal disease of the nineteenth century. Using mid- to late-Victorian medical tracts and pamphlets, the symptoms, perceived methods of transmission and the death trajectory of tuberculosis will be determined, which will provide a cohesive account of what Walter determines as the Bodily Context of his Traditional type, justified through contemporary documentation. As with the exploration of syphilis within this chapter, particular attention will be given to the manner in which nineteenth century class division altered social perceptions of the dying consumptive, with gender, skin colour and assumed mental capacity also influencing varying contemporary social constructions concerning the acceptability of the disease.

My analysis of tuberculosis within this chapter will follow the Structural-functionalist approach of Murphy (2000), exploring the effect of the ideologies that the upper-echelons of society imbued on the working-classes, particularly considering the notion of primitive accumulation coupled with the racialisation of the labourer as a form of Othering, which devalued their experience of illness and death as the mere products of consumerism. Conversely, this chapter will explore

how the wealthy often constructed and performed their tuberculous deaths, romanticising its pallidity and contemporary association with genius and creativity as a display of superiority over the lower-echelons of society, creating an ‘internal hierarchy’ within English society (Murphy 2000: 411). By emphasising its symptomatic progression as a form of heightened mental and spiritual experience, my exploration of nineteenth century tuberculosis will investigate whether this disease enabled the wealthy to transgress the historical boundaries of Walter’s ideal Traditional type.

### **Social Context**

The period of 1800 to 1901 were years of dramatic social change in England characterised by Britain’s transformation into a modern industrial society which controlled approximately 45% of the world’s industrial capacity (Kennedy 1987: 151). The nineteenth century city demonstrated a great variation in living quality between the classes with ‘a significant proportion of the Victorian working-class... permanently malnourished and periodically diseased, with consequential effects for the urban economy’ (Pooley 1984; 137). Ill-equipped to deal with the large influx of labourers, industrial towns and cities were subject to poor housing quality, insanitary living conditions and water and air pollution, which in turn resulted in constant outbreaks of infectious diseases such as small pox, cholera and typhoid (Pooley 1984: 137). In an attempt to combat epidemic mortality, authorities implemented numerous health acts during the mid- to late-Victorian era<sup>41</sup>, however, the introduction of civil registration in 1837 displayed that national improvements in mortality were only evident from the 1850s onwards, when life expectancy stabilised at levels above 40 years (Woods and Hinde 1987: 28). In urban areas infant mortality rates were 22.4 per 1,000 of the population, and remained above 20 until 1880, with more than 15% of children failing to reach their first birthday (Halliday 2007: 20).

Disease transmission was also largely understood as the result of an inherited susceptibility, with the notion of water- and air-borne infection not generally accepted, resulting in many conditions remaining chronic or incurable (Marsh 2011a). Further, in Darwin’s *On the Origin of Species* (1859), he promoted tangible

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<sup>41</sup> The *Public Health Act* (1848), *The Nuisances Removal and Diseases Prevention Act* (1855), the formation of the *Ladies Sanitary Association* in 1857, and the *Sanitary Act* (1866).

evidence that existence was ‘an arbitrary, non-directional evolutionary process in which humankind is no longer central... eliminat[ing] religious teleological explanations by arguing that species arose by purely causal processes’ (in Graff 2001: 34-35). Darwin’s work was adapted by Social Darwinists, such as Huxley and Tennyson, who argued that nature was ‘red in tooth and claw’, violent, competitive and the antithesis of Christian morality. Social Darwinism, coupled with Huxley’s notion of ‘administrative nihilism’, or ‘the belief in the efficacy of doing nothing’ (1871: 533), meant that the impoverished condition of the poor became of little concern to the upper-echelons of society; the Biblical notion that ‘the weak shall inherit the earth’ (Matthew 5:5) was overturned in favour of the contemporary equation of the poor with the unfit.

In *The Hour of Our Death* (1981), Ariès expresses that death in nineteenth century Western Europe was characterised by formative events such as the disputation between science and religion, the development of the industrial city and the increasing desire for love and marriage, which culminated in what Ariès defines as ‘an original type of sensibility dominating all others - summarised in the word *privacy*’ (2004: 45). The Traditional medieval and early modern community structure was replaced by the notion of the bourgeois nuclear family, with the fear of death eventually transferred from the self to the Other (Ariès 2004: 45). Ariès’ Death of the Other was a distinctly middle- to upper-class enactment of death, characterised by de-ritualisation (in a religious sense) in favour of spontaneous displays of grief, noting that it was not the dying individual that was mourned, but the separation from the deceased (Ariès 2004: 45). Death was not sad, but rather an exalted moment representing the ultimate beauty in nature. Darwin’s publication had highlighted that evil was not religious but natural and the dissolution of religion in this respect removed the fear and shame associated with the afterlife (Ariès 2004: 45). Ariès claims that religion became a matter of consumerism, with the afterlife becoming a spiritual marketplace for those who could afford, and desired, reunion with loved ones in an afterlife destination of one’s choice (2004: 45). Christians still believed in heaven, but even non-believers had an afterlife characterised by the memories of loved ones, and in turn mid-Victorian movements such as Spiritualism also offered comfort and hope for spiritual reunion in a society where endemic mortality was a feature of human existence (Ariès 2004: 45).

## Part A: The Case for Syphilis

### Introduction to Syphilis

Almost three hundred years after its initial appearance within England, syphilis still stirred the nineteenth century imagination as an endemic representing the underlying decay, filth and moral degeneration of society, discussed and debated within both medical and socio-political spheres. Within this chapter I intend to justify syphilis' continued relevance as an alternative Archetypal Death in Walter's ideal Traditional era, exploring the progression of medical understandings and treatment of the disease within mid- to late-Victorian medical documentation. Further, I will undertake a gendered analysis of social perceptions of the disease, particularly after the implementation of the *Contagious Diseases Act* (1864-1866), in order to establish whether there was a maintained association between syphilis and prostitution in nineteenth century society. I will specifically consider Victorian social constructions of bifurcated female sexuality, generally demarcating women's roles as either wife and mother, or as a sexually illicit whore. Further, I will explore the social delineation of syphilitic prostitutes as Other and Foreign as a method for the social exclusion of undesirable females in Victorian society, witnessable in popular literature such as Stoker's novel *Dracula* (1897).

I will investigate how the aforementioned *Contagious Diseases Act* functioned as a form of empowerment for patriarchal authority within the home, and in medical and judicial spheres, particularly focusing on legalisation concerning the enforced examination and incarceration of female syphilitic patients within lock hospitals<sup>42</sup>. I will explore how hospitalised syphilitic patients were often subject to class debasement and homogenisation, being denigrated due to the moral implications of venereal syphilis. I will also examine whether the perceived threat of the disease was greater than actual mortality statistics indicate, encouraging a psychological dread of syphilis culminating in an imaginary form of the disease which became popularly and medically documented as an ailment specifically afflicting male bourgeois

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<sup>42</sup> Lock hospitals were hospitals which specialised in treating venereal disease. The term 'lock' comes from the French *loques*, meaning bandages, rags and lints, and the first of these hospitals was established in Southwark in the twelfth century (Mahood 1990: 59).

patients. In contrast to the analysis of syphilis within Chapter Two of this thesis, which noted that syphilitic prostitutes were typical targets of social exclusion, this chapter will demonstrate the increasing accountability of middle- to upper-class men in the transmission of nineteenth century syphilis. Stevenson's late-Victorian tale of the *Strange Case of Dr. Jekyll and Mr. Hyde* (1886) will be utilised within this chapter to evidence the increasingly popular societal and medical belief that when men did not control their lust through the institution of marriage, syphilitic infection was often inevitable, contributing to the perceived moral decay of contemporary society.

### **Medical Knowledge of Syphilis**

In the treatment of Victorian syphilis, medical authorities largely relied on the research of the French physician Ricord, who recorded the treatment of over two thousand syphilitic patients in the *Hopital du Midi*, Paris. In the *Traite pratique sur les maladies veneriennes* (1838), Ricord defined the symptomatic progression of syphilis in three-stages. Following Ricord's observations, Victorian physicians were generally able to agree on the essential nature of syphilitic infection; syphilis was an infectious disease introduced into the bodily system through the act of sexual intercourse (Ricord 1838: 56, 465). As Walkowitz states, 'general opinion assigns it [syphilis] to the presence of a minute wound or lesion of the part through which the poison is admitted' (Walkowitz 1982: 50), followed by the appearance of a sore at the site of infection within twenty-four hours. Within six to eight weeks, the disease progressed into its second stage, characterised by a 'feeling of lassitude, and depression, a chilling in the joints and limbs, and generalised eruption, usually beginning as pale pink before turning a copper colour' (Wyke 1973: 80).

The progressive manifestation of syphilis culminating in the appearance of the final deformative tertiary stage of the disease, often decades after initial transmission, once again evidences the disease's slow death trajectory, which clearly contradicts Walter's assertion that the Traditional Archetypal Death was Fast. Hill posited that in its third stage, syphilis alters 'the structure of the organs of vital importance... render[ing] the patient unable to resist the inroad of inflammatory action set up accidentally' (1868: 27). In the final stages of syphilis, sloughing sores and bone disorders were accompanied by the disease's attack on the liver, the lungs, the brain

and the muscles (Hill 1868: 27). These symptoms vary little from those recorded in early modernity, and even after Ricord's precursory publication became widely available, there remained some dispute and confusion in medical texts concerning the origins and nature of the disease. Most physicians understood that the threat syphilis posed to sexual partners diminished after the primary stages of the disease had moved into remission, but found limited agreement in the duration of treatment needed before marriage could be 'safely recommended to syphilitic patients' (Walkowitz 1982: 51). Further, throughout the nineteenth century, gonorrhoea and syphilis were thought to be undifferentiated (Persson 2010: 163) and in most cases, periods of latency, were perceived as the disease 'gradually wearing out... without the pain and trouble of medical treatment' (Hill 1868: 27).

### **Medical Treatments**

The lack of certain medical understanding concerning the symptoms and progression of syphilis impeded the development of treatment, producing an ethos of prevention rather than cure in the mid- to late-Victorian battle against the disease. Indeed, in the *Westminster Review* of 1868, a contemporary chronicler noted that '*our power over disease is no wise proportionate to our knowledge of it*' (Anon 1868: 232). According to Persson, by the mid-1870s 'many physicians acknowledged that some diseases were accompanied by specific micro-organisms, but the body of medical opinion was unwilling to concede that endemic diseases, like syphilis could ever be caused by them' (2010: 56). The preventative methods utilised by physicians conformed to the notion that syphilis was a specific poison which breached the body via the skin, thus the application of alcohol, astringent solutions and caustics either washed away or destroyed the syphilitic poison (Walkowitz 1982: 51). According to one article in the *Medical Times* (1846), these preventions were considered 'advantageous as long as absorption [in the blood] has not taken place... these various substances are evidently useless when a chancre exists' (Anon 1846a: 428).

During the nineteenth century trained physicians were still maintaining the early modern use of mercury treatment on patients once syphilis had entered the bloodstream, in the form of pills, vapour baths and ointments (Persson 2010: 162). According to Walkowitz, the popularity of mercury treatment in cases of syphilis

was resultant from a renaissance in humoral pathology (1982: 53), with the failing attempt to control death through medicine leading to an increasing reliance on what Geertz defines as an ‘inherited body of knowledge’ (1973: 76), in the form of medieval holistic practices. Contemporary doctors also offered alternative drugs, mixing smaller doses of mercurial medicines with homeopathic, herbal and metallic elements over prolonged periods. However, with little progression in medical knowledge since the outbreak of syphilis in the fifteenth century, these treatments frequently aggravated patients’ conditions. Mercury induced heavy salivation - removing impurities, and hot vapour baths had the same effect (Persson 2010: 162); ‘the venereal poison, having entered the body, was compelled to the exterior through salivation and perspiration’ (Anon 1846a: 428). Davis states that it is unclear ‘which of the symptoms of treated patients were due to syphilis and which to mercury intoxication’ (2008: 160), and with the ‘curative’ dose perilously close to the ‘lethal’ dose, mortality rates were often higher among treated, rather than untreated, syphilitics (Walkowitz 1982: 53). Yet, according to Walkowitz, drastic remedies were needed to neutralise the dangerous poison of syphilis and to rebalance the body’s humours; the painful side effects were therefore evidence that the drug was exerting the required effect to restore the body to a healthy balance (1982: 53). Thus, one can witness that in the case of mid- to late-nineteenth century syphilis, the patient was generally experiencing Walter’s ideal Traditional perception of Living with Death. Further, syphilitic patients were becoming increasingly reliant on the Authority of Medical Experts, which is characteristic of Walter’s ideal Modern type, despite the fact that syphilitic treatment had not greatly improved since early modernity.

### **A Disease in Decline**

The British Medical Association’s Report of 1870 noted that prior to the mid-1860s venereal disease had been declining in both extent and virulence:

...because there is only one disease of venereal origin—true syphilis—that affects the constitution, or can on any pretence be considered a matter of State concern; because true syphilis constitutes but a small fractional proportion of the mass of cases (Anon 1870b: 330).

Their journal informed the public that all forms of syphilis were ‘great checks upon incontinence, and, consequently, the means of saving thousands from the more

serious malady' (Anon 1870b: 330). Though the contemporary physician Simon protested that one severe case of syphilis occurs less than once or twice in a thousand, 'it is cited as though it were a fair typical example of all cases of contagious disease' (in Taylor Bell 1870: 36). Simon stated that contemporary English society was 'falsely, yet perseveringly, assured that gout, cancer, rheumatism, and consumption—one might almost add all other ills... are manifestations of syphilis' (Simon in Taylor Bell 1870: 39); in turn, Taylor Bell noted that both the extent and malignancy of venereal diseases were exaggerated by 'certain alarmist doctrines... [which] were industriously circulated' (1870: 40). In 1870, Turenne stated that syphilis was on 'the wane all over Europe, and [was] certainly less common and less severe in England, declining in both extent and virulence with each succeeding decade' (in Taylor Bell 1870: 42). According to the contemporary physician Lancereaux, 'in the majority of cases, the general eruption once over, syphilis ceases as if it had completed its entire orbit... syphilis is but an abortive disease, slight and benignant, it does not leave behind any troublesome trace of its passage' (in Taylor Bell 1870: 43). Hunter further posited that 'syphilis is not a disease which is fatal to adults in its primary or secondary manifestations, and the majority of those who have undergone the disease live as long as they could otherwise have expected to live' (in Taylor Bell 1870: 44). Indeed, Acton remarked that 'so rare is death from uncomplicated syphilis that many a surgeon has never witnessed a single instance' (in Anon 1899: 152). For Taylor Bell, the decline in syphilitic infection was such that of the six thousand patients admitted St. Bartholomew's Hospital, London, in 1870, 'not a single female died from syphilis, although some of the worst cases are admitted to the wards' (1870: 45).

One must question whether Taylor Bell's reflection of syphilis in contemporary medical thought is a direct result of the inadequacy of medical knowledge in the treatment of the disease and thus downplays the vital importance of social anxiety concerning an illness which had plagued England for over three hundred years. Indeed, Taylor Bell's protest against the severity of the syphilis endemic in mid- to late-Victorian England was in direct consequence of the *Contagious Diseases Act* passed in Parliament in 1866. The *Act*, which encompassed five mile radiuses of garrison towns and naval ports, such as Portsmouth, Plymouth, Devonport, Woolwich, Chatham, Aldershot, Windsor, Sheerness, Colchester, Shorncliffe and

Winchester (Bartley 2000: 12), endowed the constabulary with the power to arrest and incarcerate women suspected of prostitution and also those suspected to be diseased, or more specifically syphilitic (in Taylor Bell 1870: 4) As Walkowitz states, the 'high concentration of prostitutes in ports and pleasure towns could have reflected the uneven sex ratios, the limited employment opportunities for women, as well as the presence of a transient male population that formed a ready clientele for the prostitutes' (1982: 22). Diseases such as syphilis thrived in military barracks, with Levine stating that in 1863, one in every three army sick cases was venereal; for naval cases, the figure was one in eleven (1996: 589). In turn, hospital admissions indicated that venereal infections among the army constituted 290.7 per 1000 total troop strength, with 125 venereal hospital admissions per 1000 naval troops (Mort 2000: 127).

### **The Enforcement of the *Contagious Diseases Act***

The *Contagious Diseases Act* enforced periodical examinations of any woman suspected of prostitution by policemen, as it was perceived that true syphilis could rarely be detected in females without examination (Walkowitz 1982: 36). Registered prostitutes were subjected to fortnightly internal examinations, brought to trial to prove virtue if they refused and interred in a lock hospital if found to possess a venereal disease (Walkowitz 1982: 1). Lock hospitals were voluntary organisations which retained the use of beds specifically for venereal patients, but admissions were subject to the consumer demand and sexual ideologies which characterised the Victorian era (Walkowitz 1982: 57). As Walkowitz states, 'admittance often required letters of recommendation, evidence of respectability, and extraordinary contributions on the part of venereal patients to their own support' (1982: 58). Notably, the inpatient facilities for females were inadequate, with an 1882 survey noting that only 402 beds were reserved for female venereal patients in Britain and of these only 232 were 'funded for use' (Walkowitz 1982: 57-58). Female sufferers often had to resort to workhouse infirmaries, whether impoverished or not, discriminated within institutional settings, while syphilitic men were admitted to general wards (Walkowitz 1982: 58). However, despite the enactment of the *Contagious Diseases Act* and the establishment of lock hospitals to confine contagion, syphilis remained a hidden disease for the lower-classes - a form of social death to be isolated from view.

Walkowitz posits that the skin disorders associated with syphilis, that would have been visible on inpatients within the lock hospitals, were generally understood to be non-infectious, although offensive, and thus the reluctance of syphilitic admission had to reflect a stigmatisation of the victim (1982: 58). Even prior to admittance, the pressure for the medical inspection of promiscuous women and prostitutes grew, but there was no action made to examine the clients of the prostitutes, thus reinforcing a double standard of sexual morality (Walkowitz 1992: 23). The disproportionate percentage of female admissions to lock hospitals reflects Warne's view that gendering operates at both a 'conceptual level and at the level of social practice' (2000: 140), with both positive and negative repercussions; while Acton noted that to isolate male cases of syphilis seemed to be entirely superfluous (1853: 241), the incarceration of perceived sexually promiscuous females within lock houses, can be conversely interpreted as another form of Isolation reminiscent of Walter's ideal Modern pre-mortem Social Death<sup>43</sup>. Walkowitz states that hospitals found it difficult to apply the same social and moral criteria to syphilitic patients and generally did not distinguish venereal inpatients from workhouse paupers, noting that 'by virtue of their infirmity, venereal patients were deemed unrespectable' (Walkowitz 1982: 58); syphilitics were defined as being among the lowest social ranks within the hospital patient hierarchy.

Lowndes' study of the Liverpool lock hospital evidences the role of social hierarchy in consideration of the treatment of syphilis within institutionalised medical settings. As the only hospital in Liverpool which received females suffering from syphilis, admissions were sustained at between 144 and 222 syphilitic patients per year, every year between 1864 and 1874, despite the hospital having only twenty-five beds to use (1876: 11-12). Lowndes notes that these patients were typically prostitutes

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<sup>43</sup> There has been a recurrent theme concerning the isolation of the bearers of contagious diseases permeating throughout this thesis. In Chapter One, it was witnessed that *leprosaria* were constructed throughout the twelfth and thirteenth centuries, in turn, during early modern plague outbreaks, plague victims and their families were incarcerated within their homes, and in the case of nineteenth century syphilis, former *leprosaria* were reconstructed into lock hospitals for, predominantly, female venereal patients. However, these structures of disease containment also acted as methods of social exclusion for those deemed morally disreputable in society. Therefore, these institutions historically evidence specific socially constructed criteria which labelled one as an Outsider within various contemporary social structures, such as male sexual deviance in the case of medieval leprosy, poverty or Libertinism in the case of early modern plague, and female sexual promiscuity in the case of both early modern and nineteenth century syphilis.

varying from eighteen to nineteen years old, 'with a great want of cleanliness and considerable neglect, the disease evidently being of days' and even weeks' duration' (1876: 12). The majority of cases recorded at this particular lock hospital were advanced cases of syphilis, of which, according to Lowndes, 90% were cured when the patient was discharged (1876: 12). However, it was not only prostitutes that occupied the female lock house, the majority of females were referred from workhouse venereal wards simply because they were paupers, and as Lowndes noted, 'from this fact alone we might expect to find... that the state of these women on admission is always severe, and often quite appalling' (1876: 12). Therefore, one can witness that the admission of impoverished females into lock hospitals acted as a form of Structural-functionalism which, according to Murphy, removed individuals who resided on the edge of what was deemed as 'culturally permissible' in mid- to late-Victorian English society (2000: 411), and relegated them to a correspondingly marginal social status, or to use Walter's terms, a Social Death within the lock house.

Nineteenth century lock houses generally conformed to Foucault's notion of the 'structure of confinement', as a method of institutionalising social deviants from society, excluding them by placing social deviants in a different physical and psychological reality (in Foucault and Kalfa 2006: 434). The lock hospital therefore became a form of community in itself, constructed through the designation of immorality placed upon individuals that were institutionalised there. In this sense one can place the lock house within Walter's Traditional religious structure of Authority, where Meaning was Given, and Social Position and Belonging were defined; the lock house patient was acknowledged as syphilitic and pauper in one, no matter what their previous social class, due to their perceived immoral sinful contagion. Further, in the consideration of Victorian lock houses, one can witness the progression of the immoral Archetypal Death, from medieval leper to nineteenth century syphilitic. Acton noted that the lock hospital at Southwark was founded on a medieval house of lepers (1857: 134); the *leprosarium* then became the syphilitic lock hospital to meet the contemporary social need to conceal the prostitutes who were, effectively, the social lepers from the early-nineteenth century onwards. Indeed, much like *leprosaria*, lock hospitals were charitable organisations aimed at the improvement of the social condition of English society and bringing medical

relief to the impoverished. In this sense, the increasing construction of these institutions in the nineteenth century, with Newcastle, Manchester, Liverpool, Leeds, Bristol and Birmingham all opening lock hospitals between 1813 and 1881, indicates the social concern amongst the bourgeoisie pertaining to the problem of prostitution and female infection, as most of these institutions only admitted female patients and targeted sex workers in particular (Walkowitz 1980: 59).

The lock house can also be perceived as representative of the domination of male authority in nineteenth century English society, both medical and religious, which determined the negative attributes of female sexuality and in turn asserted the power to stigmatise, and even incarcerate those deemed socially contagious. As one Kentish prostitute stated:

It is men, only men, from the first to the last that we have to do with! To please a man I did wrong at first, then I was flung about from man to man. Men police lay hands on us. By men we are examined, handled, doctored. In the hospital it is a man again who makes prayer and reads the Bible for us. We are had up before magistrates who are men, and we never get out of the hands of men till we die! (in Shanley 1993: 84).

The management of these lock hospitals by male medical and judicial authority presented a distorted reality concerning the nature of syphilitic infection, with the increasing need for male, as well as female facilities, becoming particularly evident within Victorian medical tracts. As Walkowitz states, doctors ‘subsequently opened male lock wards and outpatient clinics that overwhelmingly catered to male venereal patients’ (Walkowitz 1980: 59), particularly treating the vast numbers of the aforementioned military infected in garrison towns. Indeed, in the records of Liverpool Parish Infirmary, male patients outnumbered female, ‘the number of male patients admitted in all averages about 640 annually; that of females 547’ (Lowndes 1876: 13). As Lowndes stated, through the denigration of lower-class females and prostitutes as typical syphilitic patients, the voluntary system of the lock house invariably failed (1876: 13), with the vast majority of male patients denied treatment in institutions which lacked the facilities to accommodate them. Further, the stigma associated with the lock hospital and the enforced examination of patients, meant that syphilitic contagion was exacerbated by the majority who hid their disease through fear of incarceration and exposure.

### **Degradation of the Female Syphilitic**

The *Contagious Diseases Act* has so far been seen to highlight the notion that prostitutes were still perceived as the foremost carriers of syphilitic contagion in nineteenth century society, as was the case in early modernity. However, throughout the mid- to late-Victorian era many influential publications protested the social degradation that the *Act* inflicted on prostitutes, which became of increasing concern for middle- to upper-class charitable and philanthropic organisations. An article in the *Westminster Review* of 1870 stated that the:

Registration of women as prostitutes... means ostensible social degradation; it sets upon them the mark of infamy, it compels them to commit themselves absolutely to a life of prostitution as a condition of continuing to exist... it means loss of valued acquaintances and of long cherished friends, and worst of all, it means also but too often to be cast off by relatives, to be disowned and repudiated... An unregistered woman who has 'fallen', or who has been tempted by any of the many reasons which impel women to prostitution to prostitute herself temporarily, has it in her power to recover herself, and to resume her ordinary position in the society in which she moves, but the difficulty of recovery after registration is increased a thousand fold (Anon 1870d: 170).

This same publication emphasised the understanding that the act of prostitution was a financial necessity for many, 'even while ill... [they] continue the practice of prostitution in order to live, [and] are virtually compelled to endure the venereal diseases with which they may become infected' (Anon 1870d: 172). Enforced surveillance and examinations of registered prostitutes under Victorian legislation often caused increasing rates of infection amongst prostitutes and those who had sexual intercourse with them, as the application of remedies openly indicated a prostitute's status as infected and thus those afflicted avoided using them (Anon 1870d: 130).

The *Contagious Diseases Act* demonstrates that Walter's ideal Modern notion regarding the Surveillance of Bodies and Behaviour was physically enacted on syphilitic women in the Victorian era. However, the increasing separation between the public and private social spheres extended throughout the class stratification,

with even prostitutes widely deemed as deserving of privacy. Through fear of being identified as syphilitic many women dismissed the use of remedies, which would indicate their contagion. A commentator in *The Medical Mirror* (1870) characterised the subjugation of prostitutes as an abuse, a law ‘which sanctioned the grossest violation of the liberty of the subject that had ever been proposed to a British Parliament’ (Anon 1870c: 38). This view is reiterated in the aforementioned *Westminster Review*, which concluded that:

...the surveillance of prostitution by governmental agency is... a superstition which, unhappily, has taken deep root in the minds of some English medical men and English statesmen, who... are striving to force on legislation in a direction which, while outrageously violating the freedom of a large number of English subjects, and utterly failing to achieve the object they have in view, is sure to produce general demoralisation of the English people, and to constitute the greatest calamity that has ever befallen them (Anon 1870d: 179).

### **Female Syphilitic Vampires**

In May’s opinion, the ‘Victorian body, social and individual, felt itself under perpetual assault from all quarters within and without and responded to the perceived threat by adopting manifold defensive and retaliatory measures through various reform laws, regulations, and forms of moral policing’ (1998: 17). May states that in Victorian society ‘the greatest anxiety seems to be that of moral and social decomposition, as if the stench of death might be detected in the very galleries of society’ (1998: 17), and thus the prostitute in particular represented the decay and contamination of the social body. As Douglas states, ‘decay and dirt are notions created by the differentiating activity of the mind... a by-product of the creation of order... the processes of differentiation’ that discriminates the threatening (2002: 198), thus denigrating the Victorian female prostitute. However, for May, the prostitute could ‘not bear the weight of Victorian fears... [which] were displaced beyond her and concentrated around the image of a monster most unnatural’ (1998: 17). Thus, Lombroso and Ferrero express that the prostitute was transformed into a sub-variety of the human within Victorian literature, exhibiting mental and morphological inferiority, in essence experiencing ‘a natural form of retrogression’ (2004: 11). Diehl posits that ‘as a criminally sexed woman, the prostitute bore the

stigmata of her fall from grace, and her degenerative qualities were typical of the lower stages of human development' (2008: 104); 'the forces of atavism at work in the prostitute rendered her "analogous" to the "primitive" type of the species' (Diehl 2008: 104).

Storey states that popular literature acts as a system of representation implemented by different social classes in order to make sense of the way that society works (2006: xvii); according to Diehl, this approach was adopted in Victorian fictional literature which represented syphilis as a scourge on society, connected 'to perverse sexuality, foreign infiltration, obsession with blood contamination, and above all else, the demonization of prostitutes' (2008: 105). Diehl notes that the syphilitic vampire in popular literature acted as 'one rhetorical manoeuvre in a series of late-Victorian moral panics that scapegoated sexually or otherwise deviant behaviour as the source of social and national decay' (2008: 105). May, further posits that the vampiric prostitute demonstrated the 'bourgeois dread almost to the point of an uncanny apotheosis' (1998: 16). The contemporary perception of the primitive prostitute further relates to vampirism through the Darwinist notion that when retrogression is experienced, there is an occasional appearance of 'canine teeth which project above the others... a case of reversion to a former state, when the progenitors of man were provided with these weapons' (1898: 574). In Stoker's novel *Dracula* (1897), the vampiric transformation of the character Lucy Westenra emphasises this Darwinist degeneration into the primitive, with Stoker noting that her 'gums seemed to have shrunk back from the teeth, as we sometimes see in a corpse after a prolonged illness' (2007: 129). Lucy is representative of both the fallen woman and also the vampire, succumbing to Dracula's seduction (which will be discussed further concerning tuberculosis) and in turn his infection; as Diehl notes, she turns into a 'predatory creature of the night who stalked and corrupted her prey' (2008: 106). Overall, Lucy epitomises the mid- to late-nineteenth century perception of the syphilitic prostitute as a 'nightwalker', who embodies the 'masculine anxiety over the invasion and transformation of the body by a female agent of contamination' (Diehl 2008: 106).

Further symbolism concerning the relationship between syphilis and prostitution is also present within Stoker's *Dracula*; 'Dracula, the walking, waking emblem of the

nineteenth-century horror of disease and contagion, infects not men... but women, who, much like prostitutes, act as “reservoirs of infection” and “potential pollutants of men” (May 1998: 18). Thus, the prostitute can once again be seen as a Victorian social construct which became metaphorically interchangeable with the vampire, representing and incorporating a disease which ‘testifies... to the infection of the social structure: syphilis’ (Corbin 1986: 212). For Corbin, the true threat of Victorian syphilis resided in the fact that the danger was invisible (in May 1998: 18); like vampirism in Stoker’s novel, syphilis ‘spreads in such a way that the source of contagion is rendered nearly impossible to trace’ (Corbin in May 1998: 18). The insidious nature of both vampirism and syphilis is reflected in *Dracula* as a malady which instils a feeling of lassitude and depression (May 1998: 18), witnessable in the characters of Lucy and Mina, who dwell in their beds, becoming ‘weaker and more languid day by day’ (Stoker 2007: 96). This conforms to the contemporary view of the physician, Acton, who stated that the tainted blood of the prostitute spread the ‘loathsome disease’ (1857: 10). Acton further expressed that ‘broken constitutions, sickly bodies, and feeble minds are... the work of the prostitute... [who] retaliate on society the wrongs inflicted on themselves’ (Acton 1857: 85, 84). Acton’s ‘fallen women’, once again strongly resemble *Dracula*’s female cohort - vengeful beings, who desire blood, money and semen (May 1998: 18).

### **The Male Arch-Villain**

According to Smith, in Victorian society there was a bifurcated construction of female identity which designated ‘some women (prostitutes) as unnatural and degenerate, and other women (predominantly middle-class wives and mothers) as respectable’ (Smith 2004: 96). Spongberg states that while this:

...bifurcation looked suspiciously like a masculine ploy to assign certain gender ascriptions to particular ‘types’ of women. In reality... such a ploy constructed a seemingly divided male subject (a by now familiar Jekyll and Hyde figure) who appeared to be unable to control his desires (1997: 14).

Indeed, Showalter proposes that in the Victorian era, the syphilitic male was frequently viewed as ‘an arch-villain... a carrier of contamination and madness, and a threat to the spiritual evolution of the human race’ (1986: 92), relatable to the figure of Mr. Hyde in Stevenson’s novel. In the *Strange Case of Dr. Jekyll and Mr. Hyde* (1886), Edward Hyde is villainised from the outset, introduced within the novel

through his involvement in the crime of trampling a child; one in a long list of misdeeds to come. However, what is notable about Hyde is the way that he looks, with the character of Enfield describing him as ‘having something wrong with his appearance; something displeasing, something down-right detestable’ (Stevenson 2010: 10). He continues, ‘I never saw a man I so disliked... He must be deformed somewhere; he gives a strong feeling of deformity... he is an extraordinary looking man’ (Stevenson 2010: 10). Hyde is memorable, yet indescribable by those who witness him. In turn, Hyde himself hesitates at showing his face, which Enfield later describes as being pale and savage, elaborating further by expressing that Hyde also has a murderous countenance and a husky voice (Stevenson 2010: 16). Hyde is generally characterised by a sense of loathing, fear and disgust by all those who encounter him (Stevenson 2010: 16).

In Stevenson’s tale, Dr. Jekyll’s transformation epitomises the defamation of the ‘fallen’ bourgeois man, whose enactment of lust and the betrayal of sexual and behavioural morality, deforms him into a suffering syphilitic. In this sense *Jekyll and Hyde* is a morally didactic tale of the middle-class man gone bad; Jekyll is transformed from a respectable middle-class gentleman into an animalistic being (as seen in plate 16), whose body and behaviour are surveyed by surrounding society for the basal disease he possess, in a manner befitting Walter’s ideal Modern type. Ermarth posits that one lives life in a vast network of accumulated meanings and values (1978: 288), and this is evident in the socially constructed figure of the monstrous Hyde. While Hyde’s looks and behaviour are listed as if symptoms from a medical textbook, it is on the basis of his immoral behaviour that the character is judged by others. He commands no respect from his acquaintances; his deemed



**Plate 16:** Weyde, A. 1887. *Mr. Mansfield* [Albumen Print Cabinet Card] (in American Museum Photography 2012)

moral superiors, notably all Victorian middle-class males, identify Hyde as different, an Outsider to decent bourgeois Christian society. Therefore, within this tale one can once again witness the incomplete transition from Walter's ideal Traditional religious Authoritative Structure to his ideal Modern Authority of medicine, with sins being portrayed to manifest in bodily symptoms.

Stevenson's tale concludes with Jekyll's demise; his accountability for his misdeeds manifest in his death, when Jekyll is finally and completely overtaken by his diseased character Hyde. As in the novel, the responsibility of males concerning syphilitic infection permeated into medical literature; the *British Foreign Medico-Chirurgical Review* of 1870, noted that men were accountable for their own misdeeds and sexual transgressions, and were even responsible for the widespread transmission of the disease. The author of the *Review* stated that:

A population of Englishmen are not to be treated by the State as children who are entirely unable to take care of themselves. The State has a right to interfere only when there exists a considerable danger to a large section of the public against which the exercise of ordinary care, prudence, and foresight, will not suffice for protection (Anon 1870a: 101).

The *Review* expressed that the lack of male control over their sexual desires and the disregard of the 'exercise of ordinary care and prudence' (Anon 1870a: 101) directly increased men's chances of catching venereal diseases:

If he puts his head in the lion's mouth, he is very properly left to take the natural consequences of his folly; and the fornicator has less right to ask for protection because his conduct is immoral, and because public and private immorality is a state of things against which good government ever sets its face, and because it stands in the way of marriage (Anon 1870a: 102).

Solly, a Senior Surgeon at St. Thomas' Hospital, London, also expressed the view that syphilis was 'intended as a punishment for our sins... we should not interfere with the matter... if every young man knew he could have intercourse without the danger of syphilis there would be a great deal more fornication than there is' (in McHugh 1980: 40). Solly further noted that the innocent often suffered as a result of the guilty, however, he expressed that this was merely the way of the world, which influenced others to 'avoid, as a sin, the act which produced the disease' (in McHugh

1980: 40). Solly's views did not conform to the mid- to late-Victorian scientifically-based notion that produced the idea that orthodox human sexuality was based on a combination of social and biological ideas, characterised by the statement '*Hogamus higamus*, men are polygamous and *Higamus hogamus*, women are monogamous' (Marsh 2011b). Rather, in order to curb men's habitual urges, social moralists like Solly proposed a socio-medical discourse based on masculine self-control in support of the bourgeois ideal of domestic life (Marsh 2011b), with any divergence leading to immorality and even disease. By the mid-nineteenth century, society was conforming to the medical belief that 'male sexual "expenditure" and especially "excess" (*spermatorrhea*) were said to cause enfeeblement' (Marsh 2011b). Thus, according to Marsh, 'men were vigorously counselled to conserve vital health by avoiding fornication and by rationing sex within marriage' (2011b). As Hutcheon and Hutcheon state, the misadventures of men ruptured the very core of contemporary family values, posing a 'threat to his wife and children and through them (because of congenital syphilis) to society at large' (1995: 267). This can be witnessed in the character Mr. Dombey, in Dickens' *Dombey and Son* (1846-1848); Dombey 'spends' (a euphemism for ejaculation) too much on his 'too expensive' young wife, who is frequently linked to prostitution (in Byrne 2011: 90). Eventually, the family is destroyed and he descends into financial, physical and mental ruin, emerging as an emasculated 'feeble semblance of a man' (Dickens 1848: 690). Dickens himself states that Dombey's madness and illness are the 'stain of shame for which there was no purification' (1848: 671), which is undoubtedly a metaphor for syphilitic infection.

For Spongberg, congenital syphilis 'challenged the connection between femininity and disease and implicated men in the spread of syphilis' (1997: 143). She states that 'the idea of paternal infection created a model of degeneracy that presumed that some acquired pathology in the father was the direct cause of the stigma of degeneracy in the next generation' (Spongberg 1997: 152). As Byrne states, syphilis was a disease well known to be a consequence of sexual contact, indicating that the sufferer had overindulged in probably illicit sexual behaviour, or was the offspring or spouse of someone who had (2011: 2). Thus, syphilis also stigmatised the proceeding bloodline of a sufferer, in biblical terms, the sons quite literally bore the

sins of the fathers (Exodus 20:5). In response to mortality rates published by the Registrar General in 1846, Acton commented that syphilis was ‘particularly fatal in the first year of age’ (in Anon 1846b: 371), with thirty of fifty-three reported syphilitic deaths in London being infants (Walkowitz 1982: 49). An article in *The Lancet* of 1846 stated that ‘the innocent victims of syphilis are infinitely more numerous than the guilty; for it is a disease which follows vice down to the (third and fourth) generation’ (Anon 1846b: 279). In the 1860s, a report from the *Royal Free Hospital*, London, stated that one-fifth of patients at the Children’s Hospital were suffering from hereditary syphilis, with similar figures reported in Newcastle, Birmingham and Manchester (in Walkowitz 1982: 49). This high rate of hereditary syphilis can be directly linked to the early-nineteenth century perception that bourgeois males did not transmit syphilis and therefore took little if any precautions to prevent venereal infection. Even by the 1870s, Druitt, the President of the Association of the Medical Officers of Health for London, maintained this residual view, stating that after thirty-nine years of experience he was in a position to say that ‘cases of syphilis in London were rare among the better classes, and soon got over’ (in Spenser 1872: 651). Once again, one can see that Male Doctors, the ideal Modern Medical Experts within Walter’s typology, identified syphilis with those who were Outside of the bourgeois community, thus indicating the necessitation for class differentiation in Walter’s notion of the ideal Social Structure of Community.

In 1814, Lacombe expressed the medical opinion that ‘bad women create and spread the disease, but men can’t infect a virgin [and therefore] men need not be careful about contaminating their wives’ (Jacobs 2002: 140). However, according to the medical historian, Buret, by the 1830s an increasing number of ‘middle-class women were appearing in doctors’ offices caus[ing] physicians to realise that middle-class men were spreading syphilis to their brides’ (1891: 268). This can be witnessed in the writings of Harriet Taylor Mill (1830), the wife of John Stuart Mill, whose diary acts a window through which one can establish feelings towards syphilitic infection, and those who transmit it, in its lived immediacy during the late-Regency period. Harriet’s diary not only reflects that she possibly had syphilis, but that her husband’s sexual deviance had caused her infection and destroyed her family life. Her subsequent mistrust of her husband and her embarrassment at being the target of

suspicion as the perceived progenitress of the disease is evident in her diary entry of winter, 1830:

Oh God. What can be done? I never want to be intimate with John again. I was having some other female problems. Since I was concerned about having the babies so close together, I insisted on seeing a doctor. He said I have... I can't even write the word. And he looked as though I was the culprit. What will happen to my babies? What will happen to me? I am so angry at the revolting acts of my husband that gave me this curse (in Jacobs 2002: 11).

Harriet's shame is evident in the fact that she cannot speak the word 'syphilis' and her immediate concern is for her children who were sure to have contracted the disease from their father. Once again, this extract emphasises the necessity to undertake a gendered approach in the analysis of this disease, as it was not necessarily the person who transmitted syphilis who was the target of accusation, but rather the innocent victims, typically women and children, who succumbed to the disease of their patriarch and were subsequently diagnosed and morally judged by ideal Modern Male Medical Experts.

Unfortunately, the shame of the innocently infected bourgeois female was exacerbated by the treatment offered in the formal diagnosis of syphilis. In the 1840s and 1850s, Acton attempted to introduce the speculum into gynaecological practice; this was an action that was severely rebuked by contemporary medical practitioners, who stated that while the instrument might be appropriate for 'unsexed women... [already] dead to shame'<sup>44</sup> (1857: 55), such as lower-class prostitutes, to enact such a procedure on bourgeois females constituted a 'shocking immorality imposed on virtuous women' (Wilson Carpenter 2010: 83). An article in *The Lancet* of 1850 stated that 'the female who has been subjected to such treatment is not the same person in delicacy and purity that she was before [because the] uterus... had been violated' (Anon 1850: 661). This process was contemporarily perceived to have

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<sup>44</sup> In his defense of the *Contagious Diseases Act* in 1869, Acton utilises the term 'unsexed woman' to describe the female prostitute and more generally sexually licentious women (in Kennedy-Churnac 2011: 97). Acton stated that the prostitute was outside of the bounds of femininity and was 'not even a proper woman' (in Kennedy-Churnac 2011: 97); 'prostitutes were not soiled doves, but were a class of women who were almost unsexed and had lost all womanly feeling' (Acton in Anon 1870b: 35). For Acton, the 'unsexed woman' belonged in a separate class from all other women, being 'inherently depraved and licentious; a woman who chooses to follow this indecent path out of inclination and a vile nature rather than out of necessity' (in Kennedy-Churnac 2011: 98).

poisoned women's minds and caused them to become addicted to speculum examinations as hysterical 'uterine hypochondriacs' (Anon 1850: 661). The examination in itself was perceived to hold sexual connotations for all involved, observed by 'patients and by many doctors (at least in the 1850s) as a voyeuristic and degrading act, one that inflicted mental and physical pain on the sufferer... [an] instrumental rape' (Walkowitz 1982: 57). Thus, one can witness that despite purity or impurity, in the sense of virginity or prostitution, the female experience of syphilis was far more embarrassing, accusatory and shameful in its medical diagnosis, than it was for men.

The prospect of experiencing a degrading speculum examination discouraged many Victorian bourgeois females from receiving treatment for their disease, in the same manner that unregistered lower-class prostitutes attempted to avoid the enforced medical examinations demanded by the *Contagious Disease Act*. Therefore, one can witness that the experiences of nineteenth century females across the class stratification were united, in the sense that to avoid the shame of intrusive medical examinations and the subsequent identification as syphilitic, many women chose to leave their disease untreated, undertaking a painful physical and mental deterioration until death. The equation between prostitution and marriage became a predominant theme in late-Victorian literature, as one can witness in Egerton's *Virgin Soil* (1891); the feminist character of Florence states that 'marriage becomes for many women a legal prostitution, a nightly degradation... mere bearers of children conceived in the sense of duty' (in Richardson 2005). She further claims that marriage is based upon unequal terms with men demanding 'from a wife as a right, what he must sue from a mistress as a favour' (Egerton in Richardson 2005) and it is obedience and shame that keep women in their social position; a shame that is exacerbated when, like Harriet Taylor-Mill, a husband's sexual demands of his wife leads her to become infected with a venereal disease, such as syphilis. The feminist character of Florence shows evident hostility towards wifely submission, stating:

Man is responsible for his own sins, we [women] are not bound to dry-nurse his morality. Man is what we have made him, his very fault are of our making. No wife is bound to set aside the demands of her individual soul for the sake of imbecile obedience (Egerton in Richardson 2005).

Indeed, Nelson states that ‘infant mortality or debility could [often] be traced to fathers who had wasted sperm or had infected their wives with syphilis; women’s premature deaths might be blamed on the moral and physical exhaustion that their insatiable husbands inflicted’ (1989: 528). As Butler proposed in her opposition to the *Contagious Diseases Act*, ‘the essence of right and wrong is in no way dependent upon sex, and shall demand of men precisely the same chastity as it demands of women’ (in Montgomery 2006: 239). These feminist perspectives, expressed by Butler, and by the character of Florence, evidence that an increasing number of nineteenth century women were unsatisfied with their situation of patriarchal domination, openly Talking and Expressing themselves as a form of Courage and Lay Support, which is reflective of determinants pertaining to Walter’s ideal Neo-modern type.

### **Imaginary Syphilis**

Many contemporary medical textbooks also promoted the late-nineteenth century moralistic standpoint that men should be held accountable for their sexual misdeeds and should be held responsible for transmitting venereal diseases such as syphilis, especially to their wives and children. These textbooks made particular reference to the deterioration of a man’s mental state when infected with syphilis and also the detrimental effect that the fear of contracting the disease had on the male mindset. In Cooper’s diagnostic text *Syphilis* (1895), he notes that ‘a man may contract syphilis, and become in consequence depressed; this depression may become true melancholia, accompanied by insomnia and a suicidal tendency’ (1895: 414). Ill mood (as discussed in the previous chapter), was a common symptom exhibited by syphilitics due to both brain degeneration and mercurial poisoning which altered one’s psychological state. However, for Cooper there was a further form of psychological suffering which may be contracted, for example, ‘a man may contract syphilis after marriage, and may be haunted with the fear of infecting his wife and children [and] in these two [named] instances, the knowledge of the syphilis present acts as the idea around which the melancholic feelings group themselves, the whole being but an exaggeration of the real fact’ (1895: 414). It is understandable that a syphilitic patient would experience these forms of depression in consequence of a severe mentally and physically altering disease, but for Cooper, there was a ‘pure form of mental illness’, an affliction he describes as ‘true syphilophobia’ (1895: 414-

415). This was defined as a mental state in which ‘the male subject has a purely imaginary fear that they have contracted the disease’ (Cooper 1895: 414). Cooper emphasises that this is a solely male form of mental illness, and this anxiety was greater than the physical manifestation itself and less easy to treat (in Smith 2004: 112). According to Cooper, the ‘insane dread of syphilis’ was common among middle-class males who feared the moral surveillance of society and the constant threat that the visibility of syphilis could manifest, making their deviance evident to both their family and in wider-social circles (Cooper 1895: 414-415). Cooper names this as the ‘mental despair of detection’ (in Smith 2004: 113), with the ‘chief horror’ being that the disease ‘communicates itself from the guilty husband to the innocent wife, and even transmits its taint to her offspring’ (1895: 438).

May states that the pollution of the bodies and minds of wives and mothers created ‘outcasts and pariahs... [with] a powerful influence for evil on all ranks of society’ (1998: 84). The infection of syphilis had the ability to metamorphose the ‘pure Victorian female... into a child-eating, man-devouring monster’ (May 1998: 19). For May, ‘this fine and fragile line between pristine, vestal decorum and unadulterated, vicious depravity... [underscored the] Victorian male’s dread that his own wife, mother, sister, daughter, might be constitutionally similar to those who had already slipped over the line’ (1998: 19), becoming the contaminated sexual deviant. Syphilis could destroy the Nuclear Family, so valued by middle- to upper-class nineteenth century society, which is a uniquely Modern Social Structure in terms of Walter’s ideal typology. This male fear of the female is evident in Stoker’s *Dracula*, embodied in the characters of both Lucy and Mina; May claims that Mina encompasses all familial functions, ‘explicitly donning the role not only of wife but of “sister”, “mother”, and “little girl” for the men around her’, with her husband and her protectors failing to deliver her ‘from the physical ruin and moral iniquity that is entailed by succumbing to the vampire’s allure’ (1998: 19). In turn, Lucy is the image of transformed innocence resulting directly from improper protection by her male carers, with her infection culminating in the dissolution of both her motherly abilities and her purity that were so valued within contemporary society. May states that ““voluptuousness” is the term employed innumerable times to signal [Lucy’s] transformation from loving bride to loathsome whore, from motherly tenderness to callous ruthlessness’ (1998: 19); ‘the sweetness was turned to adamant cruelty,

and the purity to voluptuous wantonness... the bloodstained, voluptuous mouth - which made one shudder to see - the whole carnal and unspiritual appearance, seeming like a devilish mockery of Lucy's sweet purity' (Stoker 2007: 218). In turn, Lucy's infection results in 'a blatantly sacrilegious reversal of motherhood' (May 1998: 19), with Stoker noting that the infected undead Lucy 'flung to the ground, callous as a devil, the child that up to now she had clutched strenuously to her breast' (Stoker 2007: 218). Thus, the damage that the infected syphilitic male wrought on his family, and the subsequent deconstruction of his pure female wife, the mother of his children, into the whore, inflicted an unprecedented amount of anxiety on behalf of the patriarch, which could have in turn promoted his decaying mental state within the bourgeois male population.

While syphilis only accounted for 7% of the adult mortality rate in mid-Victorian England (Walkowitz 1982: 270), bourgeois anxiety was heightened by the exacerbated fear of the outwardly identifiable physical disfigurement associated with the disease, which would in turn lead to the scrutinisation of their behaviour, both socially and medically. Indeed, syphilitic men were even subject to the adjudication of their doctor concerning marriage, with medical authorities prescribing deferred marriage and as such the delay of starting a family in the most severe cases (Smith 2004: 45). In contradiction to expected bourgeois social behaviour, syphilis rendered a man unworthy of family life with medicine policing the 'boundaries between family health and sexual disease' (Smith 2004: 45). This localised policing also had a relationship to the wider body politic because, as Foucault notes, sex 'eventually result[s] in nothing short of death: that of individuals, generations, [and] the species itself' (1979: 54). Medical policing instigated such fear that Cooper stated that at its worst, the 'dread' could induce delusions 'that the victim of them is a leper, and is pointed out as such' (1895: 415). Being 'morbidly self-conscious of his disfigurement', the patient is likely to 'drown his thoughts in drink... [which] leads to hallucinations and delusions of persecution, and this form of insanity is frequently complicated with homicidal or suicidal mania' (Cooper 1895: 415). A famous example of 'true syphilophobia' was Keats, who was known to be taking mercurial treatments for two years prior to his death in 1821 (Davis 2004: 86). Having studied anatomy, physiology and surgery under Cooper, Keats would have had knowledge of the disease, its effects and its purgative mercurial treatments (Davis 2004: 89).

Further, Davis states that Keats was prone to hypochondria, often put himself on restricted diets and submitted to bleedings and purgation during illness, thus ‘may have been overzealous in treating a real or imagined venereal disease himself’ (2004: 89). Indeed, in a letter to a friend written in 1817, Keats noted that ‘the little Mercury I have taken has corrected the Poison and improved my Health - though I feel from my employment that I shall never be again secure in Robustness’ (in Davis 2004: 86). Keats’ imagined disease conforms to both Cooper’s medical texts and Davis’ view that *syphilis imaginaria* ‘was a nineteenth century phenomenon [and fashion] among young men who simply believed they deserved to have syphilis’ (2004: 86)<sup>45</sup>.

Perhaps, men’s susceptibility towards *syphilis imaginaria* was not about a distinctly male mental illness, but a result of the intensity of suffering experienced by males in comparison with their female counterparts. To return to Cooper’s publication, *Syphilis*, he states that typically it is ‘stated that women, as a rule, suffer more severely than men, but our experience leads us to quite a different conclusion’ (1895: 342). Further, Cooper’s medical text evidenced the late-Victorian perception that both class and gender affected patients’ experiences of syphilis, noting that when lower-class women and prostitutes were afflicted with syphilis, their condition was aggravated by their impoverished living conditions. However, ‘women belonging to the well-to-do classes’ were contemporarily believed to have suffered less than their syphilitic bourgeois male counterparts because the depurative affect that menstruation had on the blood had a positive effect in ‘diminishing the severity of the disease’ (1895: 342-343). Therefore, if Walter’s Traditional typology is to be viably used in consideration of syphilis as an Archetypal Death of the nineteenth century, then it cannot be gender and class neutral, as even late-Victorian medical approaches to the disease varied depending on these factors. To return to Cooper’s *Syphilis*, he even denoted that men were the natural victims of syphilis, having no

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<sup>45</sup> Keats’ use of mercury led to speculation that he possessed a venereal disease and in the *Life of John Keats* (1887), W. M. Rossetti argued that Keats caught syphilis when studying at Oxford in 1817, however, there is no conclusive evidence to justify this claim (in Bate 1963: 219). Indeed, Smith argues that in the nineteenth century, mercury was used to treat a wide variety of maladies, including pulmonary and laryngeal tuberculosis, which Keats contracted in 1818, and died of three years later (2004: 992). The autopsy carried out by Keats’ physician two days after his death, conclusively stated that tuberculosis was the cause of death, noting that ‘the lungs were completely gone’ (Sharp 1892: 94). The Keats family exemplified what was contemporarily regarded as familial phthisis, with his whole family having a susceptibility to the disease, which would eventually kill John’s two brothers, his mother and his uncle (Smith 2004: 992).

physical defence against the disease and thus feeling its consequences more keenly (in Smith 2004: 111). One can also witness this notion in Hutchinson's *Syphilis* (1887), which depicts a 'series of portraits of middle-class male subjects who are represented as subtly worn out by the effects of the disease' (Smith 2004: 107). In one example, Hutchinson informs a syphilitic patient that his disease is much improved, but despite being told that he is practically cured of the condition, the patient responds stating:

Yes... you may say so; but see the difference from what I was. If I smoke I get sores in my mouth, and I used to be able to smoke all day; if I work my brain I get headache, which I never did before; and now I have got this rash from, as you say, my vest and the hot weather. I had none of these things before I had syphilis (1887: 116).

This particular patient is representative of the many, with all of Hutchinson's late-Victorian patients imaged as 'fatigued male subjects (here tired both physically and mentally)' (Smith 2004: 107), which in turn suggests their alienation and estrangement from the world, its comforts and its pleasures. Therefore, it seems that 'true syphilology' could be inspired within men through fear, fear not of the disease itself, but of its lasting effects and ability to alter one's physical state and ultimate enjoyment of life. According to Shmaefsky, nineteenth century (Christian) moralists often stated that syphilis was ruinous, with the 'ignoble distinction of decaying the body until death mercifully eases the agony of the disease for the patient' (2003: 16, 22). Thus, from this perspective one could posit that it was fair and just that a disease born of an immoral, lustful free spirit left its mark by sapping one's former pleasures, leaving men broken, incurable by contemporarily modern medical expertise and in a body that was an unrecognisable ineffective shell of their former selves.

### **Conclusion of Syphilis**

In this chapter, nineteenth century syphilis has been identified as a disease not unlike its early modern counterpart, progressing slowly through a patient's body causing severe physical and mental deterioration, causing them to literally live through their own death. Medical treatment had not altered greatly from when the disease first appeared in Europe, with the disease's slow degenerative death trajectory often prolonged and even exaggerated with the continued use of mercurial treatments. The

enforcement of the *Contagious Diseases Act*, coupled with the increasing moral and behavioural policing undertaken by medical authorities, has been witnessed to frequently exacerbate the morbidity rate of the disease, causing lower-class females, and particularly prostitutes, to conceal their condition through fear of incarceration and enforced examination within the institution of the lock hospital. The gendered analysis of this contemporary disease that has been undertaken within the first half of this chapter has revealed that social constructions of syphilis did not only denigrate lower-class females, but bourgeois males increasingly dreaded the moral implication that would be placed upon them if infected. The societal perception of middle- to upper-class males as patriarchal progenitors of syphilis largely coincided with the dissolution of Walter's Traditional Community Social Structure and the increased importance placed on the ideal Modern Victorian bourgeois Nuclear Family unit. However, the subsequent demarcation between the public and private spheres that were increasingly emerging in Victorian society also protected the bourgeois male's public reputation by containing it within the family. While the containment of male syphilis within the private sphere of the bourgeois home was both physically and psychologically damaging to the whole family, this middle-class experience of the disease was nonetheless markedly different from the public subjugation of lower-class women, as enacted through enforced public legislation.

The increasing societal reliance on mid- to late-Victorian medical authorities to provide guidance on the prevention (through isolation) and treatment of syphilis, also marks a shift in Walter's Authoritative Structure, with ideal Modern medical bodily cures largely displacing Traditional practices which sought to spiritually cure the soul. That said, the distinct lack of progress made in the medical treatment of syphilis meant that while the Doctor became the authoritative figure of nineteenth century society, his role was merged with that of the ideal Traditional Clergy, undertaking Surveillance of physical bodily diseases and interpreting these diseases through the lens of morality. Syphilis was undoubtedly portrayed as a disease of sexual miscreance within the nineteenth century; its venereal transmission was predominantly associated with prostitutes, who were perceived in Social Darwinist terminology as retrogressive sexual criminals who infected others with their basal desires. Indeed, this representation of the animalistic Foreign prostitute has been seen to relate to contemporary literary portrayals of vampires, such as Stoker's

*Dracula*, in which the characters of Mina and Lucy become predatory sickly nightwalkers who infect unsuspecting victims. Further, the popular fictitious work the *Strange Case of Dr. Jekyll and Mr. Hyde* has also been analysed within this chapter as a didactic Victorian novel warning men of the dangers of losing control of their emotions and sexual desire, which could lead to both their own destruction and that of their family. In summation, syphilis in nineteenth century bourgeois society can be perceived to uphold Walter's Modern Values of Health and Dignity, which were desired, prioritised and maintained with respectable behaviour. Further, intrusion into the bourgeois family was increasingly repudiated as the Victorian era progressed, indicating that during the nineteenth century Walter's ideal Modern core Values of Dignity, Respect and Privacy were widely accepted and desired. However, when syphilis was present among the lower-classes, the enforced methods of treatment and incarceration enacted by medical and judicial authorities, evidenced that middle- to upper-class society attempted to Deny these deaths and Isolate them from view, which conforms wholly to the Worst Sins of Walter's ideal Modern type.

## **Part B: The Case for Tuberculosis**

### **Introduction to Tuberculosis**

After the abatement of plague in the late-eighteenth century, tuberculosis became the predominant killer disease in England producing the highest morbidity rates amongst adults in their productive prime throughout the nineteenth century. In this chapter I will explore the symptomatic progression, death trajectory and rate of infection of tuberculosis as evidenced in contemporary medical pamphlets and popular literature, in order to gauge the perception of the prolificity of the disease within nineteenth century society and how this can be appropriated to Walter's Traditional Bodily Context. I will discuss the importance of class distinction in the social construction of the acceptability of tuberculosis victims through an analysis of Dyer's (1997) concept of whiteness in conjunction with contemporary novels such as Brontë's *Jane Eyre* (1847), Wells' *The Time Machine* (1895), and Stoker's *Dracula* (1897). I will posit that bourgeois society often denigrated the tuberculous urban poor and labourers, racialising their disease by relating poverty to dirt, pollution and the skin colouration of the Other. I will evidence that the Social Darwinist association

between labourers and Foreignness led to the perception that tuberculosis was experienced differently within the social strata, with the upper-echelons of society contrastingly envisioning consumption as a beautiful death. This notion will be emphasised through a gendered analysis of the characters of Cathy Earnshaw and Linton Heathcliff in *Wuthering Heights* (1847), and Paul Dombey in Dickens' *Dombey and Son* (1848), which, following the methodology of Warne (2000), will be seen to portray how femininity or effeminate-ness (in male youths) functioned on a conceptual level, shaping assumed physical and mental capabilities, such as enabling an increased capacity for genius and physical beauty. Finally, the contemporary ideological emaciated and bloodstained consumptive deaths of bourgeois women and children, as systematically represented in Victorian popular literature (Storey 2006: xvii), will be determined as a method of enacting death in an autonomous manner, representative of Walter's Neo-Modern way of dying.

### **Symptoms of Tuberculosis**

Tuberculosis was the leading killer disease in nineteenth century England, being the most frequently recorded single cause of death throughout the century (Mitchell 1996: 193) and the biggest single killer of men and women in their physical and productive prime (those aged between 15 and 35 years) during the Victorian era (Dormandy 1999: 22), with Burton-Fanning stating that tuberculosis 'crushed breadwinners... and bereaved young families' (1911: 2). Prior to Koch's discovery of the bacillus germ in 1870 (Latimer 1990: 1017), the many manifestations of tuberculosis were not all recognised as such by nineteenth century physicians. Indeed, the strain that epitomised the contemporary encapsulation of the disease was chronic pulmonary tuberculosis, or consumption, which permeated throughout both mid- to late-Victorian medical tracts and contemporary popular literature. When dying of tuberculosis the nineteenth century victim faced night sweats and chills, paroxysmal cough, the spread of the disease to other organs and the wasting away of the body (Koehler 2002: 47-49). Wilson Carpenter states that even pulmonary tuberculosis took many forms, 'varying from asymptomatic infection to galloping consumption, the acute form that could follow after a lengthy period of milder illness' (2010: 60).

In a similar manner to syphilis, tuberculosis could also go into spontaneous remission with periodic recurrences of greater or lesser virulence (Wilson Carpenter 2010: 60). Tuberculosis was not so easily recognised when it infected bones and joints (Mitchell 1996: 193) and thus ‘actual mortality rates from tuberculosis throughout the nineteenth century is impossible to determine with complete accuracy’ (Wilson Carpenter 2010: 60). As Wilson Carpenter states:

Not only were non-tuberculous lung conditions such as lung abscesses and bronchitis misdiagnosed as pulmonary consumption, but many non-pulmonary forms of tuberculosis were not recognised as such. In addition to scrofula, there were lupus vulgaris, or tuberculous infection of the skin; Pott’s disease, or tuberculous infection of the spine or of other bones or joints; tubercular meningitis, sometimes called ‘brain fever’ and invariably fatal; and tabes mesenterica, or tuberculous infection of the abdominal lymph nodes, a condition especially liable to attack infants. Tuberculosis, in fact, can affect almost any organ or organ system in the body, and in the nineteenth century many of these tuberculous infections could not be diagnosed and might not even be suspected as the cause of death (2010: 60).

Therefore, due to the many different incarnations of tuberculosis, death trajectory varied from patient to patient (Mitchell 1996: 60); ‘galloping’ consumption could kill in perhaps four months, but most forms of the disease took effect over a much longer period of time (Byrne 2011: 46). Dormandy notes that ‘informed opinion... reckoned that it [tuberculosis] was fatal in eighty percent of cases in five to fifteen years’ (Dormandy 1999: 22), and there were various methods of treatment that were contemporarily perceived to prolong life, for example, ‘opium was used to control the cough. Rest and healthy diet helped slow the disease... [and] periods of natural remission sometimes led to false hope of a cure’ (Mitchell 1996: 60). As has been previously discussed in the analysis of medieval and early modern plague in Chapters One and Two, the most effective natural treatment for tuberculosis was flight from the urban areas in which it thrived, with Mitchell stating that ‘people who could afford it extended their lives by taking long sea voyages or moving to warm climates’ (1996: 60). Thus, considering Walter’s Bodily Context, one can determine that Dying Trajectory depended on the form of tuberculosis that one was infected with, varying from a matter of months to a matter of years. Yet, one can establish

that the ideal Typical Death from consumption within the nineteenth century was not, as Walter determines, that of a Child, but of an adult in their productive prime.

### **Tuberculosis and the Urban Poor**

According to Dubos and Dubos, ‘in the nineteenth century one-half of the population of England suffered from [tuberculosis] with varying degrees of severity’ (1952: 9). Victorian records evidenced the high mortality rates posed by the disease, with 63,870 individuals succumbing to tuberculosis in 1840, and although this declined to 48,366 in 1890, it was only in 1900 that it was finally dethroned from its position as the deadliest killer disease by rising rates of pneumonia (Halliday 2007: 58). Wilson Carpenter states that tuberculosis became the ‘single greatest killer among the infectious diseases, taking a far larger toll than all the epidemics of cholera combined’ (2010: 60)<sup>46</sup>. Thus, death toll alone could establish tuberculosis as a possible nineteenth century Archetypal Death for Walter’s ideal Traditional type, which, from an *emic* perspective can be emphasised using Oldfield’s contemporary medical document, *A Cause of Consumption*, which stated that consumption ‘was eating its way to the heart of the nation’ (1897: 56). The Dubos’ theorise that epidemic tuberculosis was mainly due to the spread of the industrial revolution, manifesting, in particular, in the era following Marx’s ““primitive accumulation”, the most rapacious era of early capitalism’ (1952: 197). Primitive accumulation characterised the contemporary bourgeois *laissez-faire* attitude, rationalising class disparity, with Marx stating that:

Primitive accumulation plays in Political Economy about the same part as original sin in [medieval and early modern] theology... [just as] Adam bit the apple, and thereupon sin fell on the human race. Its origin is supposed to be

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<sup>46</sup> The first cholera pandemic entered Britain in 1831 via the port of Sunderland. Halliday describes the disease as having a plague-like character, arising in sudden, unexplained epidemics which killed thousands within days. In four pandemics (1831-2, 1848-9, 1853-4 and 1866) 128,000 English citizens succumbed to the disease with over one third of these deaths occurring in London (Halliday 2007: 73). Cholera was indiscriminate and virulent; from contamination to death, the disease took hold in a matter of hours and produced symptoms such as stomach pains, vomiting, diarrhoea and unquestionable thirst which expelled fluids and nutrients from one’s body until the blood congealed and the heart could no longer function (Halliday 2007: 74). Halliday notes that while it is now medically accepted that cholera is resultant from consuming contaminated water, when the contemporary physician John Snow (1813-1858) presented this same theory to his peers after extensive experimentation, his work was disregarded (both during his lifetime and posthumously) at seven successive international sanitary conferences, between 1851 and 1892 (2007: 91). Eventually, as with tuberculosis, the cure for cholera was attributed to the discovery of the bacillus germ by Robert Koch, in 1884 (Halliday 2007: 91).

explained when it is told as an anecdote of the past (in Marx and Engels 2007: 784).

Marx notes that historically there were two types of people, the diligent, intelligent and frugal elite, and ‘lazy rascals, spending their substance... in riotous living’, the former accumulating wealth and the latter having ‘nothing to sell except their own skins’ (in Marx and Engels 2007: 784). For Marx, this was the ‘original sin’ that explains the origin of the poverty of the majority in nineteenth century society, who, despite all their labour, have nothing to sell but themselves, while the wealth of the few increases constantly although they have long ceased to work (in Marx and Engels 2007: 784).

The notion of primitive accumulation within nineteenth century English society resonates with Murphy’s Post-structuralist theorisation that cultural identity emerges from the process of value judgements gained through the slow education by those who surround us (2000: 410); for the educated bourgeoisie, primitive accumulation - the stark bifurcation between wealthy and impoverished - was both justifiable and starkly evident in the contrasted life expectancies of Marx’s ‘diligent elite’ and his ‘lazy rascal’ labourers. The table below exhibits the trait that only the professional classes typically survived past the age of 40 years old in early-Victorian society, an age which Walter posits is ideal typical of the Traditional era, whereas traders and labourers were living on average thirteen and nineteen years less respectively. As England became an increasingly urbanised nation, the percentage of city inhabitants rose from 30% in 1801 to 78% in 1901 (Halliday 2007: 18). Many contemporary critics denigrated the high fatality rates among the poor from a Social Darwinist perspective, with Malthus positing that thriving urban diseases, such as tuberculosis, acted as a ‘positive check to population... the main method of thinning out and thus preventing further expansion of a [lower-class] community which has outgrown its means of subsistence’ (in Byrne 2011: 45).

**Average age of the deceased**

<b>Place</b>	<b>Professional</b>	<b>Trade</b>	<b>Labourers</b>
Truro	40	33	28
Derby	49	38	21
Manchester	38	20	17
Rutland	52	41	38
Bolton	34	23	18
Bethnal Green (London)	45	26	16
Leeds	44	27	19
Liverpool	35	22	15
Whitechapel (London)	45	27	22
Strand (London)	43	33	24
Kensington (London)	44	29	26
Kendal	45	39	34

**Plate 17:** ‘Comparative Chances of Life in Different Classes of the Community c.1842’ [Table] (in Rees 2001: 136)

Tuberculosis thrived in the overcrowded, dirty cities of industrialised Victorian England, ‘transmitted between droplets, typically as a result of sneezing, coughing or spitting’ (Halliday 2007: 86). Halliday describes tuberculosis as being ‘typically associated with poor nutrition, crowded dwellings and damp, unhealthy living conditions’ (2007: 86), with death rates from tuberculosis being 50% higher in the back to back houses, which were typical features of city slums (Halliday 2007: 153). As Latimer states, the physical living conditions of the industrial cities ‘got the epidemic going... the dust, the smoke, and the crowded stuffy rooms’ (1990: 1018), with Riley noting that without ‘knowledge of bacteria or of the important role that disease vectors... many physicians concluded that the primary agent for the transmission of diseases, was bad air’ (in Bewell 2003: 31). Indeed, the peak in mortality ratios for tuberculosis occurred in 1807-1814, a period renowned for cold and foggy winters, with the mist, cold and coal smoke all possessing the ability to weaken bodily resistance to respiratory infections such as tuberculosis (Matossian 1985: 188-189). This would account for high tuberculosis morbidity found in northern textile counties and coal areas, as well as in London and the metropolitan

counties (Mercer 1986: 132). In 1891, Viscount Midleton expressed to the House of Lords that:

...many of the working classes... who have not the advantage of medical treatment and proper nourishment, suffer terribly from the after effects of being exposed for days and weeks together during such weather as we have had lately to a tainted atmosphere which undermines their health (in Anon 1891: Vol. 350).

The physician Bateman stated that the occurrence of fogs ‘invariably multiplies the number of pulmonary disorders’, noting that frequent respiratory infections and poor nourishment left working-class members of the metropolitan population ‘stunted and incapable of reproducing a strong and healthy stock’ (in Luckin 2003: 40). Indeed, Bateman further stated that the working-classes were rendered deformed by their living conditions; ‘their limbs are small, the joints large, the chest narrow, the forehead hydro-cephalic, the teeth irregular, the hair lank, the mind morbidly keen, and the passions perverted or depraved’ (in Luckin 2003: 40). As Barnes reiterates, ‘birthrates, mortality, moral decay, political subversion, the filth and danger represented by the working-class in bourgeois’ eyes - tuberculosis allowed all these diverse and threatening themes to be assembled into a single coherent package’ (1995: 19).

For the Dubos, tuberculosis was not just a physical ailment but also a matter of the mind, most prevalent in the psychic disruptions of the working-classes (1952: 207), with morbidity rates always rising ‘during times of social upheaval and disruption... when life is unpleasant and stress is high’ (Dubos and Dubos 1952: 195). The hastened development of industry in nineteenth century England, forced the vast majority of agricultural workers into unemployment, there were huge influxes of Irish immigrants hired for cheaper labour than their English counterparts could provide, all of whom had little accommodation and were forced to inhabit squalid living conditions (Halliday 2007: 36). For Dubos and Dubos, ‘the unhealthy living conditions of the workers driven off the land, out of the loveliest villages and into the hellish tenements of new industrial towns, with their night shifts, child labour, and bad nutrition’ (1952: 207), all contributed to a detrimental mental state which made individuals more prone to tuberculous infection. The working-class tuberculosis sufferer was epitomised as an individual torn away from a world which,

in spite of its poverty, was one where the worker had felt at home and secure (Latimer 1990: 1018)<sup>47</sup>. The Dubos' research indicates the breakdown of what Walter determines as the Traditional Social Structure, 'where one was close to the land, and had a comprehensible place in a family and community' (Dubos and Dubos 1952: 199). The break away from this community structure into 'the new urban life' offered 'unusual new cruelties and solitude, and certain hopelessness as well, and consequently vice... for a natural sense of well-being' (Dubos and Dubos in Latimer 1990: 1018). Indeed, in contemporary statements given by mid- to late-Victorian physicians, severe emotional dislocations preceded the onset of tuberculosis in practically all of their patients (Latimer 1990: 1018).

One can witness the nineteenth century worker's melancholic transition to an increasingly urbanised English environment in Blake's popular poem, *And Did Those Feet In Ancient Time* (1808). In the poem, 'England's mountains green' and 'pleasant pastures' are replaced with 'clouded hills' and 'dark satanic mills' which reflect the commercial exploits of the rich, removing the poor from the 'Countenance Divine' present within rural England, to the dark smoke-filled, factory-ridden cities

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<sup>47</sup> By the mid-nineteenth century, there was severe agitation among sectors of the middle-classes concerning the slum housing and the general squalor experienced by labourers and immigrants residing in industrial towns (Newton 1971:450). Several industrialists shared this concern and in an attempt to improve the living and working conditions of their labourers attempted to create a healthier workplace and workforce. A prominent example of this form of social reformation occurred in 1859, when the Quakers, George and Richard Cadbury, heirs to the Birmingham chocolate industry, began volunteering and campaigning to improve the education and deplorable living conditions of their poverty-stricken labourers (Newton 1971: 448). In 1871, after succeeding their father as managers of the family business, the Cadbury brothers relocated their factories to rural Birmingham, four miles outside of the industrial city, building twenty cottages for workers in expansive woodland areas with access to fresh water streams and rivers (Newton 1971: 449); a veritable paradise for the former urban slum dwellers. In 1893, the Cadbury's brothers purchased an extra 120 acres of land on which they developed 313 houses (Newton 1971: 451). Further, in 1887, the soap manufacturers, the Lever brothers (also Quakers), created a similar commune seven miles outside of Liverpool, named Port Sunlight, which allocated 32 acres of rural land to house employees (Newton 1971: 449). By 1902, 140 acres of land was allocated to house workers, funded solely by the Lever brothers, who charged minimum rents to cover only tax, repairs and maintenance. Further, the brothers met the entire cost of installations of schools, shops, institutions and recreational areas (Newton 1971: 450); notably, although they did not expect a direct financial return on this development, they did expect it to improve production from a contented work-force. The Quakers were pioneers of social reform and did so because of their strong commitment to both Christian social justice and what can be classed as the Protestant work ethic of industrialism. Therefore, both the Cadburys and the Port Sunlight villages, as exemplars of this Quaker social reform, were not intended to 'represent an attack on Britain's *general* housing problem [but their] aim was restricted and local' (Newton 1971: 451); their construction was intended to improve the sociological and psychological living and working conditions of their workers by removing them from the darkness of the city slums and relocating them to the light open expanses of the countryside, where inhabitants could breath fresh air and dwell in natural light, improving their health and happiness (Newton 1971: 451).

(Blake in Harmon 1992: 362). It seems that when read through the lens of tuberculosis, Blake's requests to be brought his 'bow of burning gold' and his 'arrows of desire' are representative of the upper-class desire to exploit the working-classes in the pursuit of wealth and industry (in Harmon 1992: 362), condemning the English populace to live in squalid smoggy conditions which destroys health and rips apart the fabric of what Walter defines as the Traditional Community. The displacement of immigrants from rural environments into urbanity can be seen to have caused mental and physical isolation in nineteenth century working-class society, contemporarily perceived as asymptomatic of tuberculosis, which in turn was a form of Social Death which Preceded Physical Death; a characteristic which conforms to Walter's ideal Modern type of death.

### **Racialising the Victorian Labourer**

Luckin states that in mid- to late-Victorian society, socially constructed representations of the urban poor 'were influenced by venerable stereotypes of the urban primitive or savage [which] re-emerged in scientific Social Darwinist form as a means of comprehending, interpreting and castigating [their] behaviour' (2003: 23). Tuberculosis was in its inception a disease of the cities and whatever happened in the cities, according to Dubos and Dubos, was 'perverse and unnatural and likely to upset healthy equilibrium. If one was sick, then one was precipitous, hectic, intoxicated' (1952: 197). According to Luckin, the darkened ruddy skin of the nineteenth century labourer, dirtied by polluting smog and filth from the workplace, led to the bourgeois racialisation of urban-dwellers, who labelled 'them as a mass of morally disreputable, inherently weak individuals who were essentially un-British' (2003: 42). As Goldberg states, the darkened skin of the industrial worker easily allowed for the imposition of racist:

...attitudes and dispositions, norms and rules, linguistic, literary, and artistic expressions... through all of which the social and political order has been continuously reconsolidated, and through which white supremacist social and political order has been constituted, normalised and sustained (1993: 1).

Thus, nineteenth century working-classes became subject to McClintock's (1995) perception of colonialisation, depicted as an inferior race to have power exercised over them, as being fit for conquest, exploitation and domination due to the necessity of production in bourgeois consumer culture.

In Wells' *The Time Machine* (1895), the author utilises popular fiction to depict the realities of the denigration of the late-Victorian working-classes, in an envisioning of a futuristic depiction of the unsolved nineteenth century problems of class antagonism and educational elitism (Graff 2001: 44). When the Time Traveller transports himself into the year 802701 he expects to uncover 'the great triumph of Humanity' over Nature (Wells 2008: 52), instead, what 'he finds is a world where... industry takes place only in subterranean factories, and the workforce is comprised of feral brutes' (Graff 2001: 44). As Graff states, 'the future is defined by fear, lethargy, and debility: in the future, apartheid predominates' (2001: 44), with poor labourers categorised as devoid foreigners (the Morlocks), 'an increasingly restless, brutish, ape-like band of nocturnal... barbarians' (Graff 2001: 44). Associating Wells' text with the prevalence of tuberculosis within nineteenth century society, one could assume that the deformed and monstrous Morlocks typify bearers of the disease in late-Victorian England, inhabiting low-lying smoke-filled industrialised factories in which tuberculosis thrived, and weakened by their intensive life of persistent labour. Further, the Morlocks can be witnessed to portray tuberculosis as a disease incarnate; these characters are not only representative of the late-Victorian labouring-classes, but they also prey on the beautiful effeminate upper-echelons of society, embodied in Wells' species of the innocent and guileless Eloi. Thus, *The Time Machine* emphasised the contemporary fear and pollution associated with the working-classes who Wells represents as basal, lacking in communal vitality and the biological will to survive tuberculous infection, which has been eroded by their squalid living and working conditions (Luckin 2003: 44). Indeed, Graff states that *The Time Machine* characterises the failure of society to recognise the essential equality of human beings, confirming the level of social stratification prevalent in late-Victorian Britain (2001: 44), which should also be depicted in Walter's typology if a limited observation of death in his Traditional era is to be avoided.

The bourgeois racialisation of the labouring-classes in Victorian society conforms to Dyer's perception that whiteness was contemporarily differentiated in a hierarchised structure of class 'with murkiness associated with poor, working-class and immigrant white subjects' (1997: 113). For Dyer, contemporary racial differentiation increasingly acted as analogous of moral turpitude, with darkened skin colour being

a product of character which stifled social development confining individuals to impoverished lives (1997: 113). Dyer describes Victorian England as a ‘culture of light’, with light being central to the construction of the human image (1997: 121). Dyer states that the ideal aestheticised white individual was ‘bathed in and permeated by light’ in nineteenth century artistic media, which was the antithesis of dark skin; dark skin did not glow but shone, mirroring the effects of sweat, ‘itself connoting physicality, the emissions of the body and... labour, in the sense of work and parturition’ (1997: 122). Thus, not only was darkened skin associated with labour, but also animality, which is reflected in Wells’ *The Time Machine* through the racialised and animalised species of the Morlocks. The stark polarity of dark and light skin in the Victorian era meant that many individuals did not fit comfortably within this schemum, as Dyer expresses, ‘if there are only two colours that really count, then which you belong to becomes a matter of the greatest significance’ (1997: 52).

Lemagny and Rouille claim that there was a racial explanation for why certain people remained poor within Victorian society, with ‘the families of Northern European stock... [being] neat, hard-working, and most likely to rise out of the slum’ (1987: 64), whereas the darker skinned foreign immigrants were less able to improve their social situation (Dyer 1997: 113). Further, Lebow notes that for much of British history, the Irish have been looked down on as black (1976: 29), and the huge influx of working-class Irish immigrants into Victorian industrial cities did not improve their perception in the eyes of the bourgeoisie. In his ‘index of nigrescence’, Beddoe concluded that ‘the Irish were



THE IRISH FRANKENSTEIN.

**Plate 18:** Tenniel, J. 1882. *The Irish Frankenstein* [Cartoon Illustration] (in Morris 2005: 299)

darker than the people of... England... [having] traces of “negro” ancestry in their appearances’ (in Curtis 1968: 55). Beddoe further stated that ‘all men of genius were orthognathous<sup>48</sup> while the... Celt was closely related to... the “Africanoid”’ (in Curtis 1968: 84). Dark skinned individuals could never be subject to mental or social progression from this contemporary viewpoint, their position remained stagnantly within the working-classes, as strong animalistic labourers. Kingsley contemporarily evidences the problem in identifying the difference between race and foreignness in mid- to late-Victorian society; promoting the notion of hierarchical whiteness, he described non-English individuals as maintaining ape-like characteristics, yet he himself is unsettled by the fact that these individuals are white:

I am haunted by the human chimpanzees I saw [in Ireland]... I don’t believe they are our fault... But to see white chimpanzees is dreadful; if they were black, one would not feel it so much (Kingsley in Curtis 1968: 84).

Both Kingsley’s, and Beddoes’ derogatory depictions of the Irish as animalistic, prominent jawed, ape-like beings were widely replicated in late-Victorian satirical magazines, such as *Punch* (see plate 18), which strongly juxtaposed the white bourgeois male with his brutish and unintelligent non-white Celtic counterpart. Thus, one can witness that dirt, foreignness and race all implied essential non-white and non-English bourgeois characteristics, typically meaning that class ascension during the Victorian era was untypical. The social situation of labourers was defined by their skin colour, which in turn related to poor morality and undeveloped mental capacity. Their restriction to a labouring capacity would therefore make them more prone to contracting industrial tuberculosis which thrived in industrial workplaces, further contributing to the association of this disease with the impoverished and the Foreign.

Siena states that ‘by making foreigners synonymous with disease, the nation wields a powerful tool for constructing national identity’ (2005: 160) and enforcing exclusion through the socially constructed delineation of individuals as non-white and therefore non-normative. As Sontag notes:

There is a link between imagining disease and imagining foreignness. It lies perhaps in the very concept of the wrong, which is archaically identical with

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<sup>48</sup> Meaning less prominent jaw bones.

the non-us, the alien. A polluting person is always wrong, as Mary Douglas has observed. The inverse is also true: a person judged to be wrong, regarded as... a source of pollution (Sontag 1989: 48).

Thus, as Siena states, 'a pernicious dialectic develops: disease and its stigmatising effects are projected onto certain groups and these groups are in turn stigmatised through their association with disease' (2005: 160), essentially differentiating citizens (the healthy), from Aliens (the diseased). Stoker's *Dracula* (1897) also identified the link between the Foreigner and contagion, specifically relating disease transmission to the pollution of urbanisation. Stoker's Transylvanian Count has mannerisms distinct from late-nineteenth century English sensibilities, expressing a desire to intermingle with the lower-class populous which resided in majority in cities such as London: 'I long to go through the crowded streets of your mighty London, to be in the midst of the whirl and rush of humanity, to share its life, its change, its death' (Stoker 2007: 20).

In a similar manner to the Wells' species of the Morlocks, Stoker's Count Dracula is described as being strong and brutish, likened to the 'meaner' lower elements of animality (Stoker 2007: 240), such as the vermin which thrived in the dark polluted air and filthy conditions of late-nineteenth century cities. He transmutes both himself and his infection through the mists of urbanity, with the character Renfield stating 'his white face looked out of the mist... and my strength became like water' (Stoker 2007: 293), substantiating the nineteenth century medical linkage between bad air and tuberculosis (Latimer 1990: 1017). Dracula's infection is also a transformative power rendering his victims like him; as Van Helsing explains to Mina Murray:

He have infect you... in such wise, that even if he do no more, you only have to live, to live in your own old, sweet way, and so in time, death, which is of man's common lot and with God's sanction, shall make you like to him (Stoker 2007: 328).

Stoker's description of vampiric infection is analogous of tuberculosis, a lengthy slow-developing infection without a cure, followed by certain death. While Dracula exhibits an 'extraordinary pallor' (Stoker 2007: 18) that is characteristic of tuberculosis patients, it is in the description of Lucy Westenra's affliction that one can best identify her foreign vampiric ailment as tuberculosis; her ailment manifested in horrible weakness, a ghastly pale face, and painful throat, as well as

problems with the lungs which ‘don’t seem to be getting air enough’ (Stoker 2007: 110). Thus, the literary figures of both Dracula and the Morlocks emphasise the perception that dirt and pollution were vital factors in the transmission of tuberculosis, factors which the bourgeoisie attempted to limit their association with through the construction of a social death for the afflicted labouring-classes, which denigrated them as Foreign, Alien and Other.

### **The Pathologisation of Place**

The contemporary imaging of the mid- to late-Victorian industrial city in popular literature such as *The Time Machine* and *Dracula* examples what Bewell defines as social construction creating a pathologisation of place, representing environments which are under-laid with political values and positions, which in turn act as the primary medium for the representations of the ideologies of class and gender (2003: 774). The late-Victorian social construction of class division as a result of the pathologisation of the geographical location of one’s living and working environment, is witnessable most famously in Booth’s *Maps Descriptive of London Poverty* produced in 1898-99. These maps were not just geographical images of contemporary London, they were social maps formulated by middle-class ‘Social Investigators’ and policemen who commented on, and recorded, their impressions of the areas which they visited (Lewis 2011: 148). However, Booth did not merely denote social status in the key to his map, but also class characteristics; those he deemed to be in the ‘lowest class’ were colour-coded in black, perhaps making reference to the racialisation of the poor that has been previously discussed, and this class have also been described as ‘labourers, street sellers, loafers, criminals and semi-criminals.. [whose] life is the life of savages, with vicissitudes of extreme hardship’ (Booth 1902: 37). Further, he stated that the ‘very poor’ did not live in the same animalistic condition as the aforementioned savages of the ‘lowest class’, but were ‘a deposit of those who for mental, moral and physical reasons are incapable of better work’ (Booth 1902: 44). Nonetheless the poverty-stricken inhabitants of London were starkly differentiated from the ‘middle- to upper-classes’ on Booth’s maps, which he also coded in lighter colours, making reference to the association of lightness and whiteness with the upper-non-labouring classes (which will be discussed further within this chapter).

Booth's maps conform to the aforementioned late-Victorian Social Darwinistic views of Beddoe, and Kingsley, denigrating intellectual capacity dependant on class; Booth juxtaposed the 'savage' lower-classes with high-class labourers and middle-class citizens who were of 'better class... [with] good character and much intelligence... hardworking, sober [and] energetic' (1902: 60). By mapping social status and poverty, Booth also identified the healthiest and unhealthiest areas in which to live, to a certain extent providing information to control the spread of diseases such as tuberculosis through avoidance (Bewell 2003: 778). As the prominent Victorian social reformer Chadwick stated, 'the health of human bodies would be guaranteed by ensuring the health of the physical environments in which people lived' (in Bewell 2003: 778). Following Foucault's methodological approach of the 'politics of health', one can witness how the late-Victorian consideration of tuberculosis escalated into a 'political and economic problem for social collectivities' (in Foucault and Gordon 1980: 166). Therefore, if one is to implement tuberculosis as a form of Archetypal Death within Walter's idea Traditional era, then it is essential to situate the disease dependent on social class. Further, concerning lower-class tuberculous afflictions, not only should Walter's typology take into account the labouring-classes segregation from their former Traditional Communities, but also their perceived animalistic and sub-human mental capacity which caused their denigration, isolation and social death from the perspective of the bourgeoisie.

Bewell states that contemporary popular literature frequently exemplified the physical landscape as representative of the physical and moral state of those who inhabited it (2003: 774). In particular, Bewell proposes that Brontë's *Jane Eyre* (1847) presented a fundamental belief 'that the quality of a country is embodied in the health of its people' (Bewell 2003: 774). Jane's denigration from middle- to working-class, marked by her move from her aunt's middle-class family home at Roe Head to the grim subjugation that awaited her at Lowood School, enslaves her to a life of social marginality, causing Jane to describe herself as a both a 'rebel slave' and 'victim' (Brontë 1850: 8). Her deposition into the lower-ranks of society is characterised by frequent references to Jane as heathen and primitive. Indeed, according to Bloom, 'the novel compares the rebellious Jane, without much differentiation between them, to an entire array of "dark races"... the generic

“heathen” and “savage” (2006: 54)<sup>49</sup>. Jane is also consistently related to the character of Bertha, Mr. Rochester’s insane and dark-skinned wife, as a method of explicitly exposing racial domination alongside that of class and gender inequality in England (Bloom 2006: 54). There is also a frequent juxtaposition between Jane and characters who ‘espouse strikingly different religious beliefs... each hold[ing] strongly to... Evangelical Protestantism’ (Schwingen 1994). Helen Burns, the only individual to succumb to tuberculosis within the story, chastises Jane on her deathbed calling her ‘a little untaught girl’ for challenging the authority of both Helen’s personal God, and the oppressors at Lowood who cause the girls suffering (Schwingen 1994). For Schwingen, ‘Helen’s absolute and self-abnegating religious beliefs’ portrayed Evangelism as a form of zealotry which maintained no feeling towards one’s fellow man (1994), resembling further the contemporary bourgeois *laissez-faire* attitude toward the diseased working-classes.

In Brontë’s novel, the character of St. John epitomises the mid-Victorian *laissez-faire* position, with his ‘ability to love and sympathise with others — normally thought of as an essential Christian virtue... [stunted by] harsh, judgmental moralism’ (Grier 2009). St. John performs works of charity with a ‘grim sense of duty’ (Grier 2009) stating:

I am, simply, in my original state — stripped of that blood-bleached robe with which Christianity covers human deformity — a cold, hard, ambitious man . . . Reason, and not Feeling, is my guide... I am [not] deeply compassionate with what you have gone through, or what you will suffer... (Brontë 1850: 472).

Jane’s refusal to both marry St. John, in favour of returning to Rochester’s home, Thornfield, and to accompany him on his missionary works in an ‘environment of plague, dark-skinned people, and hierarchical oppression’ (Bloom 2006: 67), expresses Jane’s attempts to transcend the moralistic judgement and lack of human sentiment she experienced from others. Instead she returns to Rochester’s ‘plague house’ (Brontë 1850: 149) in an attempt to create ‘a clean, healthy, middle-class environment as the... alternative to an involvement in oppression’ (Bewell 2003:

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<sup>49</sup> Mr. Brocklehurst states that ‘this girl, this child, the native of a Christian land... is worse than many a little heathen’ (Brontë 1850: 67), with Mr. Rochester noting Jane’s ‘passions that rage furiously, like true heathens’ (Brontë 1850: 211).

801). Illness within *Jane Eyre* is thus cohesively depicted as being the direct result of the unchallenged suffering inflicted by others, often those perceived to have a superior moral and religious standpoint, as well as pertaining to a higher rank of class. Specifically the consumptive illness of Helen, who is portrayed as both innocent and religiously moral, indicates the didactic nature of Brontë's novel, stating the necessity to 'clean down' England from within, through loving kindness and devotion, rather than to delineate tuberculous suffering as Other - as heathen.

### **The Consumptive in Consumer Culture**

The term consumption had come into general usage in England by 1660, connected to 'phthisical decline, apparently to describe the manner in which the body seemed to be consumed by fever' (Wilson Carpenter 2010: 59). However, according to Wilson Carpenter, by the early-Victorian era the term consumption also represented a 'new metamorphisation or social construction of the disease with the sufferer being identified as "consumptive" - a consumer in an increasing materialistic culture of industrialisation' (2010: 59). Lansbury notes that tuberculosis was the 'insidious malady in industrial society' (1975: 199), epitomised by the working-class character of Bessy Higgins in Gaskell's popular novel, *North and South* (1854). Bessy suffers from consumption caused directly by her work in the poorly ventilated cotton factories (Byrne 2011: 62); she states in the novel:

...the fluff got into my lungs and poisoned me... bits, as fly off fro' the cotton... and fill the air till it looks all fine white dust. They say it winds round the lungs, and tightens them up... there's many a one as works in a carding-room, that falls into a waste, coughing and spitting blood, because they're just poisoned by the fluff (Gaskell 1855: 155-156).

Bessy's health could have been saved by her middle-class employer through purchasing a 'great wheel... [that] carry off th' dust'; however, according to Bessy:

That wheel costs a deal o' money-five or six hundred pound, maybe, and brings in no profit; so it's but a few of th' masters as will put 'em up... [and men] didn't like working places where there was a wheel, because they said as how it made 'em hungry, at after they'd been long used to swallowing fluff (Gaskell 1855: 156).

*North and South* images how the middle-class consumer necessitated production in the mid-Victorian era, which in turn required labour at the cost of health. To input

the character of Bessy into Walter's typology as a figure representative of the working-classes, one may witness that a labourer's identity resided, almost solely, in their identification as a worker, to be surveyed in the workplace by bourgeois employers, who gain and retain authority through providing the labourer with work and subsequently wages. From this perspective, the character of Bessy Higgins upholds Walter's ideal Modern notion that Meaning had been Abolished, at least any meaning outside of her working role. As Gilbert and Gubar states, the life of the Victorian labourer had 'no story' beyond workplace identification, and thus was 'really a life of death, a death-in-life' (2000: 25); the endless striving for survival which ended in death. Mid-Victorian consumerism therefore, greatly affects Walter's typology; when one moves away from the ideal Authority of both ideal Modern medicine and ideal Traditional religion into the realm of Victorian bourgeois consumerist desire and the necessity to earn money in order to ensure survival, relatively few of Walter's categories 'hang together' as he declares they should (1994: 60).

Tennyson's *The Lotus Eaters* (1832) is analogous of members of the early-nineteenth century working-classes, afflicted by tuberculosis. The exhausted labourer has an addictive need to forget the cruelty of work, brute, mindless labour (Armstrong 2002: 85). The thin voice of the Lotus Eaters, 'as from the grave', indicates their status as infected, while they 'dream of Father-land, / Of child, and wife' (in Armstrong 2002: 85), the Traditional community bonds which have been extinguished through urbanisation and industrialisation, a land to which they 'will return no more'. According to Armstrong, the lotus itself is opium, a forced need 'which necessitate the exhausted, semi-conscious reverie of forgetting, the longing for mindless life' (2002: 85). The Dubos state that 'it is safe to assume that every consumptive became an opium addict' (1952: 64), and this would be evident in the dual reading of *The Lotus Eaters*; for Armstrong, the analogy of *The Lotus Eaters* is 'the opium eater, as the drugged, semi-conscious cadences and their paradoxical intensity suggest "And deep-asleep he seemed, yet all awake"' (Armstrong 2002: 35). The mariners in the tale need the lotos to 'allay the horrors of labour, for opium was often taken by industrial workers for the same reason' (Armstrong 2002: 84). Armstrong summarises this well, making reference to the imbalance of the mind and body that was contemporarily considered typical of consumptives, he states:

The Lotos Eaters is both the expression of the addictive desire in which drug requires further drugging, and an analysis of the conditions under which the unhappy consciousness and the unhappy body come into being. The unhappy consciousness is forced to construe experience in terms of passivity and consumption, a consumption which becomes consuming (2002: 84).

Another form of consumptive practice which negatively affected the tuberculous poor is witnessable in Elliot's *The Death Feast* (1840). This poem depicts a sibling in a family ravaged by tuberculosis, watching brothers and sisters follow their parents into an early grave. The conception of this poem is reminiscent of early-Victorian society's perception of tuberculosis as a hereditary disease, with Salisbury stating that:

It did often strike several members of a family - especially the ones who did the nursing or spent a lot of time in the invalid's room [and] hospitals generally refused to take tubercular patients. People who could not be cared for at home were sent to the workhouse infirmary (2004: 208).

The Brontë's were perhaps the most famous family who were attributed to have 'familial phthisis... a terrible susceptibility to consumption seen in the members of a single family that seemed to prove the disease or a pre-disposition to it was inherited' (Wilson Carpenter 2010: 55). The narrator of *The Death Feast* depicts the onslaught of familial phthisis in a family struggling to find work in a competitive labour market flooded with undercutting immigrants, impoverishing them and exacerbating their illness:

My father died—my mother died—  
Four orphans poor were we;  
My brother John work'd hard, and tried  
To smile on Jane and me.  
But work grew scarce, while bread grew dear,  
And wages lessen'd too;  
For Irish hordes were bidders here,  
Our half-paid work to do.  
Yet still he strove with failing breath  
And sinking cheek, to save

Consumptive Jane from early death—

Then join'd her in the grave (Elliot 1840: 107).

The treatment of familial phthisis within this poem emphasises the emerging struggle between the realms of public and private during the early-Victorian era that marks the transition from Walter's Traditional to Modern death type. While an aspect of each individual's identity within this family is constructed through their susceptibility to the family disease, they must engage in a public life of labour in order to ensure survival.

For Armstrong, *The Death Feast* is an 'account of the progressive stripping of the minimal property which sustains life and affirms family identity... the consuming of possessions goes on concurrently with the boy's [the brother's] death from consumption as the need to bury him decently denudes life itself' (2002: 128). Garces-Foley states that for the living 'death is an area for constructing meaning and enacting ritual' (2006: ix), and this notion is evident in the desire for, what Walter would define as, the ideal Traditional Ritual surrounding death and the Burial of the body, as depicted in Elliot's *Death Feast*. However, the poem evidences that Traditional Religion was no longer, as Walter states, a Given; as the narrator expresses: 'I bought his coffin with my bed, / My gown bought earth and prayer' (Elliot 1840: 107), indicating that from the coffin, to the grave, to the Priest's performance of the death rites and burial service ('the prayer'), Traditional religious death rites were a purchasable commodity. As Armstrong expresses, *The Death Feast* evidences the transformation of religion into a nineteenth century consumerist process, where 'the materials of life support the religious institutions which sell "earth and prayer", a grave and the burial service, to the poor' (2002: 128). For Armstrong:

The exchange of a bed for a coffin, places of rest for the living and the dead, marks the progressively contracting space allowed to the living, and suggests that the only exchange the poor can make is the exchange of life for death (2002: 128).

Despite the struggle evident within the poem, the continued work ethic and the family values portrayed by the leading character, who pawns and sells her family possessions to afford the correct religious ritual, displays an element of pride in her continuance of life and non-submittance to the workhouse. However, the narrator

would rather starve than sell her Bible, indicating that in early-Victorian consumerist society, personal faith in religion was to be bought but not sold; 'My Bible yet remains to sell, / And yet unsold shall be; / But language fails my woes to tell - / Even crumbs were scarce with me' (Elliot 1840: 107).

The selfless sacrifices made by the female narrator of this poem, conforms to Ellis' contemporary view that 'a woman of right feeling should [wholly] devote herself to the good of others' (1844: 35). In agreement, Ruskin stated that 'women's power is not for rule... intellect, invention or creation, but for [the] sweet orderings' of domesticity (1899: 23), or in the case of *The Death Feast*, the organisation which accompanied the Victorian 'domestication of death'. Brooks states that as the emerging nuclear family extended to include the dead within its fold, the 'domesticated dead' became part of the nineteenth century language of commemoration and memorialisation (1989: 4-5). However, the elaborate and prolonged funeral and mourning customs of the emergent 'cult of memorialisation' that became fashionable after the death of Prince Albert in 1861, were not financially attainable by the labouring-classes, and thus served to reinforce 'in death the subtle gradations of social hierarchy [that were] established in life' (Wheeler 1994: 29). Contemporary literature such as *The Death Feast* evidences the necessity for a gendered approach in the typologisation of death, which should also include behavioural variances across the class stratification. While bourgeois women could enact elaborate consumptive deaths (as will be discussed further within this chapter), the selfless poor, as witnessed in the female character of Elliot's poem, did not have the financial ability to facilitate their aspirations to conform to societal mores. As Gilbert and Gubar state, 'to be selfless is not only to be noble, it is to be dead' (2000: 25), with one's identity analogous to a *memento mori*; a material and emotional struggle resultant from, and acting as a constant reminder of, the grief of death.

### **Beautiful Bourgeois Deaths**

For Sontag, whereas working-class tuberculosis was a disease of the masses, a result of impoverished living and working conditions and subject to care within the family unit, among the upper-echelons of society tuberculosis singled out its victims (1977: 16-17). These individuals, unlike labourers, were not subject to the frequent bacillus exposure experienced in factories and in the slums, and thus tuberculosis became

invested with a particular significance when not fatal to one's surrounding community as a whole. Indeed, Bennett claimed that the lives of bourgeois consumptives were pathological because they frequently 'pursued pleasure outside the home' (1859: 138), accompanied by a lacking work ethic in favour of an increasingly irresponsible consumerist culture. Rossetti's *Goblin Market* (1862) demonstrates this well; in the story Rossetti blames the downfall of the magical city on its stifling smoky 'warm voluptuous state' which, according to Silver, strongly resonates with the humid smoke-filled streets of urbanised England (2002: 154). Further, Rossetti's magical city reflects the corresponding neglect of daily work experienced in Victorian bourgeois English society, describing the 'careless joys' of characters such as Laura, 'who stops doing her domestic chores after eating the goblin fruit... neglect[ing] their daily work in favour of pleasures of the flesh, including the "delicious" pleasure of doing nothing' (in Silver 2002: 154). Silver states that Rossetti's 'Dead City' validates action over sloth and gluttony, recalling the 'Victorian Protestant ethics that define work inside or outside the home as each person's civic duty... [without work] consumption alone leads to decline and even to death' (Silver 2002: 154). One could therefore assert that Walter's view that Unbelief was the Worst Sin in his Traditional type is incorrect, rather, in the nineteenth century individuals were displaying more typically Neo-modern characteristics; with the denial of work by the upper-classes leading to an effete race of individuals who isolated themselves from the brutish, harsh working conditions which the poor were forced to endure.

Latimer states that 'what is striking about tuberculosis as a [bourgeois] disease - in contrast to... syphilis... or leprosy - is that tuberculosis gets remarkably good press from writers of belles lettres - especially in... the nineteenth century' (1990: 1016). As Latimer questions, 'When the disease was so common and emerged from an abused proletariat, how did it become in the iconology an aristocratic affliction? When it was so revolting, how did it become the sign of a refined, ethereal nature?' (1990: 1020). Indeed, tuberculosis was mythologised as a form of beautiful death in the mid- to late-Victorian period, associated with 'poetic and artistic talent that first burned feverishly and then peacefully passed from earthly sorrows to heavenly visions' (Wilson Carpenter 2010: 55). In *Illness as Metaphor* (1977), Sontag notes that bourgeois 'tuberculosis was thought to produce spells of euphoria, increased

appetite, [and] exacerbated sexual desire' (12-16); it was a disease pertaining to time, which 'speeds up life, highlights it, spiritualises it' (Sontag 1977: 12-16). The upper echelons of mid- to late-Victorian society perceived tubercular infection as painless, culminating in 'almost symptomless, unfrightened, beatific deaths... The dying tubercular is pictured as made more beautiful and more soulful' (Wilson Carpenter 2010: 66), representative of Walter's notion of the Traditionally Good Death. As Wilson Carpenter states, 'around the time of the Romantic era [1848-1901]... the myth was so pervasive that consumption was thought to have an almost mystical capacity to produce artistic talent' (2010: 66). Even Elizabeth Barrett Browning was quoted to say that 'Is it possible genius is only scrofula?' (in Wilson Carpenter 2010: 66). In turn, Keats was perceived as an excellent example of genius fuelled by tuberculosis, and his case of military consumption was contemporarily believed to be brought on by disputes with his lover Fanny Brawne or a bad review of *Endymion* (Wilson Carpenter 2010: 66). For Latimer, the emotions which 'proceeded from financial difficulties, unhappy love affairs, and family tragedies' all played key roles in the physical development and the social construction of epidemic bourgeois consumption (1990: 1019)<sup>50</sup>.

Yonge's *The Heir of Redclyffe* (1853) displays the idealisation of the middle- to upper-class patient enacting a fashionably beautiful tuberculous death, with the character Charles securing all of the attentions, time and devotions of his family due solely to his illness:

Charles was at this time nineteen, and for the last ten years had been afflicted with... [tuberculosis] in the hip joint, which, in spite of the most anxious care,

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<sup>50</sup> Elizabeth Siddal (1829-1862), the muse of Dante Gabriel Rossetti, acts as a 'real-life testament to the transforming power of the consumptive aesthetic' (Byrne 2011: 96). Marsh contests that prior to modelling for the pre-Raphaelite brotherhood, Siddal was not 'renowned for her beauty... [but] for her plainness' (1985: 26). However, in 1854, Siddal developed a consumption-like illness which remained with her for the rest of her life; although, while she suffered from bodily wasting, weakness, unspecified pain and occasional vomiting, the most defining symptoms of consumption (a cough and pulmonary haemorrhage) were not experienced (Byrne 2011: 97). According to Byrne, as an impoverished aspiring artist, her symptoms of consumptive illness effectively functioned as a means of achieving her artistic aims (2011: 98). It is known that Siddal was addicted to Laudanum, an overdose of which caused her death in 1862, however, there is contemporary evidence to suggest that she was also suffering from anorexia nervosa, hysteria, neuralgia and depression (Byrne 2011: 97). That said, her consumptive look, her 'long legs, long fingers, long throat, dullish prominent eyes [and] luxuriant hair' (Hunt 1932: 32), and her ability to suffer and endure her illness without complaint, romanticised her illness inspiring not only the pre-Raphaelite Brotherhood, but also a fashionable trend among the bourgeoisie, who desired this idealised aesthetic appeal of fragile, death-like femininity (Byrne 2011: 100).

caused him frequent and severe suffering... render[ing] him an object of constant anxiety. His mother had always been his most devoted and indefatigable nurse, giving up everything for his sake, and watching him night and day. His father attended to his least caprice, and his sisters were, of course, his slaves; so that he was the undisputed sovereign of his whole family (Yonge 1854: 11).

Charles epitomises the contemporary notion of the consumptive as a 'socially desirable patient, a worthy recipient of the bourgeois physician's care and attention' (Byrne 2011: 16). He is an 'idealised consumptive whose moral worth merited an increase in medical concern for their condition' (Byrne 2011: 16). Mid-Victorian physicians such as Balbirnie, perceived that consumptives had a characteristic amiability (1856: 9); consumptives were physically and mentally refined, possessing, as Alabone states, remarkable brilliancy with especially developed nervous systems and refined natures, 'being remarkable for their gentleness of their disposition, their amiability of their character, and the great purity of their moral feeling' (1880: 34).

The increasingly typified consumptive attributes experienced by the bourgeoisie can also be witnessed in the character of Paul, in Dickens' *Dombey and Son* (1848), who is described as possessing 'intellectual faculties which seem prematurely developed - they are remarked upon as apt, wise and knowing beyond their years' (Dickens 1848: 295). Byrne claims that Paul portrays the 'power of tuberculosis to render time meaningless, and to consume youth, growth and future promise. The perception was that tuberculosis was a spiritual disease, traditionally considered as an affliction of the pure, the innocent and the young' (2011: 54). In the novel, Paul lays on his deathbed 'listening to the noises in the street, quite tranquilly; not caring much how the time went, but watching it and watching everything around him with observing eyes... whether there were many days or few, appeared of little moment now' (Dickens 1848: 295). He also reflects the mid-Victorian cultural desire to remain beautiful, young and perfect: "Ha!" said Dr. Blimber. "Shall we make a man of him?" / "Do you hear Paul?" added Mr. Dombey; Paul being silent. / "Shall we make a man of him?" repeated the Doctor. / "I had rather be a child", replied Paul' (Dickens 1848: 210). The consumptive character of the middle-class Paul is the antithesis of the brutish labourer (previously discussed within this chapter), not only would he be physically unable to labour, but he is also perceived as spiritually

heightened by his disease, 'so as to be above such earthly, mundane concerns as the desire to consume' (Byrne 2011: 54). Paul represents the triumph of the individual consumptive over the institution - the consumerism of Victorian industrial society; he 'is a single entity against a huge economic system, which he has no desire to be a part of and can only escape by being ill' (Byrne 2011: 57).

The character of Paul Dombey bears a striking similarity to Linton Heathcliff in Brontë's *Wuthering Heights* (1846), in the sense that both are heirs to a physically and metaphorically diseased dynasty, from which only death can offer an escape. Like Paul, Linton is a 'pale, delicate, effeminate boy... [with] a sickly peevishness in his aspect', 'more a lass than a lad' (Brontë 1848: 174, 189). As was typical of the portrayal of the bourgeois consumptive, Linton was tall, with pretty features, bright eyes and a bright complexion (Brontë 1848: 187). He was more accomplished than anyone who shared his surroundings could have hoped to have been, but fragile, with a nerveless frame which often gave way to convulsions, expressions of agony and a suffocating cough (Brontë 1848: 206, 229). Both Paul and Linton portray Allinson's view that 'phthisis affects the talented, gifted and beautiful more often than coarser humanity' (1854: 1); Paul's and Linton's consumptive refinement is particularly evident in comparison with their patriarchal role models of Mr. Dombey and Heathcliff respectively, who both in turn succumb to their dissolute and manipulative lifestyles. With these two young consumptive characters of popular fiction, one can witness the manner in which class can transgress Walter's typology, with many bourgeois mid-Victorian consumptive deaths tending to encapsulate his Neo-modern type. For example, both Linton and Paul experience a Prolonged Dying Trajectory, with others Witnessing them Dying; their deaths are a public display but their suffering is experienced privately, and as was witnessed in *The Heir of Redclyffe*, they die in the Institution of the Home, in their own way, and become sovereigns of their family structure, all of which pertain to Walter's ideal Neo-modern determinants.

The Dubos' state that consumption affected a curious taste in what was considered attractive in women in mid- to late-Victorian society (1952: 54), necessitating a gendered approach to the analysis of bourgeois tuberculosis as a form of ideal Traditional Archetypal Death. Latimer expresses that women even wore white

muslins to look consumptive, or increase the impression of the disease already present, and aside from this, powder would be used to blanch faces (Latimer 1990: 1021). Latimer posits that it was fashionable to achieve the cadaverous physique and red sensual mouth reminiscent of the popular pre-Raphaelite imagery that was so prevalent in Romantic culture (1990: 1021), evident in Millais' popular depiction of *Ophelia* (1851-2) and Rossetti's *Proserpine* (1874). Indeed, the pre-Raphaelite model Elizabeth Siddal epitomised the physical delicacy embraced by what Byrne defines as 'the invalid-centric values' of the Victorian middle-classes (2011: 99); her weak languid bodily frame and imaged pallidity rejected any suggestion of working-class robustness and vigour, which has been discussed previously within this chapter. According to Gilbert and Gubar:

The aesthetic cult of ladylike fragility and delicate beauty... obliged 'genteel' women to 'kill' themselves into art objects: slim, pale, passive beings whose 'charms' eerily recalled the snowy, porcelain immobility of the dead (2000: 25).

For Gilbert and Gubar, in the deathly process of becoming an *objet d'art*, 'the consumptive bourgeois female surrendered her very self - her personal comforts and desires - and it is precisely this sacrifice which doomed her to death' (2000: 26). In Gilbert's and Gubar's view, this 'spiritualised Victorian woman... having died to her own desires, her own self, her own life... leads a posthumous existence in her own lifetime' (2000: 26). Douglas states that this social cult of the aesthetically beautiful female bourgeois consumptive was constructed as a further form of the Victorian process of the domestication of death<sup>51</sup>, which represented 'not just an acquiescence in death by the selfless, but also a secret striving for power by the powerless' (1977: 200-206) Therefore, in relation to Walter's ideal typology, one can witness that these consumptive women were able to construct an ideal Neo-modern expressive, albeit diseased, identity within the process dying, which acted as a display of empowerment within male-dominated Victorian English society.

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<sup>51</sup> Harrison and Fantina argue that the nineteenth century British understanding of the verb 'to domesticate' was akin to 'dominate', referring to the etymology of the Latin "*Dominus*, lord of the *dominum*, the home" (2006: 236). Further, McClintock argues that one can interpret the term domestication as a method of civilisation, particularly associated with nineteenth century colonialism (1995: 35). Therefore, one can interpret the Victorian domestication of death as a method of dominating and civilising what Ariès calls its 'savage violence' (1981: 608).

Romantic portrayals of the consumptive abstracted the pale ailing and disease-ridden physical body from the wider social body, through the bourgeois association of tuberculosis with refinement and ‘great purity’ of mind and body (Byrne 2011: 93). Indeed, as Byrne claims, Romanticism brought tubercular glamour into the nineteenth century (2011: 93), with famous figures such as Byron commenting on the desirability of the affliction; he is reported to have said: ‘I look pale. I should like to die of consumption... because ladies would say... “How interesting he looks in dying.”’ (in Moore and Dowden 1986: 1120). Even contemporary doctors accounted for the random selectivity of consumptive infection through the social construction of a tubercular ‘diathesis’, which according to Bird was a ‘habit of body so liable to consumption that the popular opinion in England associates consumption almost exclusively with it’ (1863: 78-79). This diathesis associated tuberculosis with a consumptive type - ‘a group of classic, stereotypical victims whose bodies were innately susceptible to the disease’ (Byrne 2011: 24). Thus, consumption was not random, but personal, as Byrne posits, ‘consumptives were not simply unlucky people who had inhaled the germ, but had been selected for a mysterious reason’ (2011: 24). The physician Bird described the tubercular type as usually having a ‘remarkable beauty of person and brilliancy of intellect - a thorough-bred look, which in our national pride we associate with the British aristocracy’ (1863: 78-79). These individuals were ‘slender, graceful figures... [with] narrow chests, harmonious and delicate features, full and expressive eyes;... all their senses are highly developed and they almost always have a high appreciation of the high arts’ (Bird 1863: 78-79).



**Plate 19:** Peach Robinson. 1858. *Fading Away* [Combination Print]  
(in Gernsheim 1962: 79)

In bourgeois society tuberculosis was associated with the fragile loveliness and sexual attractiveness of femininity (see plate 19), the antithesis of the perceived working-class brutality, which is evident in Ward's *Eleanor* (1900). Ward describes the main character as having 'a perfection which was characteristic... a faded fairness of hair and skin... [and a] frail distinguished look' (Ward 1900: 50). Her artistic observations 'were the comments of taste and knowledge', and she 'had a voice, a hand, a carriage that lovelier women had often envied, discerning in them the subtleties of race and personality which are not to be had for the asking' (Ward 1900: 147, 11). This literary portrayal emphasises Walter's Neo-modern notion that Meaning was Created, even to the extent that the illness was desired and propagated by individuals. Further, his determinants of Coping and Courage were shown in Talk and Expression and the desire for consumption was, in itself, a desire for enhanced Emotion, intellectual Growth and the want of Autonomy over one's life and death, all of which are characteristic of Walter's Neo-modern determinants.

### **Female Empowerment**

The character of Lucy Westenra in *Dracula* is typical of the Romantic bourgeois tubercular diathesis: an upper-class female 'who feels influences more acutely than other people do' (Stoker 2007: 87). Lucy's illness is defined as being a 'dream-like state, sensation of pain and weakness by unknown cause' (in Byrne 2011: 129), with the most tangible evidence of her affliction witnessable by the blood on her nightdress and pillowcase. The contemporary physician, Bell, claimed that like Lucy, 'consumption's victims suffer most at night, sweating profusely. They awaken, coughing [blood] and in pain' (2001: 234). Mina Murray frequently observes Lucy's paleness and declining physicality, stating that 'the roses in her cheeks are fading, and she gets weaker and more languid day by day... [she] cried silently between long, painful struggles for breath' (Stoker 2007: 95). In her own narration Lucy too states, 'It must be something wrong with my lungs, for I don't seem to ever get air enough' (Stoker 2007: 109). Further, Van Helsing notes that Lucy did not speak and that she also had pallid shrunken gums (Stoker 2007: 323, 153), the former being a typical symptom of tubercular laryngitis (Byrne 2011: 136), while the latter resembles Cullimore's description of tubercular patients, whose 'gums are pale and often exhibit a festooned appearance toward their dental margins' (1880: 58). Tylor noted that vampires such as Lucy, were contemporarily conceived in spiritual form

to account for specific facts of wasting disease, portraying symptoms such as weight loss, fatigue, coughing and spitting blood in advanced cases (1891: 191-92). Indeed, Byrne states that tuberculosis was a method of pathologising femininity, with female sexuality and consumption both symbolically defined by the outpouring of blood (2011: 30).

Many contemporary physicians likened the expulsion of blood and draining of strength from the female tuberculous body with menstruation. As Stephens notes, this perpetuated the myth that ‘women, with their womb-driven physiology and psychology, were supposed to be especially susceptible to tuberculosis’ (in Lawlor 2006: 56). Lawlor states that childbirth and breastfeeding were also seen to leach the body’s strength which again made women more prone to consumption (2006: 56), with Beevor further linking ‘tuberculosis with anaemia, which in turn was frequently associated with pregnancy - all cause pallor, weakness and weight loss’ (in Byrne 2011: 31). Lucy presents the ‘conventional image of the female consumptive’, portraying the disease as ‘having a certain aesthetic value, for it creates beautiful, desirable women’ (Byrne 2011: 33). Lucy’s infection throws an ‘ethereal character over her human form’, creating what Byrne calls a holy sufferer (this is related to the discussion of leprosy in Chapter One), or a suffering angel (2011: 34). However, Lucy is also the temptress, a female who lewdly desired her three suitors and was targeted by Dracula for her hyper-sexuality, becoming more desirable in death. Lucy therefore epitomises the bifurcation of the bourgeois female consumptive in late-Victorian society - part angel, part whore (Byrne 2011: 34).

The perceived sexualisation of the tuberculous middle- and upper-class female was fetishized in the nineteenth century fashion for corsetry. Corsets pushed the breasts up and reshaped the figure, and the resulting tiny waist ‘signified ladylike self denial and restrained appetites... but in addition was a symbol of virginity and youth, thicker waists being associated with pregnancy and... childbirth’ (Kunzle 1982: 21). In *The Pathology and Treatment of Pulmonary Consumption* (1859), Bennett stated that consumption is ‘almost invariably [the consequence of] such circumstances as induce impoverished nutrition’ (1859: 17). While the working-classes had little choice concerning diet, Bennett claimed that among the upper-echelons of society ‘consumption was ushered in with bad and capricious appetite... unusual acidity of

the stomach, [and] anorexia' (1859: 17). He continues to state that 'such individuals... even when they say that their appetite is good, and that they live well, their diet is actually either deficient in quantity, or in quality' (Bennett 1859: 17). According to Kerksiek, women even attempted to attain the look of a consumptive anorexic by destroying their appetite through eating sand and drinking vinegar (2009: 3).

Tuberculosis was romanticised in the form of consumption or the wasting disease, which included eating disorders amongst these all encompassing terms; consumption was an insidious disease culminating in the fetishisation of the anorexic female figure (Byrne 2011: 175). For Gorsky Rubinow, 'these factors, combined with sexual and behavioural repression and even corseting' (1999: 181) can be exemplified by the tubercular thinness of the character of Catherine Earnshaw in *Wuthering Heights*; Cathy's prolonged illness evidences the method in which she both exerts and regains control over her disintegrating life and garners attention from those around her (Gorsky Rubinow 1999: 181). Cathy embodies the middle-class diathesis of the consumptive, having a 'propensity for psychological disease - rage, depression, anorexia, and loss of emotional control' (Gorsky Rubinow 1999: 183). Her emotional excesses mean that she frequently can 'neither eat, nor drink' and she complains that she is 'starving' (Brontë 1848: 85, 76). Importantly, Cathy's illness fluctuates when she is unable to follow her own life choices, for example when she marries Edgar Linton; in this sense consumptive diseases are portrayed as a method of control in mid-Victorian society, when dis-ease was experienced in one's own life. For Cathy, death offers her, her only 'chance of life' (Brontë 1848: 110), 'her strange exaggerated manner, her wasted face... and her despair', acting as a vehicle to remove herself from the constraints of 'ordinary' female existence (Brontë 1848: 106). Cathy's character thus epitomises Walter's Neo-modern Values of Autonomy, Control and Emotional Growth, despite his constraints and denial that those residing in his Traditional type can exhibit these progressive forms of response in the face of death.

For Gorsky Rubinow, literary portrayals of female characters such as Cathy contributed to a socially constructed contemporary perception that women were manipulative, 'people thought they faked illness to make excuses or gain attention'

(1999: 173). 'Robust health in girls signified an unacceptable hoyden or tomboy; a passionate nature foretold immorality' (Gorsky Rubinow 1999: 173). The corset was an article of clothing which allowed women to both achieve the desired consumptive look and also induce illness; as Kunzle states, the corset's 'elimination of abdominal in favour of pectoral breathing' (1982: 21) caused rapid shallow breathing, inducing the "heaving bosoms" long eroticised by being read as a sign of heightened emotion or desire' (Byrne 2011: 117). According to Summers, the symptoms caused by wearing corsets, such as thin wasted bodies, pale complexions, shortness of breath and extreme fatigue, were the same as the manifestation of consumption (2001: 140); 'tightly laced corsetry was in fact integral in the emulation of consumption's lesser and more appealing symptoms' (Summers 2001: 140).

In 1880, the physician Alabone posited that 'any article of dress which interferes with the free and natural action of the lungs... may be considered a powerful disposing cause of pulmonary tubercle' (1880: 27), and this can be witnessed in character of Rosa in Reade's *A Simpleton* (1873). As the novel progresses, Rosa becomes increasingly ill, experiencing a 'slight but frequent haemorrhage of the lungs... which weakens her visibly... She began to lose her rich complexion, and sometimes looked almost sallow; and a slight circle showed itself under her eyes - she became a "ghost" of her former self' (Reade 2007: 15). Her lover and physician Dr. Staines attributes her illness to congestion of the lungs caused by 'tight stays' and orders her to 'throw that diabolical machine [her corset] into the fire' (Reade 2007: 26). Outraged Rosa refuses, insulted by his attempts to prevent her from achieving the unhealthy aesthetic ideal. The use of the corset embodies Walter's Neo-modern notion of 'I Did it My Way', even to the extent that women controlled their manner of dying, performed their illness and enacted their own beautiful deaths. However, the desire to achieve the consumptive look through corsetry became life threatening in itself, as Dr. Staines states in *A Simpleton*, 'it [the corset] brought you to the edge of the grave' (Reade 2007: 107).

### **Conclusion to Tuberculosis**

In summation, tuberculosis has been proven to be primary killer disease of the nineteenth century, a disease which affected every level of society; however, in the public perception, tuberculosis altered depending on one's class, skin colour and

gender. Tuberculosis would have been frequently witnessable in urbanised Victorian England, propagated by the insanitary living conditions of the impoverished working-classes, yet the disease was so variable in its manifestations that identifying a typical death trajectory for the purpose of typologisation would be unrealistic. That said, literary portrayals of the disease and statistical analysis, evident in contemporary medical documentation, has indicated that it was common for consumptive deaths to be lengthy affairs, thus more representative of Walter's Neo-modern Dying Trajectory than his hasty ideal Traditional death. Marx's notion of primitive accumulation accompanied by Dyer's theorisation that mid- to late-Victorian labourers were socially constructed as essentially non-white individuals, denigrated working-class tuberculosis as a disease associated with the Foreign, the dark skinned, dirty and sweaty animalistic beings exemplified by Wells' Morlocks in *The Time Machine*. These individuals were isolated and distanced from the concern of the bourgeoisie, lacking in proper English sensibilities and the values of pale femininity and fragility, which led to the delineation of the working-classes as 'heathen' and 'savage', as described in *Jane Eyre*.

The exploration of tuberculosis within this chapter as experienced among the Victorian working-classes serves to disrupt Walter's notion of Traditional Community Structure, with many urban workers displaced from their former Traditional rural communities into lives of industrial hardship; consumer desire necessitated labour, with labourers in turn, consumed by consumptive infection which was exacerbated by factory working conditions. However, consumption became an altogether different matter when considered as a bourgeois disease, breaking down the boundaries of Walter's Traditional type and producing death-related behaviour that strongly resonates with Walter's ideal Neo-modern type. Consumption was a disease of Romanticism, necessitating a gendered analysis within this chapter, due to its association with pallid, languid bourgeois femininity, which was the antithesis of the dark-skinned labourer. This diathesis of the consumptive validates Walter's Traditional characteristics of a socially Good Death, which typifies the dying tuberculous patient as being surrounded by loved-ones, fading peacefully away from suffering and pain. Tuberculosis afforded female patients a sense of Autonomy, Control and Choice in the manner of their death, which is characteristic of Walter's Neo-modern ideal death-related behaviour, yet

enacted within the constraints of patriarchal society. This notion was most profoundly evident in the fetishisation of the corset and the manipulation of diet as a form of consumptive wasting disease, epitomised by the character of Cathy in *Wuthering Heights*; when all other choices had been removed, Cathy could still control her health and in particular her anorexia, making her more prone to tuberculosis due to her weakened physical state. The romantically constructed consumptive female identity can be perceived as a matter of extreme polarity, both idealised as ethereal and spiritual, yet, as witnessed in the character of Lucy Westenra in *Dracula*, the sexual connotations of blood and her foolish promiscuity turned her from virgin to hyper-sexual whore. Lastly, the effeminate consumptive deaths of youths acted as methods of social elevation, promoting them to the sovereignty of their household, as witnessed in the characters of Linton Heathcliff and Master Paul Dombey, who upheld Walter's ideal Modern family ties, but disregarded the Traditional hierarchy of parentage.

### **Chapter Conclusion**

This chapter has analysed two diseases as forms of Archetypal Deaths for Walter's ideal Traditional type. In a similar manner to medieval and early modern plague within the first two chapters, tuberculosis has been considered as a form of Archetypal Death justified through death toll alone. On the other hand, nineteenth century syphilis, like its early modern counterpart, provided an alternate perspective of Walter's Archetypal Death being morally and physically contagious, inducing fear and dread that far outweighed the possibility of actual infection. Neither of these diseases conformed wholly to Walter's ideal Traditional Bodily Context. Syphilis forced its victims to live with a slow degenerative death, however, all other bodily determinants of the disease pertained to Walter's ideal Modern type; for all classes, syphilitic death was Hidden, in the private sphere of the home, or in the public Institution of the Hospital, supervised by Medical Expertise which had largely displaced the Authority of Walter's ideal Traditional determinant of God and religion in the battle against bodily disease. While death was Hidden, it was also Controlled, with the Social Death of those infected with syphilis Preceding their Physical Death, as exemplified in the bifurcation of the bourgeois woman, turning from wife and mother to whore; factors which again reflect Walter's ideal Modern manner

of dying. The contemporary delineation between public and private sphere, afforded the ability to conceal diseases such as syphilis within the home, allowing for the privacy of the suffering bourgeois family unit, upholding Walter's Modern ideal Value of Dignity in Dying, despite the sexual connotations of the disease. For the lower-class syphilitic, the implementation of the *Contagious Disease Act* marked the merging of Walter's ideal Traditional and ideal Modern Authority, with physicians medically policing sexual behaviour and physical disease, placing moral censure and behavioural restrictions on the infected. For the proletariat this included segregation within the lock hospital, apt conversions of medieval *leprosaria*, which maintained the same purpose; they served to other the primitive, morally degenerate sufferers of sexually deviant diseases, simultaneously containing their contagion.

The analysis of epidemic tuberculosis within this chapter has been seen to highlight the manner in which nineteenth century death behaviour breached the boundaries of Walter's three ideal types, maintaining aspects of his Traditional, Modern and Neo-modern ideal simultaneously. Despite its varied manifestations, tuberculosis was generally a prolonged form of death, gradually degenerating its victims over long periods of time, with the typical death being that of an adult in their reproductive prime. This chapter has emphasised the necessity for class demarcation within Walter's typology, with lower-class and bourgeois incarnations of tuberculosis being perceived quite differently in nineteenth century society. Tuberculosis was a characteristic disease of the urbanised cities, exacerbated by squalid living conditions and the pollution of industrial factories. However, the notion of primitive accumulation coupled with the negative social construction of the racialisation of the poor by the bourgeois, contemporarily implied that the tuberculous deaths of labourers were merely the necessary by-product of Victorian consumerism. The typical middle- to upper-class perception of the working-classes as being dark-skinned, unintelligent and animalistic, only fit to labour, resulted in a distinct yet interrelated experience tuberculosis among the working-classes and the bourgeoisie; while the bourgeois consumptive was perceived as being just too good to live, the labourer's tuberculous death was typically contracted in what Blake describes as the 'dark satanic mills' owned by middle-class industrialists, and as such their deaths were directly resultant from the need to fulfil bourgeois consumerist desires. Alternatively, the bourgeois consumptive was popularly depicted as possessing a

disease of genius; a gendered ailment, consumption amongst the upper-echelons of society became associated with feminine beauty, controlled and enacted as an idealisation resulting in fetishisation. Walter's Neo-modern ideal autonomous and expressive death is epitomised in the fact that consumption affected the young, but being far from senseless, it was desired as a method of gaining power over one's otherwise constricted lifestyle. Thus, in conclusion both tuberculosis and syphilis exhibit behaviour which transgresses Walter's Traditional ideal type, but this is dependent on both class distinction and gender differentiation, with rich and poor, and male and female death-related behaviour progressing at different rates.

## CONCLUSION

### **Timor Mortis Conturbat Me: Complicating Walter's Traditional Community-based Death Typology using Popular Literature**

#### **Conclusions**

In the introduction to this thesis it was established that Tony Walter's *The Revival of Death* (1994) is a core sociological text that assists academic scholars, the dying and the bereaved to consider, discuss and come to terms with their own and others' death-related behaviour. Walter's typologisation of death into three theoretically sociological ideals which purport to represent Western culture, has been challenged within this thesis, which labels his analysis of Western death-related practices as too broad and his utilisation of Weberian ideal types as both misunderstood and misrepresentative. This thesis has sought to complicate Walter's typology through an analysis of his ideal Traditional<sup>52</sup> type in one geographical location: England, evidencing that Walter has presented an oversimplified and somewhat homogenised historically-based account of death-related behaviour, which is neither ideal in the Weberian definition of the term, nor cohesively accurate.

It has been established that Walter's methodological typological approach was influenced by the historicity of Ariès' five-stages of death in *The Hour of Our Death* (1981) and thus, Walter demarcates the transition from Traditional to Modern as occurring at the turn of the twentieth century<sup>53</sup>. For ease of comparison, my thesis has maintained Walter's historical ideal Traditional era, spanning a period of approximately nine hundred years, from 1000-1901<sup>54</sup>. Aside from this, the three chapters of this thesis have largely disregarded the shared methodology of both Ariès, and Walter, who relied on contemporary Church records and documentation

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<sup>52</sup> Capitalised terms relate directly to Walter's table of 'Three Types of Death' on page xi of this thesis.

<sup>53</sup> As mentioned in the introduction to this thesis, Walter claims that the shift from Traditional to Modern occurred almost fifty years later for working-classes, circa 1945 (1994: 59).

<sup>54</sup> As previously stated within this thesis, I have suspended my analysis of the Traditional era in 1901 for two reasons; this date coincides with beginning of what Walter defines as the middle-class transition into Modernity, but 1901 also marks the definitive end of the Victorian era, with the death of the monarch, which had characterised mid- to late-nineteenth century English culture.

to portray historical death-related behaviour. Rather, my research has represented alternative forms of prototypical deaths in direct contrast with Walter's Archetypal Death, construed from historical observation, as documented in contemporary popular and religious literature, and combined with modern academic theorisations in order to establish commonalities within historical societal approaches towards death in England. Each chapter has sought to divide Walter's ideal Traditional type into snapshots of distinct periods spanning his Traditional era, in order to establish whether Walter has achieved the 'certain internal consistency' (1994: 49) and cohesiveness which he claims has been accomplished within his typology, particularly regarding his Bodily and Social Contexts which he notes 'have tended [historically] to go together', progressing at the same rate (1994: 59).

This thesis has challenged Walter's use of the Weberian (1924) formulation of the ideal, arguing that Walter has misinterpreted the concept. According to Walter, ideals are merely ideas in 'the head of the sociologist... about social life that have logical coherence' and that avoid forcing 'complex reality into sociological pigeon-holes' (1994: 47). However, Weber's ideal types are intended to develop our skill in the imputation of research, as unambiguous means of expression to descriptions of reality (1949: 90), and further, Weber posited that 'nothing... is more dangerous than the confusion of theory and history stemming from naturalistic prejudices' (1949: 95). In essence, for the ideal type to remain ideal, it cannot take form in reality. Walter though, posits that his ideal types are historical types, 'with Traditional tending to give way to the Modern, which in turn tends to give way to the Neo-modern' (1994: 47). Further, he gives form to an Archetypal Death (plague) from which the proceeding determinants of his ideal types are formulated, and it is challenging this determinant of the Traditional Archetypal Death which initiates my critique of Walter's Traditional death within each of my three chapters, which I will now summate.

In the first chapter of this thesis, I focused on the application of Walter's ideal death typology to the medieval period circa 1000-1535. In this era, characterised by its lack of religious diversity, I initially implemented the analysis of contemporary popular accounts and statistical evidence to justify Walter's formulation of death-related behaviour in his ideal Traditional era as characterised by infectious disease

(1994: 50); more specifically, plague. Carpentier (1962), Cipolla (1981), and Whittock (2009) showed that post-1348 plague was the deadliest disease in Europe, ravaging England and causing unprecedented morbidity rates of up to 50%, despite the fact that the disease was not ever-present and often disappeared for months and years on end. Boccaccio's fourteenth century *Decameron* also portrayed the perception of plague as highly infectious with the ability to kill nearly all those infected within a matter of days, not responding to any contemporary treatment. It has been witnessed that in the waves of plague following the initial outbreak in 1348, acute outbreaks often led to high child mortality, influencing, as Buchheim (1884) noted, the Pied-piper fable, with the rat catcher leading children into the mountains of purgatory. Chaucer further promoted the contemporary notion that child mortality from plague was particularly common, with the characters of the Roisterers in *The Pardoner's Tale* (fourteenth century) evidencing the societal bitterness concerning the fact that the young were specifically being targeted by this disease.

Overall, in Chapter One it was established that in Walter's ideal Traditional era, certain aspects of his Bodily Context remain cohesive when considering plague as an Archetypal Death of the Middle Ages; Dying Trajectory was Fast, with up to 50% of the population succumbing to plague, thus undoubtedly medieval individuals would have Seen Others Dying Frequently, and contemporary sources reflect that after its initial indiscriminate outbreak, the Typical plague Death was that of a Child. This chapter also posited that Walter's assumption that an Untypical Death was a death experienced by the elderly, is correct, with Lancaster (1990) noting that in the fourteenth and fifteenth centuries, even if one reached the age of twenty-one (which only half of the population would have), average life expectancy would still only be twenty-four years of age. However, making reference to Mortimer (2009), the first chapter also explored the notion that what defines youth, adulthood and old age, alters depending on the socio-historical context in which one lives, with, for example, medieval perceptions of old age pertaining to anyone advancing thirty years old. Therefore, the fact that Walter does not acknowledge that perceptions of childhood, adulthood and old age are socially constructed, and would alter throughout his three types, misleads the reader due to a homogenisation of social mobility based on a singular and undefined perception of what constitutes different age groups. Further, in Chapter One, I disputed Walter's assertion that the elderly

were Venerated through the implementation of contemporary literature such as Chaucer's *The Pardoner's Tale*; a text which evidenced that young adults dying of plague typically viewed the elderly with repugnance and as a drain on society. Elderly members of medieval society were the antithesis of the contemporary social values of strong youthful males and beautiful females ripe for marriage and reproduction; the old were therefore deemed unworthy of social veneration.

The consideration of plague within the first chapter also highlighted the inconsistencies of Walter's ideal Traditional type, particularly concerning his Social Structure of Community and the manner in which this Community employed Coping Strategies in order to deal with the fatality rates of plague death. Again, the *Decameron* provided contemporary documentation stating that it was common that kin were abandoned in times of medieval plague; new communities of the healthy were established and burial rites and religious ritual were often disregarded in favour of quick disposal to prevent further contagion. Horrox (2000), and Oldridge (2006) were used to determine that in Walter's Traditional era a socially Good Death would have been relatively impossible and the deathbed scene would have been undesirable for plague victims who had the potential to infect those who surrounded them, spreading death within their community. Beaumont James (2001, 2011) further posited that burial was rushed, with bodies often deposited in mass graves with a single religious ceremony performed, and communities only involved in its organisation to the extent that the dead were dragged out of their homes to avoid further community contamination.

Ackerman (1976) demonstrated that plague was less common within rural areas than in urbanity and therefore those who could, utilised flight into country areas in order to avoid plague. Avoidance as a coping mechanism was also evident in the analysis of the construction of communities aligned with health in the *Decameron*; supported by Buchheim (1884), and Hecker (1970), this chapter has shown that the healthy abandoned their plague-riddled communities in order to establish new social structures causing the social death of plague victims left behind. Thus, Walter's Traditional Community, in times of plague, was often not constructed around the bonds of kinship or geographical location as he claims (1994: 201), but rather, it was prone to social construction to ensure survival in times of epidemic mortality.

Indeed, Goudsblom (1986) expressed that plague created exclusivity within communities, which disproportionately directed suspicion of contagion towards Outsiders and strangers. This notion does not conform to Walter's perception of the homogenous all encompassing Traditional Community, but rather demarcates that communities had social boundaries and constructed who was deemed desirable within them, dependant on, in the case of plague, familiarity and wellness.

Leprosy too, when implemented as a form of Archetypal Traditional Death, disrupted Walter's Social Structure of Community, due to what Douglas (1991) defined as the insidious nature of the disease, whose slow progression could be concealed. In the second part of Chapter One, Lee and Magilton (1989), and Mortimer (2009) were utilised to demonstrate that the perceived prevalence of leprosy within England, pre-dating the first outbreak of plague by over three hundred years, which in turn highlights that plague does not fully encompass the whole of Walter's ideal Traditional era. These scholars evidenced the degenerative and deformative pathological progression of leprosy, which literally caused its victims to live with their own decomposition, although theorising that its perceived social threat was far greater than the actual risk of infection. My analysis of medieval leprosy demonstrates that it does not greatly conform to Walter's Traditional Bodily Context; the disease took up to twenty years to kill off its host and statistics demonstrated that society would not have frequently seen physical manifestations of the disease. However, leprosy was seen to maintain Walter's notion of Death Resultant from Sin within the Traditional era, with Sontag (1978), and Gaudet (1990) expressing that, when visible, medieval leprosy was approached with a disproportionate sense of disgust due to its perception as a physical manifestation of sin in the form of bodily decay. Indeed, Douglas' notion that the perceived threat of insidious harm led to the increasing segregation of lepers, can be interpreted as a form of Social Death that Preceded Physical Death, which is uncharacteristic of Walter's Traditional type, better resembling his ideal Modern determinants. In particular, this section portrayed the association of leprosy with the sin of sexual deviance; making reference to Curry (1960), the typical medieval leper was depicted as a lecherous male, who enforced his sexuality on others as a method of spreading his contagion. Chaucer's *The Summoner's Tale* epitomised this popular view of the

deformed, disgusting, lusty leper, whose abuse of the Church and Tradition left him isolated, inspiring fear in all those around him.

The analysis of leprosy in Chapter One has highlighted the fact that certain interrelated factors, when appropriated to diseased persons, caused immediate segregation from Walter's ideal Traditional Community; in the case of leprosy, its slow progressive degeneration of the body could be hidden and thus lepers bore an insidious ability to spread disease within their social structure, which was not only physically contaminating, but due to lepers' perceived sexual immorality, morally contaminating too. This negative interpretation of leprosy which led to social ostracisation, further reinforces the aforementioned notion that Walter's Community Structure needs to be interpreted through a Social-constructionist perspective, which would make the allowance that any given society defines individual desirability. Therefore, when considering Death as the Result of Sin, which is unequivocal within Walter's Traditional type, the importance he places on Belonging within one's Community is diminished. The social ostracisation of lepers into institutions such as *leprosaria*, foreboding the Hidden institutionalised death of his ideal Modern era, can be further related to the communities or neo-tribes constructed during plague times. It is clear then, that maintaining the health of a community through the removal of its contagious members, whether physically or morally infectious, was normative within ideal Traditional English society.

Within Chapter One, royal edicts issued by Edward III were seen to attest to the contemporary social control asserted over lepers, whose disease, from Rawcliffe's (2006) perspective, became analogous with vagrancy, heresy and numerous other socially undesirable traits. Gower's *Mirror de l'omme* (1376-79) also represented the medieval perception that those affected with leprosy were morally deficient, presenting a physical manifestation of their stained souls, and thus deserved social ostracisation. The leper's fragmenting body, as discussed by Walker Bynum (1990), was representative of the dissolution of social norms, which in turn were socially constructed, but were also contemporarily perceived to spread death and decay physically. Clark (1994), and Morgan (2000), noted that the prolonged degeneration experienced by lepers acted as a didactic exercise of humility, a purgatorial suffering experienced on earth, reinforcing Walter's ideal Traditional notion that the Church

was dominant in the Traditional Authoritative Structure. The discussion of leprosy was also related to van Gennep's (1960), and Turner's (1967) theories of liminality, with a leper's physical and social status contemporarily perceived as being betwixt and between life and death, and earth and purgatory, respectively. Therefore, although lepers were reviled, they were also holy sufferers, who both challenged the cohesiveness of Walter's Traditional Bodily Context and simultaneously upheld and enforced the determinants of Walter's Traditional Authoritative Context; in particular, the ritualised removal of lepers from communities nearly wholly embodied Walter's perception of death's Journey, with their sinful bodies being displaced to a *leprosaria* via a (possible) mock burial, condemning them to suffer purgatory on earth.

In the second chapter, I further challenged the 'internal consistency' of Walter's Traditional type through the continued appropriation of plague as an Archetypal Death of early modernity (1536-1660). The consideration of plague as an Archetypal Death over a period of more than six hundred years highlighted the instability of Walter's Traditional Authoritative and Social Structures, particularly when confronted with religious Reformation and advancing medical knowledge; the former of these two factors almost wholly replaced established Catholic practice with Protestant beliefs, and the latter development of anatomisation eventually created a duality of body and soul in contemporary thought. During the sixteenth and seventeenth centuries, plague can be seen as a disease which retained its high fatality rate, justifying its position as Archetypal through death toll alone. Kamen (2000), and Singman (2005) expressed that case fatality from plague remained at 50-80%, with over ten outbreaks experienced between 1560 and 1650 which lasted for years at a time, killing hundreds and thousands of city inhabitants. Dobson (2003) emphasised that plague had become an increasingly urban disease in early modernity, thriving in unsanitary and squalid conditions of town and city slums. Conversely, generations of rural dwellers rarely witnessed plague, or experienced localised outbreaks within singular family units, thus not comprehending its threat in the same manner as their urban counterparts.

Early modern plague has been evidenced to still conform to Walter's Traditional Bodily Context, with Bullein (1564), and Totaro (2011) analysing medical

commentaries pertaining to the fast symptomatic death trajectory of the disease. The frequency of death from plague and the fear of contagion was evident in Totaro's view that in desperation, society was increasingly turning away from religion and becoming more reliant on medical cures, with the new medical marketplace increasingly overriding Walter's Traditional ritualised Christian Coping Strategies. Indeed, the confusion of early modern individuals concerning the notion of authority was particularly evident within the second chapter. The publication of Vesalius' *De Humani Corporis Fabrica* (1543), laying the foundations for the Cartesian theorisation of mind/body dualism, perhaps marked the beginning of the transition between Walter's Traditional and Modern Authoritative Contexts; the ability of medicine to provide a cure for many ailments, with almost limitless future possibility, promoted a contemporary feeling pertaining to the redundancy of religion which could neither cure disease nor even offer the safeguard of purgatory. The possibility of an increased earthly life span was often preferred in favour of a hastened entry into an uncertain afterlife. Marvell's *Dialogue of the Soul and the Body* (1681), expressed that not only were the body and the soul at war, but also metaphorically so were religion and medicine. However, as was evident in Marlowe's *Faustus* (1604), it was only religion that could offer the prospect of an afterlife and with medicine still in its infancy, Walter's Traditional Authority of God and the Christian Church, whether Catholic or Protestant, remained essentially authoritative yet not unchallenged, making reference to the fact that although Walter perceived Unbelief as the Worst Sin, it was not uncommon.

Healy (1993) showed that Christian clerics used the populace's uncertainty concerning religious practice and afterlife belief to their advantage, arguing that the persistent outbreaks of plague were understood to be symptomatic of society's social malaise. Disease and disorder within English society became metaphorically interchangeable, with the inhabitants of the supposed vice-ridden overcrowded city slums, whorehouses and playhouses becoming, as with medieval lepers, targeted for exclusion as prime carriers of plague. The metamorphosis of plague into a symbolic melancholic malady pertaining to contemporary socio-religious upheaval was influenced by Calvin (1536), who exemplified the popular perception that plague death was resultant from Original Sin and the depravity of human nature. This is reflected by Dekker's (1603) social construction of plague as a rapist and a

thief; a disease of vice which steals away unsuspecting victims. Indeed, Douglas (1984) denoted that separating, purifying and demarcating plague victims acted as a method of punishing transgressions. Bakhtin (1984) further theorised that lower-class plague victims in particular, could be termed as grotesque as a method to exaggerate their illness, acting as a didactic imaging of immorality to be avoided by those who wished to remain un-diseased.

Plague then, was used as a method of social control, with its social connotations employed to exclude disreputable members of early modern society. For Konnert (2008), this was primarily achieved through the construction of blockades in city slums, considered as plague areas; Lindemann (2010) also considered that enforced incarceration of plague victims and their families was the most effective means of handling lower-class plague victims, as discussed in Shakespeare's *Romeo and Juliet* (1592). Therefore, one can again witness the social construction of certain diseased individuals as undesirable within Walter's Traditional Community; the enforced isolation of plague victims acted as a pre-mortem Social Death, controlled through institutionalisation, which Walter terms as uniquely Modern. Personhood within the ideal Traditional era was undoubtedly found within the Community, for as soon as plague individuals were segregated from this typified Social Structure, they were essentially socially dead. This acted as a further method of coping in a society which, Watson (1994) posited, felt abandoned by God, yet could not afford to flee as Dekker (1603, 1604) stated that the rich did. Thus, the isolation of infected family and friends became a necessary public health procedure characterised by the essential need to survive, which Walter largely disregards.

In the second part of Chapter Two, it was evidenced that syphilis had succeeded leprosy as a form of slow degenerative death which instilled unparalleled fear within early modern English society. The sudden onslaught of syphilis was detailed by Lobdell and Owsley (1974), and Crosby (1986), who labelled the disease as uniquely historical, understood to have been discovered by Columbus in the Americas and spread by the warring enemies of England; syphilis was perceived as a foreign import and denigrated as such. Further, Gilman (1987) noted that as syphilis imitated the symptomatic progression of leprosy and the two were easily mistaken, many medieval cases of leprosy may have been syphilis. However, even when syphilis

became recognised in its own right, it inherited the stigma associated with leprosy iconography, sustaining the previously asserted formula that slow death trajectory and degenerative disease led to the social stigma of sexual deviance, perceived as bodily manifestations of inner sin. Hutcheon and Hutcheon (1995), and Healy (1997), both described the pathologised symptoms of syphilis, emphasising the contemporary medical record of syphilitic progression by von Hutten (1540) who described its slow death trajectory with periods of remission and the physical decomposition of the sufferer caused by the disease. As with leprosy, when implementing syphilis as a replacement Archetypal Death in Walter's ideal Traditional era, it alters his notion of Dying Trajectory; the slow progression of the disease meant that victims were Living with Death, but this death was a slow deformative process. According to Clowes (1579), and Milburn (2004), those dying from syphilitic infection would have been seen frequently and the perceived epidemic status of this disease permeated societal consciousness as an imminent apocalypse.

Evidencing the Clowes' (1579) medical pamphlets, Boehrer (1990) and Helms (1990) demonstrated that syphilis' venereal nature resulted in its stereotypical association with prostitution and sexual miscreants. For Helms, the perceived illicit sexuality of syphilitics, as with lepers, served as method of renewing social hierarchies for those who feared contagion; this resulted in the ostracisation of, specifically, lower-class syphilitics, who were often deemed as lewd and idle rogues and thus considered unworthy of medical treatment. Effectively, these individuals' social deaths preceded their physical ones, which in turn were hastened through the contemporary refusal of their medical treatment. Indeed, numerous contemporary popular stage-plays and works of literature portrayed the association of sexual indecency and prostitution with syphilis; Shakespeare's *Pericles: Prince of Tyre* (1607-1608) described how the sexual exploitation of prostitutes resulted in physical degeneration with the ability to pollute and kill others, while Spenser's *The Faerie Queene* (1590) demonstrated that prostitutes were a major force in the active propagation of syphilis, leading men astray by disguising their syphilitic deformity. Similarly, Bronzino's deceptive character 'la Fraude' in his *Allegory of Cupid and Venus* (1545), showed that sexual temptation through deceptive female beauty often led to male syphilitic infection. Males therefore can be asserted as the typical, or at

least stereotypical, carriers of death when syphilis is considered as Archetypal of early modernity, whereas the female was perceived to be at fault for disallowing men to rise above basal animal existence.

Negative Renaissance perceptions of female carnality, inspired by texts such as Kramer and Sprenger's *Malleus Maleficarum* (1486-7) and Nasche's *Christ's Tears Over Jerusalem* (1593), led to an increased fear and hatred of what Miles (1997) defined as the sexual instability of the female, inspired by the Protestant revival of Augustinian theology. The Bakhtinian (1984) grotesqued early modern female not only had the ability to infect unsuspecting males, but as Ross (1995) stated, they were presented as child murders due to their potential to transmit their sexual sins congenitally. Thus, as with leprosy, one has witnessed that class differentiation played a crucial role in the social construction of disease, making particular reference to sexuality, which is unconsidered within Walter's typology. While medieval lepers were typified as male sexual deviants and thus prone to exclusion, in early modernity, newly emergent Protestantism altered societal approaches to sexuality, making the female particularly vulnerable to ostracisation. Walter's indifference to diversity in his Traditional Authoritative Context directly affects Social Structure, indicating that Walter needs to both gender his typology and allow for varying religious expressions within his Traditional type. Further, following the Foucauldian (2003) notion of the selective acceptability of disease, societal perceptions of early modern syphilis were diverse; among the poor syphilis was both a religiously sinful and medically untreatable ailment, combining both Walter's ideal Traditional and ideal Modern Authoritative Contexts, yet among the upper-echelons of society Dennie (1962), Conway (1986), and Vicary (1989) posited that syphilis became a fashion statement, exacerbated by the delusions of grandeur caused by medical mercurial treatments.

The necessity for class diversification and gendering within Walter's Traditional type was further evident when syphilis was appropriated as an Archetypal Death of the nineteenth century. The third chapter of this thesis showed that medical understandings of syphilis in the nineteenth century had not increased greatly from early modernity; using Ricord's (1838) practical observations of syphilis in Parisian hospitals, English medical authorities such as Hill (1868) and the authors of the

*Westminster Review* (1868), maintained that syphilis had a slow prolonged death trajectory spanning an indeterminable period of years, in which the victim would live out his or her own death, progressing from primary, through to tertiary stages. Persson (2010) noted that the perennial failure of medicine to cure syphilis led to an increased reversion to medieval homeopathic and humoral treatments, creating an expansive medical marketplace which persisted in promoting mercury treatment as a method to balance the body's elements, yet ultimately exacerbated the disease's effects. In this chapter, Taylor Bell (1870), members of The British Medical Association (1870), and Walkowitz (1982) expressed the view that syphilis was a declining disease in the nineteenth century, with contemporary records denoting that only 7% of deaths were attributed to it in the early-Victorian era. That said, these scholars' research also argued that medical minds and contemporary moralists exaggerated the prolificity of syphilitic infection, classifying numerous diseases as pertaining to syphilis in order to retain control in an era characterised by floundering religious belief and inadequate medical understanding.

In Chapter Three, the *Contagious Diseases Act* (1864) was used as one form of contemporary evidence to represent the medical and judicial rulings concerning who was deemed un/desirable in Victorian society. The *Act* also portrayed the continued early modern association of the disease with prostitution and the military; Walkowitz showed that one in three military illnesses were venereal and many prostitutes often resided in garrison towns. It was in these military areas that lock hospitals were also frequently located, converted *leprosaria*, which essentially defined the social death of the syphilitic, as once they had done for the leper. Walkowitz noted that despite the fact that statistical evidence demonstrated more males than females were infected with syphilis, the association of the disease with prostitutes led to the legalisation, endorsed by the *Act*, of enforced medical examinations and incarcerations of lower-to working-class female syphilitics, which Acton (1853) deemed as superfluous for men. The lock hospital conformed to Foucault's 'structure of confinement' (2006), a method of social control through institutionalisation, removing those deemed social deviants from society through the designation of immorality. As Lowndes (1876) posited, lock hospitals enforced a double standard of sexual morality, exerting the domination of male authority which allowed for the stigmatisation of female sexuality and socially contagious individuals. Further, the lock hospital was seen

from Lowndes' perspective as possessing the ability to denigrate class structure, with all female venereal patients considered on an equal level - that of pauperisation.

The *Westminster Review* (1870) proposed that the registration of women as prostitutes under the *Contagious Diseases Act* led to social degradation as a condition of their existence, culminating in the loss of family, friends and reputation. In this manner, May (1998) posited that medical jurisdiction could demarcate 'fallen' women, implementing religious terminology and moral policing in a method which depicted the prostitute, or more generally the lower-class syphilitic female, as a metaphor of the moral and social contamination of the social body. Douglas (2002) and Diehl (2008), thus posited that the association of moral and physical contagion with the lower-classes and prostitutes in nineteenth century, or more specifically, Victorian society, created further differentiation between the social strata as a method of discrimination, to the extent that these individuals were transformed using Social Darwinist theories into retrogressed categories of human - mentally and morphologically inferior. In turn, the assumed perverse sexuality of syphilitics was manifested in popular literature as vampirism; monstrous, insidious and an invisible danger, vampires manifested from the desire for blood, money and semen. The nineteenth century association of syphilis with prostitution and the lower-class female profoundly alters Walter's ideal Traditional death; their Dying Trajectory conformed to Walter's notion of the Modern, Hidden, institutionalised death within a Hospital setting, maintaining a juxtaposition between living with death in the form of physical deterioration and also having Death Controlled by Doctors, which in turn acted as a Social Death which Preceded Physical Death. The syphilitic, when characterised in this manner, did not find Personhood in their sense of Belonging to an ideal Traditional Community as Walter posits, rather their disease allowed their justified removal from the Social Structure; a communal Coping Strategy which did not entail any form of religious practice, Prayer or Ritual.

Gender ascriptions within Walter's Traditional type are further emphasised by the increasing accountability of bourgeois males in the transmission of nineteenth century syphilitic infection. Hutcheon and Hutcheon (1995), and Smith (2004) argued that syphilis ruptured the core of contemporary family values and posed a threat to a man's whole family, through the infection of his wife, which in turn

would lead to the hereditary and congenital syphilis of their children and grandchildren. The analysis of the contemporary negative societal perception attributed to bourgeois male syphilitics makes reference to the increasing nineteenth century transition from Walter's ideal Traditional Community Social Structure towards an idealised and valued Modern Nuclear Family unit. Indeed, Cooper's (1895), and Hutchinson's (1887) medical texts referenced that the psychological dread associated with male contraction of syphilis and the unwitting transmission of the disease to one's family crippled many patients, causing a psychosis which in itself could not be cured. The late-nineteenth century male had the ability to infect his female loved ones and metamorphose them into degenerating sexual deviants. Thus, as Smith (1994) argued, the authority of the Doctor displaced the authority of the Priest, surveying body and behaviour, and medically policing the boundaries between family health and sexual disease by restricting the ability of males to marry and in turn have children. The *British Foreign Medico-Chirurgical Review* (1870) posited that syphilitic contagion could be contained through male control over their immoral sexual desires through the institution of marriage, containing sinful sexual transgressions within both the private and public realm. Indeed, Walter's notion of the ideal Traditional Community has been persistently displaced in favour of the bourgeois ideal Modern Social Structure of Private Versus Public, most evident in Stephenson's *Strange Case of Dr. Jekyll and Mr. Hyde* (1886), in which the 'fallen' bourgeois man's sins manifest in bodily symptoms; here one can witness the residual Traditional notion of Death Resultant from Sin, which although were initially enacted in private, eventually emerged in public defamation of the male character.

Tuberculosis too, as a form of Archetypal Death discussed within Chapter Three, evidences that the upper-echelons of society were progressing through Walter's ideal types at a faster rate than their lower-class counterparts. Mitchell (1996), and Wilson Carpenter (2010) defined the various manifestations of tuberculosis in the form of lung, skin, and bone diseases and fevers, with death trajectories that varied from fast to prolonged, more often lasting months and years. Like medieval and early modern plague, nineteenth century tuberculosis conformed to the criteria of having the highest death toll of any contemporary infectious disease, with Halliday (2007) noting that over half of English society suffered from a form of tuberculosis, which had a distinct effect on mortality rates. Indeed, Rees (2001) evidenced that only the

bourgeois typically lived to Walter's Traditional Life Expectancy of 40, with labourers, who according to the Dubos' (1952) were more psychologically prone to the disease, living on average twenty years less; Dubos and Dubos attested to the fact that unhealthy living and working-conditions, bad nutrition and the mental disruption caused by the working-classes' separation from their former rural close-knit communities into a life of industrious labour, all contributed to the high mortality rates among working-classes. The Dubos (1952), Luckin (2003), and Marx (2007) have argued that nineteenth century tuberculosis was in essence a disease of the cities, defining the need for geographical demarcation in Walter's typology, resultant from and justified through primitive accumulation, in which the labourer must recompense for his forefather's misdeeds. Contemporary physicians, influenced by Social Darwinist perspectives, denigrated the diseased urban poor as representative of the primitive savage, which as Luckin proposed, acted as a middle-class method of comprehending, interpreting and castigating their behaviour as perverse and unnatural, which in turn explained the prominence of tuberculous infection among the poor.

A further factor arose within the discussion of tuberculosis among the nineteenth century proletariat which must be applied to Walter's typology in order for it to cohesively represent Traditional death-related behaviour: the issue of race. Goldberg (1993), and Dyer (1997) portrayed how the darkened dirtied skin of the labourer was prone to Victorian racialisation and the political construction of social hierarchy dependent on not only skin colour, but physical ability, with the attributes of strength, fitness and physical ability being related to primitivism and mental inferiority. This counterbalance of intelligence versus physical strength indicates the increasing implementation of the mind/body divide of Cartesian Dualism within the last century of Walter's Traditional era, represented in popular literature such as Wells' *The Time Machine* (1895); the brutish tuberculous Morlocks, who physically labour, are repellent to the effete and beautiful Eloi, representative of the bourgeois consumptive. Both Sontag (1989), and Siena (2005) were used to demonstrate within the third chapter how skin colour was perceived as analogous of moral turpitude, with dark-skinned tuberculous labourers represented as Foreign, as a method of separating them (the labourers) and us (the bourgeoisie), the immoral and the moral, the polluting and those above pollution. This can be seen in Walter's perception of

the Modern public and private divide. The contemporary link between the Foreigner and contagion, the association between dark skin and lower-classes, acted as a form of social death for consumptives, who as Bewell emphasised, resided in a pathologised environment of urbanity, recognised by all as synonymous with disease and negatively racialised individuals. These individuals were to be judged for their contagion by those who not only had a superior morality and religious standpoint, but also by those who pertained to higher rank of class; a view witnessed in popular novels such as Brontë's *Jane Eyre* (1846).

Among the Victorian lower-classes, death-related behaviour pertaining to tuberculosis patients often did not conform to Walter's typological determinants within any of his ideal types; the general disregard of the proletariat by the middle- and upper-classes of English society, coupled with the necessity to work to ensure survival, frequently led to the denigration of labourers. As Armstrong (2002), and Wilson Carpenter (2010) posited, labourers were socially constructed as by-products of a country obsessed with production and consumerism. Tennyson's *The Lotos Eaters* (1832) and the character of Bessy Higgins in Gaskell's *North and South* (1854), evidenced that the basal need for survival eliminated choice; work became the dominant factor in the lower-class populace's lives and this exhaustive, mindless, striving cannot be adequately depicted in a simplified typology of death, such as Walter's. The lower-classes could not afford medical treatment, leading to certain death, and even the desire for religious ritual in death was a commodity to be purchased. Religion for the poor, was not as Walter defines, a Given, but rather, as witnessed in Elliot's *The Death Feast* (1840), families impoverished themselves in order to maintain Walter's Traditional Journey of death through Ritual Action followed by Burial.

In the second half of Chapter Three, I utilised Latimer's argument that while the wealthy viewed the labouring-class tuberculosis sufferer as repugnant, polluting and dirty, the bourgeoisie also desired tuberculosis as a mythologised and idealised affliction. As Latimer, and Sontag (1977) expressed, tuberculosis was an ethereal spiritual disease, related to the artistic and poetic talent of individuals such as Keats, and constructed as a form of release from earthly suffering. Middle- to upper-class tuberculous patients were the antithesis of the proletariat dirty savage; the rarity of

the disease among the bourgeois indicated selectivity, thus reiterating the special qualities of that person. The contemporary physician Bird (1863) emphasised the tubercular diathesis of the remarkably beautiful, pallid, languid thorough-bred look of the English consumptive, whose intellect transcended any contemporary counterpart, as portrayed in Ward's character Eleanor in the novel of the same name (1900), and also by Lucy Westenra in Stoker's *Dracula* (1897). The characters of Linton Heathcliff in Bronte's *Wuthering Heights* (1846), Paul in Dickens' *Dombey and Son* (1848), and Charles in Yonge's *The Heir of Redclyffe* (1853), further evidenced how tuberculosis allowed the aristocratic sufferer to transcend authoritative boundaries, with both women and youths being promoted to become sovereigns of the increasingly ideal Modern notion of the Nuclear Family.

Even among the upper-echelons of nineteenth century English society, gender difference was apparent in the analysis of consumptive deaths, with Byrne (2011) noting that the female was often constructed as both suffering angel and whore. One can relate this to the exploration of leprosy as an Archetypal Death of the medieval period, with the lecherous leper both reviled and revered as suffering a spiritual disease; in the same manner, the heightened senses and the association of tuberculous blood with menstrual blood and sexual reproduction, often rendered the female as both suffering physically and spiritually, but of a sexually desirous disease. Indeed, this form of Victorian bourgeois desire manifested in fashion items, in a similar manner to that of early modern syphilis; Bennett (1859), and Gorsky Rubinow (1999), expressed that the fascination with bourgeois tuberculosis directly influenced the fetishisation of the corset and more particularly, of the anorexic female figure. Consumption, as an anorexic wasting disease, exemplified the manner in which tuberculosis allowed a female to assert her authority. Through controlling her diet, her health and to a certain extent even inviting and enacting her own consumptive death, the female regained control over her life in the restrictive bonds of patriarchy. In this sense, many contemporary bourgeois females saw their only chance of an unrestricted life in an enactment of an expressive death, conducted in one's own manner, as witnessable in the popular characters of Catherine Earnshaw in *Wuthering Heights*, and Rosa in Reade's *A Simpleton* (1873). Thus, bourgeois tuberculosis denotes not only that the middle- and upper-classes were living within the constraints of what Walter determines as an ideal Modern patriarchal family life,

but that many children and females attempted to transcend its bonds and enact a prolonged and expressive death in the intertwined public and private realms. This form of death nearly wholly conforms to Walter's Neo-modern type - behaviour that he deems impossible within Traditional societies. Yet, the idealised upper-class consumptive death undoubtedly bears similarities to all of his Neo-modern contexts and determinants; patients were contemporarily depicted as experiencing an inner spiritual and emotional journey, while producing a public display of death observed by family and friends who would marvel at the spectacle of dying so expressively, thus explaining why death from this disease became so desired within nineteenth century bourgeois society.

Overall, the three chapters of this thesis have provided snapshots encompassing the beginning, the middle and the end of Walter's ideal Traditional era, presenting the validity of four Archetypal Deaths: plague, leprosy, syphilis and tuberculosis, intended as mere representations of the potentiality of further possible characteristic forms of death. Neither a typical member of eleventh century nor of nineteenth century English society would have recognised plague as a disease, let alone considered it as representative of an ideal typical manner of dying. Thus, Walter's delineation of plague as a Traditional Archetypal Death is inadequate and deceptive for scholars of death, and indeed, even when one does consider the possibility of differing Archetypal Deaths they do not uphold the internal consistency of Walter's Traditional type. Therefore, one must question whether the concept of the Archetypal Death should be rejected entirely, if death is to be typologised at all. As mentioned previously, giving the ideal form simplifies the grander concept it is intended to give expression to, removing the ideal from the realm of general recognition into an individualistic concept prone to naturalistic prejudices (Weber 1949: 95). This can be expressed through Walter's notion that, from a contemporary perspective, the death in his Traditional era was typically infectious with high morbidity rates (1994: 50), yet in reality, contemporary documentation and literature has evidenced that the insidious nature of hidden degenerative diseases were often fearfully exacerbated in the minds of historical societies, producing a greater threat than plague contagion. This leads one to question whether both forms of disease are ideal or neither, and if one form of disease was labelled as ideal it certainly would not be recognised as such by either contemporary or present day society, and there

has been no accord witnessed within this thesis of a specific death which pertains to Walter's Traditional type as a whole.

This thesis has provided evidence to show that Walter's ideal types do not conform to Weber's notion of the ideal, being given both actual form in reality, as substantiated by historical records, and following a progressive historical tendency. Yet, neither does it portray an accurate depiction of historical reality, with not even plague, his chosen representative form of Traditional death, conforming to the 'internal consistency' of Walter's Bodily and Social Contexts. Throughout this thesis the social construction of both disease and of social structure has challenged Walter's homogenous perception of Traditional death-related behaviour, which depicts coping mechanisms and ritualisation being undertaken in the same way, by all of society, irrelevant of the disease. Further, his description of Community as a Social Structure established around the locus of kinship bonds and geographical location is inaccurate; in the analysis of medieval leprosy, early modern plague and syphilis, and also nineteenth century syphilis and tuberculosis, it was witnessed that victims of disease had socially constructed identities, and whether physically or morally contagious, these individuals were generally isolated as an act of containing contagion.

Walter's typological determinants are thus often only applicable if one was a desired member of the community, and frequently the dying were not, being abandoned or incarcerated as a form of Othering. The method with which this Othering was achieved has been seen to vary; lepers were typified as male sexual deviants, plague bearers as sinful Libertines, syphilitics as lower-class female prostitutes, and consumptives as racialised primitive savages. Walter himself noted that classes progress through his types at different rates (1994: 59), yet fails to acknowledge that class diversified deadly diseases, making them selectively acceptable, so that despite much of society experiencing the same form of death, it was perceived and treated completely differently. In turn gender and sexuality have been seen to have profoundly affected methods of dealing with the dying and coping with disease; the diseases within this thesis were contemporarily specifically typified as pertaining to male or female, mainly concerned with sexual behaviour and indecency which

needed to be controlled and policed, further making reference to the enactment of ostracisation of specific community members.

The subject of gender directly references the lack of religious or perhaps more accurately Christian diversity within Walter's Traditional type, with increased female accusations coinciding with negative Reformist doctrines concerning female carnality. Walter starkly demonstrates that Religion was a Given and yet, after the English Reformation, an element of choice and diversity of death-related practices emerged simultaneously with medical developments. In this respect there was a marketplace of Traditional and Modern Authority and Coping mechanisms, which varied from medicine to religious ritualisation, and increased medical knowledge should perhaps have been represented by Walter as a challenge to Traditional Authority long before Modernity. Indeed, medical and social developments added to the varying methods with which death from disease could be understood and dealt with; for example, increasing understandings between urban and rural development of disease emphasises the need for Walter to include geographical demarcation, as it is unlikely that any disease could be Archetypal in both rural and urban environments. Scientific and Social Darwinistic methods of racialisation have also been portrayed as methods of social exclusion, allowing the same deaths to be experienced and approached in totally different manners due to the perceived ability of physical versus mental capacity. Indeed, this thesis has attempted to demonstrate that Walter's types were not transitions from one type of death-related behaviour to another, limited to historical periods of time, but rather were slow progressions with one type being able to display aspects of another without restriction. This would substantiate the intermingling of his Authoritative Structure of religion and medicine for example, with doctors providing treatment for diseases perceived as manifestations of sin and providing moral censure over behaviour. And it would even justify how the bourgeois could enact fashionable deaths from syphilis and tuberculosis for example, while the proletariat were rebuked and perceived as repugnant despite contracting the same disease.

In summation, this thesis has posited that Walter has oversimplified his ideal Traditional death type, disregarding the diversity of death-related behaviour prevalent throughout historical English society. It seems that in *The Revival of*

*Death*, Walter's focus on the manner in which Modern and Neo-modern death-related behaviour are utilised in present day society has led to a disregard and homogenisation of what he determines as his pre-Modern Traditional era, which is far more variant than he depicts. If death can be typologised at all, it must make reference to class, gender, social desirability, race and the demarcation between the urban and rural, to name just a limited number of social constructs which can alter perceptions of death and disease, and thus the typology itself would diverge from its intention as a simplified overview for scholarly reference. That said, this thesis has posited that the simplification of historical death-related behaviour in Walter's typology is deceptive and misleading because the actual detail of death-related practices are in the intricacies of societal death expressionism. In conclusion, the contemporary popular literature and documentation utilised within this thesis has emphasised that death behaviour between 1000 and 1901 was diverse, always experienced as an individual event, even when within the community, and is still subject to interpretation from a variety of academic discourses. Walter's attempted delineation between Traditional dying communities and distinct Modern and Neo-modern individuals enacting distinct 'types' of death, is not representative of the fact that behaviour progresses, and any given society merely utilises that which is at its disposal in order to transcend the constraints of physical mortality.



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