

NARCISSISTIC INVALID OR HEROIC GENIUS?: METAPHORS OF TWO MODELS OF CHANGE-OF-AIR TREATMENT FOR CONSUMPTION IN 18TH- AND 19TH-CENTURY ENGLAND

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Historians of tuberculosis in England have long noted that around 1860s and 70s, a strikingly new element was added to the armoury of treatment for the disease. Best exemplified by Alpine resorts for the wealthy and open-air sanatoria for the poor, these new developments involved therapeutic principles diametrically opposite to those of the earlier times.¹ Put in a nutshell, the new curative philosophy consisted in residence in a cold climate or exposure to cold air, which had been avoided or abhorred as an anathema by patients and doctors alike until the mid-nineteenth century. In the eighteenth- and early nineteenth century, English consumptives went to the South, flocking in places such as Montpellier, Naples, Lisbon, Nice, Riviera, Mentone, Madeira and so on. Although many were eager to point out subtle differences between the climates of these places, such differences pale before the stark contrast which existed between, say, Davos and Nice.

In his magisterial *Mediterranean Passion* (1987), John Pemble has chronicled the cultural background for this shift in therapeutics.² Pemble has found several factors which prompted the therapeutic change: the influence of early German models was one, the wide appeal of the bacteriological concept of aseptic and germ-free air of places of high altitude was another. Most importantly, he pointed out the influence of the revival of puritan work-ethic, which frowned upon the lotus-eating and sybaritic lifestyle that were alleged to pervade among patients and invalids sent to health-resorts in Italy and the South of France. For stern Evangelicals, who tended to regard life as a struggle for redemption, wallowing in sensual

1 For the general history of tuberculosis, see, *inter alia*, F.B. Smith, *The Retreat of Tuberculosis 1850-1950* (London: Croom Helm, 1988); Linda Bryder, *Below the Magic Mountain: A Social History of Tuberculosis in Twentieth-Century Britain* (Oxford: Clarendon Press, 1988); Katherine Ott, *Fevered Lives: Tuberculosis in American Culture since 1870* (Cambridge, Mass.: Harvard University Press, 1996); René and Jean Dubos, *The White Plague: Tuberculosis, Man, and Society*, foreword by David Mechanic, introductory essay by Barbara Gutmann Rosenkrantz (New Brunswick: Rutgers University Press, 1992).

2 John Pemble, *The Mediterranean Passion: Victorians and Edwardians in the South* (Oxford: Oxford University Press, 1987).

indolence in the balmy air of Italy was far from a justifiable way to cure consumption: one should pluck up the vigour and submit oneself to the rigour, in order to fight the disease and go through stern treatment, in the cold and bracing air of the Alps. Pemble's account has elegantly demonstrated the complex interplay between natural environment, its perception via one's senses, and the metaphors of tuberculosis and its cure in the late nineteenth century.

In this paper, I should like to follow his lead backward, so to speak, and examine the metaphors constructed around the disease consumption and its cure in the eighteenth century. In so doing, I should like to emphasize three key factors that contributed to the early rise of consumption as "the disease of the sick self".³ Namely, 1) the new ideal of death, 2) the balance of power between the doctor and the patient over the meanings of disease, and 3) the arrival of consumer society and the new role played by fiction in eighteenth-century body project. I would like to conclude the paper by suggesting a possible origin of the reaction to eighteenth-century metaphors of consumption, which might have led to their decline.

Throughout the eighteenth century, the medical concept of pulmonary consumption remained essentially what it had inherited from classical medicine. The process of the disease was understood as beginning from the accumulation of putrid blood in the lungs, then the corrosion of the organ by ulcerous pus, and the subsequent emaciation of the body.⁴ The essential image employed here was that of foul decay and putrefaction. Accordingly, pathological anatomy from the late seventeenth century on employed extremely repulsive and gruesome images. In his *Theatrum Tabidorum* (1654) Christopher Bennet reported his observation of the lungs reduced to "filthy dregs".⁵ The breath exhaled from the patients' lungs was described as foetid, due to which the disease was occasionally confused with syphilis.⁶ Suspecting that the putrid effluvia had the power of contagion, many renowned anatomists showed a reluctance to dissect the body of those who died of consumption.⁷ Like many other lethal diseases, it was framed as the untouchable

3 This apt phrase is taken from Susan Sontag, *Illness as Metaphor* (New York: Vintage Books, 1979), p.66. For a further development and critical assessment of Sontag's characterization of consumption, see Clark Lawlor and Akihito Suzuki, "Disease of the Self: Representing Consumption, 1700-1830", *Bulletin of the History of Medicine*, 74(2000), forthcoming.

4 Lester S. King, "Consumption: the Story of a Disease," in Lester S. King, *Medical Thinking: An Historical Preface* (Princeton, New Jersey: Princeton University Press, 1982), pp.16-69; Walter Pagel, "Humoral Pathology: A Linger-ing Anachronism in the History of Tuberculosis," *Bulletin of the History of Medicine*, 29(1955), 299-308.

5 Christopher Bennet, *Theatrum Tabidorum* (1654), cited in Gerard van Swieten, *Commentaries upon Boerhaave's Aphorisms*, 18 vols. (Edinburgh: Charles Eliot, 1776), 12: 131. See also Gianbattista Morgagni, *The Seats and Causes of Diseases, Investigated by Anatomy*, 3 vols., trans. Benjamin Alexander (London: A. Millar et.al., 1769), 1: 652; Matthew Baillie, *The Morbid Anatomy of Some of the Most Important Parts of the Human Body* (London: J. Johnson, 1793), pp.48-9.

Other, expressed in the language of medical horror and visceral disgust. Edward Taylor, an American poet, physician and pastor put the images in 1695:

Halfe Dead: and rotten at the Coare: my Lord!
 I am Consumptive: and my Wasted lungs
 Scarce draw a Breath of aire: my Silver Coard
 Is loose. My buckles almost have no tongues.
 My Heart is Fistulate: I am a Shell.
 In Guilt and Filth I wallow, Sent and Smell.⁸

These revolting images, developed largely in learned medical science, did not pervade the entire realm of the experience of consumption in the early eighteenth-century: alongside the horrible pathology, there coexisted a tradition of the art of living well with, and dying a good death from, consumption. In other words, medical understanding of phthisis pulmonalis and the praxis of consumptive life and death did not necessarily coalesce, nor did one dominate the other. Despite what the doctors thought about what took place inside their body, the patients were often finding something positive in the disease.

Departing from the image of consumption as a symbol of heroic bravery of the noble and the great in classical antiquity, with the symptom of vomiting blood as the pivotal centre of the drama,⁹ lay people in the eighteenth century discovered that the disease of consumption was compatible with the new ideal of death as passing away or falling asleep, by conveniently switching the emphasis from its explosive manifestation of vomiting blood to the slow and gradual process of pining

6 van Swieten, *Commentaries*, 12: 130. For the example in which consumption and syphilis were confunded, see R.C. Latham & W. Matthews eds., *The Diary of Samuel Pepys*, 10 vols. (Berkeley: University of California Press, 1970-83), 5:81-85. The same images continued to be employed well into the nineteenth century. The odour of consumption and its echo with venereal diseases still lingered in Dr. Burney Yeo's remark: "Sir William Gull has said that he can smell syphilis. I think I can smell phthisis. There is a peculiar odour in the breath." Burney I. Yeo, "On the Results of Recent Researches in the Treatment of Phthisis," *British Medical Journal*, 1877, i: 159-60, 195-197. See also G. L. Bayle, *Researches on Pulmonary Phthisis*, trans. William Barrow (Liverpool: Longman, Hurst, Orme, and Brown, 1815), p.125.

7 van Swieten, *Commentaries*, 12: 131; Morgagni, *The Seats and Causes of Diseases*, 1: 646

8 Donald E. Stanford, ed., *The Poems of Edward Taylor* (New Haven: Yale UP, 1960), p.104

9 See, for instance, Plutarch's story of the death of a Macedonian king, Antigonus III: "His lungs were touched before; but he would not give way to his disorder, hoping to expire gloriously in victory, and amid the slaughter of barbarians." Defying consumption, Antigonus dies a heroic death in the battlefield, "burst[ing] his lungs by shouting in a battle; or, as others relate, by crying out for joy after the victory, ... 'O happy day!'" This culture of heroic death by consumption was still alive in the seventeenth century, exemplified by the way in which the death of Moliere was reported and remembered. On the first night performance of *Le malade imaginaire*, while he played the title role, Moliere had a fit of convulsive coughing on stage, which broke the blood-vessels of the lungs. He hid the convulsion with a forced laugh and finished the performance, but went immediately to bed where he died within half an hour. van Swieten, *Commentaries*, 12:36, 91.

away, exemplified in the account of a peaceful consumptive death by Sir Thomas Brown's "Letter to a Friend" (1690).¹⁰

The desire for and practice of the new mode of death by consumption are seen in detail in the exemplary instance of the diary kept by Dudley Ryder, when he was a young law student in London from 1716 to 1717. Being slightly hypochondriacal, he was occasionally haunted by the spectre of death by consumption. On Sunday, April 1, 1716, he wrote: "found my throat pretty sore. Was afraid I had got such a cold as might bring me into a consumption because I had heard of a consumption being got by such a thing."¹¹ On the other hand, he was aware that death by consumption was not without merit. On 25 June, he visited William Crisp, a young friend of his, dying of consumption and deeply impressed when he found that the diseased friend was calmly and serenely waiting for death in the manner of Browne's friend. Ryder wrote: "[William Crisp] is sick in bed of consumption and past hopes of recovery conversed with us. He is very serious and loves to talk of another world and to prepare for it. It is indeed a happy state when a man is got so far into religion and so far above the world as to think of passing out of it without terror and distraction, to be able to be calm and serene under the assured expectation of death and leaving whatever is dear and pleasant to him." The mother of the dying patient was more explicit in linking the good death and the specific feature of the disease: "[she] thanked God he had had such a lingering sickness that had given him time to repent."¹²

Three months after the incident, the lesson seems to have been internalized. On 11 October, he wrote: "Thought when I was alone about death, finding myself a little oppressed about my lungs. I fancied I might be in a consumption. I was almost pleased with the prospect of it. At least nothing shocking appeared in it and I thought if I was plainly in a dying condition I could with a great deal of calmness and serenity resign up my life."¹³ Here consumption is understood, at complete odds with reality, as a painless disease almost without symptoms. In the context of the solemn and spiritually-minded code of the good death, consumption was seen as a desirable way of well-prepared, calm, and painless dying.

There was, however, another aspect in the fatal disease: its romantic lure.

10 Philippe Ariès, *The Hour of our Death*, trans. H. Weaver (Harmondsworth: Penguin, 1983); John MacManners, *Death and the Enlightenment: Changing Attitudes to Death among Christians and Unbelievers in Eighteenth-Century France* (Oxford: Oxford University Press, 1981); Dorothy Porter and Roy Porter, *Patient's Progress: Doctors and Doctoring in Eighteenth-Century England* (Oxford: Polity Press, 1989), pp.147-152; Ott, *Fevered Lives*, p.15; Sir Thomas Browne, "A Letter to a Friend, upon the Occasion of the Death of his Intimate Friend," *Sir Thomas Browne: Religio Medici and Other Works*, ed. L. C. Martin (Oxford: Clarendon Press, 1964), pp.177-96.

11 William Matthews ed., *The Diary of Dudley Ryder, 1715-1716* (London: Methuen and Co. Ltd., 1939), p.209.

12 *Ibid.*, p.263.

13 *Ibid.*, p.345.

Consumption was, for Ryder, and for a tradition going back at least to the Renaissance, the disease of a lover.¹⁴ Here, the body of the patients / lover was not eaten away by putrid pus from inside, but burned and evaporated by the heat of love. In July, after a devastating failure in courting attempt at Mrs. Marshall, with whom he was hopelessly infatuated, he played an unrequited lover in his daydream:

At dinner I was taken with a fit of uneasiness and deep concern and all my thoughts were directed to Mrs. Marshall. I longed to see her and languished for her. It came into my head that I should pine away for her and grow very ill upon it. Perhaps this might move her pity. She might be willing to rescue me from death by her love. What ravishing joy and comfort would this bring! Methought this would at once revive and recover me.¹⁵

An important element here is that the message of the pining body was directed at least as much as to himself as to Mrs. Marshall: Ryder indulged himself in a narcissistic reverie of being a lover dying of consumption, composing the romantic death-bed scene of Mrs. Marshall and himself, with a happy ending. The major tone of this entry in the diary is a sickly-sweet self-pity and gratification at self-dramatization. Dramatization seems to be a particularly apt word, because Ryder's day-dreaming resonates with the final lines of Beatrice in *Much Ado About Nothing*, in which the sprightly heroine retorts to her lover's proposal of marriage: "I would not deny you, but by this good day, I yield upon great persuasion, and partly to save your life, for I was told you were in a consumption."¹⁶ Without stretching the evidence to claim the direct influence of the play on this particular entry in Ryder's diary, one can argue that his imagined consumption acted as a passage into the world of drama in which he played the desirable role of a requited lover. Imagining his own consumed body was, for Ryder, a part of his practice of moulding his self into a desirable form, from which he derived the pleasure of escaping from his social anxieties and of fulfilling his desires, via the medium of dramatised death-bed scene of a lover.

In the eighteenth century, consumption was thus linked with the intense consciousness of the messages one's own body was conveying to others. Wasting and losing one's flesh also fitted in well with the eighteenth-century cult of delicacy

14 The consumptive lover in Robert Tofte's *Alba. The Months Minde of A Melancholy Lover* of 1598 makes the point perfectly: "Sick is my soule, my Body languisheth. / So as I doubtfull love, scarce drawing breath, / Twixt feare and hope in this extremitie. / A strange Consumption hath me wasted long, / And for a Pearl restorative I long." Robert Tofte, *Alba. The Months Minde of A Melancholy Lover* (London, 1598), pp.277.

15 *The Diary of Dudley Ryder*, p.281.

16 *Much Ado about Nothing*, Act 5 Scene 4.

and sensibility.¹⁷ The craze for a slim body, especially among young upper-class women, was regarded by Thomas Beddoes as such an intense one that he repeatedly warned that the fad was killing the English nation by making them more vulnerable to consumption. Most importantly, he argued that the epidemic of consumption originated from people's identification with the characters in fictional literature.

Writers of romance (whether from ignorance or because it suits the tone of their narrative) exhibit the slow decline of the consumptive, as a state on which the fancy may agreeably repose and in which not much more misery is felt, than is expressed by a blossom, nipped by untimely frosts. Those who only see the sufferers in passing, are misled by the representation.¹⁸

According to Beddoes, the body project for the genteel in the eighteenth century was to acquire a wasted body, in their attempts at identifying themselves with consumptive characters in novels. In other words, the body acted as a powerful device for the passage to the world of fiction.¹⁹

Moulding one's corporeal material into a "character" in an imagined world is no doubt an age-old and almost universal usage of one's body. I should like to suggest, however, that in England in the eighteenth century, this kind of practice became increasingly common. With the expansion of the reading public and the advent of consumer society, the "pleasures of imagination" via published books and prints became widely available. Read often in a private or solitary setting, those fictional works tended to entice the readers into narcissistic identification of themselves with the characters in the world of fiction.²⁰ For all caution with which we

17 Roy Porter, "Introduction", to George Cheyne, *The English Malady: Or, a Treatise of Nervous Diseases of All Kinds* (London: G. Strahan, 1733; rept. with introduction by Roy Porter, London: Tavistock/Routledge, 1991); Akihito Suzuki, "Anti-Lockean Enlightenment?: Mind and Body in Early Eighteenth-Century English Medicine," in *Medicine in the Enlightenment*, ed. Roy Porter (Amsterdam: Rodopi, 1995), pp.336-59.

18 Thomas Beddoes, *Essay on the Causes, Early Signs, and Prevention of Pulmonary Consumption for the Use of Parents and Preceptors* (Bristol: Biggs and Cottle, 1799), p.6. For Beddoes on consumption, see Roy Porter, "Consumption: Disease of the Consumer Society?" in *Consumption and the World of Goods*, eds. John Brewer and Roy Porter (London: Routledge, 1993), pp.58-81; *idem*, *Doctor of Society: Thomas Beddoes and the Sick Trade in Late-Enlightenment England* (London: Routledge, 1992). As late as 1882, *the Lancet* still delivered the essentially same message that consumption is in reality not a romantic disease. See Jalland, *Death in the Victorian Family* (Oxford: Oxford University Press, 1996), p.40.

19 The phrase and concept "the body project" I use here owes to Joan Jacobs Brumberg, *The Body Project: An Intimate History of American Girls* (New York: Random House, 1997); Caroline Walker Bynum, *Holy Feast and Holy Fast: The Religious Significance of Food to Medieval Women* (Berkeley: University of California Press, 1987).

20 John Brewer, *The Pleasures of the Imagination: English Culture in the Eighteenth Century* (London: HarperCollins, 1997); J. Paul Hunter, *Before Novels: The Cultural contexts of Eighteenth Century English Fiction* (New York: W.W. Norton & Company, 1990). The narcissistic identification was most intense in the culture of sensibility. See Markman Ellis, *The Politics of Sensibility: Race, Gender, and Commerce in the Sentimental Novel* (Cambridge: Cambridge University Press, 1996); G.J. Barker-Benfield, *The Culture of Sensibility: Sex and Society in Eighteenth-Century* (Chicago and London: University of Chicago Press, 1992).

should read anti-novel propaganda as historical document, it seems that Beddoes was right in identifying the practice of novel-reading as the source of people's infatuation with consumption.

It was this culture of dramatic consumption that Byron later famously mocked, as Lord Sligo reported after Byron had been ill at Patras in 1828: Sligo described Byron "looking in a glass, and saying"

"I look pale. I should like to die of a consumption." "Why?" asked his guest. "Because the ladies would all say, 'Look at that poor Byron, how interesting he looks in dying.'" At Athens he used to take the bath three times a week to thin himself, and drink vinegar and water, eating only a little rice.²¹

In a further irony, Byron was indeed trying to be thin, as his Spartan diet makes clear; despite being aware of the comedy in such consumptive narcissism, he nevertheless bought into the expectations of his culture. Like Ryder's, Byron's dream of a consumptive death is put into the service of sexual desire, although the overriding impression is one of both writers being in love with the "interesting" self-image that consumption gives to even the most uninteresting, if not actually repulsive (Ryder), people. This of course is part of the irony of Byron's comment: he knows he is a compelling figure, but still cannot resist the need to conform to the consumptive fashion. The detail of the mirror in this episode emphasizes the centrality of self-fashioning to the disease as mirrors are the traditional image of the narcissistic self. Byron knew more about generating a self-image than most, and the idea of consumption must have appeared fascinating to him, despite the fact that his acerbic wit would not let him leave the myth unscathed.

So far, we have examined the patients' strategies to reclaim consumption as resources in self-fashioning, which were at odd with the pathology of the Other or the morbid anatomy of repugnant foul decay, found in numerous medical writings of the eighteenth century. The patient was, however, not the only player in this game of aestheticizing the disease.²² Indeed, late eighteenth-century doctors, keen to respond to the patient's demands and expectations, were not untouched by the lay

21 Cited in Dubos, *The White Plague*, p.58; originally in Wilfred S. Dowden, ed., *The Journal of Thomas Moore*, 1826-30 (Newark: University of Delaware Press, 1986), pp.1119-20. Entry dated 19 February [Tuesday] 1828.

22 For the power of patient to negotiate the medical practice he or she received, see N.D. Jewson, "Medical Knowledge and the Patronage System in 18th Century England," *Sociology*, 8(1974), 369-85; Charles E. Rosenberg, "The Therapeutic Revolution: Medicine, Meaning, and Social Change in Nineteenth-Century America", in Charles E. Rosenberg, *Explaining Epidemics and Other Studies in the History of Medicine* (Cambridge: Cambridge University Press, 1992), pp.9-31.

drive toward making consumption as a desirable disease.²³ This is most obvious in the realm of therapeutics, especially in the development of eighteenth-century "new" therapy for consumption, namely travel and change of air. Particularly crucial was the development of the Mediterranean resorts such as Nice, Madeira, and so on, for doctors forged an Arcadian image of the treatment of consumption. Transforming the tradition going back to classical medicine, personal word-of-the-mouth information about the most salubrious climate passed between aristocratic travelers in the early eighteenth century, and in the latter half of the century there emerged a distinctly and self-consciously genteel therapeutic principle, targeted at well-off middle class patients, aspiring no less to cultural distinction than to health. Tobias Smollett's *Travels through France and Italy* (1766) was probably the first and crucial work that combined travel literature, tourist guides, and medical advice for consumptives.²⁴ Although now famous only for its cantankerous abuse of almost every French custom, in the late eighteenth and early nineteenth centuries the book was remembered as the first book to discover Nice as the best resort for English consumptive patients.²⁵

The mildness of weather, the protection offered by the maritime Alps from the northern wind, and the fragrance from plants, gave a special quality to its air: softness. Henry Matthews, a fellow of King's College, Cambridge, who suffered from pulmonary complaints and visited various health resorts in Europe in the early nineteenth century, thought otherwise. Styling himself as a connoisseur of the air, he remarked that the air of Pisa and Rome was warm, mild, and muggy, comparable to the taste of a cowslip wine, while that of Nice and Montpellier was pure, keen, and piercing, somewhat like frisky cider.²⁶

Conveying the sense of delicate tactile sensation, the softness or mildness of air was a very difficult notion to articulate, and Thomas Beddoes remarked that terms like "a charming air-a fine air-a pure air-a soft air" were appropriate for "a little dictionary of medical nonsenses", or commercial ploy to allure the patients into

23 Cornelius Celsus, *De Medicina*, Loeb Classical Library, trans. by W.G. Spencer, 3 vols (Cambridge, Mass.: Harvard University Press, 1971), pp.327-9; John Locke, *John Locke 1632-1704: Physician and Philosopher*, ed. by Kenneth Dewhurst, (London: Wellcome Historical Medical Library, 1963; rept. New York: Garland, 1984), pp.51-61; Richard Mead, *The Medical Works of Richard Mead* (London: C. Hitch et.al., 1762), pp.478-79; Horace Bleackley, *The Beautiful Duchess: Being an Account of the Life and Times of Elizabeth Gunning, Duchess of Hamilton and Argyle* (London: John Lane the Bodley Head Ltd., 1907), pp.240-241; Robert Halsband ed., *The Complete Letters of Lady Mary Wortley Montagu*, 3 vols. (Oxford: Oxford University Press, 1965-67), 3: 212; 2:278 & 296; Wilmarth Sheldon Lewis ed., *The Yale Edition of Horace Walpole's Correspondence*, 48 vols. (New Haven: Yale University Press, 1937-1983), 20: 536.

24 Tobias Smollett, *Travels through France and Italy*, ed. Frank Felsenstein (Oxford: Oxford University Press, 1979).

25 James Clark, *Medical Notes on Climate, Diseases, Hospitals and Medical Schools, in France, Italy, and Switzerland* (London: T. & G. Underwood et.al., 1820), p.5.

26 Henry Matthews, *The Diary of an Invalid: Being the Journal of a Tour in Pursuit of Health in Portugal, Italy, Switzerland and France in the Years 1817, 1818 and 1819*, 2nd ed. (London: John Murray, 1820), p.386.

purchasing expensive but ineffectual change-of-air treatment.²⁷ Again, despite his one-sided invective, Beddoes seems to have had a point. Such characterization of air made sense only in terms of the aestheticization of treatment, and, more importantly, the fashioning of a marketable commodity, whose cultural meanings were understood through the channel of bodily sensation. Going to Nice, rather than Bristol, for one's health was an obvious sign of wealth? James Adair in effect stated that Bristol was the poor man's Nice. "But as many invalids are unable to incur the expense of such excursions [to a southern part of the continent], there is no other alternative, if their circumstances will permit, than to change their residence in this country..."²⁸ In describing the merit of the stay in Mediterranean health resorts, doctors were offering, so to speak, an exquisitely designed treatment that would pamper their rich clients with sensual pleasure.

Natural and scenic beauty was often emphasized as one of the components of the treatment. Smollett wrote with enchanted excitement: "The small extent of country which I see, is all cultivated like a garden. Indeed, the plain presents nothing but gardens." Flowers and plants also give olfactory pleasure: Clark wrote about Nice: "the air [is] perfumed by the wild thyme, rosemary, lavender, and many other aromatic plants . . ."²⁹ As Alain Corbin has pointed out, floral and green fragrances were short-range messages for the intimate, especially directed at oneself.³⁰ Edwin Lee seems to have had a keen grasp of this culture of private olfactory enjoyment. He enthused that "On the surrounding hills, the air is impregnated with the perfume of aromatic plants, which are pressed beneath the feet at each step". "Freshly squeezed aroma: JUST FOR YOU", so to speak. Here Lee evoked the personal pleasure intimately felt by a consumptive patient wandering in the green meadow à la Rousseau.³¹

Those medical works were also embellished with notes for cultural connoisseurs: visits to galleries, libraries, museums, remains of Roman amphitheater, aqueducts, inscriptions, and so on. The treatment for consumption was thus combined with the Grand Tour, rendering the patient the social and cultural distinction of an educated upper-class traveler. Here, the description of the travel from Switzerland

27 Thomas Beddoes, *Manual of Health: The Invalid Conducted Safely through the Seasons* (London: J. Johnson, 1806), p.318.

28 James Makittrick Adair, *Medical Cautions, for the Consideration of Invalids* (London: J. Dodsley and C. Dilly, 1786), p.95.

29 Smollett, *Travels*, p.121. Clark, *Medical Notes on Climate*, p.20. Breathing in the air from plants and vegetable was widely regarded as an effective treatment of consumption. See van Swieten, *Commentaries*, 12: 175-76; Roger Kervran, *Laënnec: His Life and Times*, trans. D. C. Abrahams-Cruick (Oxford: Pergamon Press, 1960), p.177.

30 Alain Corbin, *The Foul and the Fragrant: Odour and the Social Imagination*, trans. Miriam L. Kochan (London: Picador, 1994), pp.71-85, 176-99.

31 Edwin Lee, *Nice and Its Climate, with Notices of the Coast from Marseilles to Genoa* (London: Hope & Co., 1854), p.39.

to Italy by James Johnson, a physician who published several works on medicine, disease, and climate, wonderfully captured the fusion of the social and cultural into the air of Italy:

Whether, it was owing to the physical qualities of the air, the sudden transition from scenes of savage sublimity to romantic beauty from sterility to fertility, from the awful work of earthquakes and cataracts, to the peaceful labours of man ... but the exhilaration produced upon myself and a large party by this first entrance into the glades of Italy, was indescribable. Imagination, early association of ideas, and reminiscences of classic tale and history, must have had considerable effects. I have entered upon and sojourned in many different climates on the face of this globe, but never did I feel such elasticity of soul and body, as in the drive from the Crevola to Duomo Dosola. A thousand times did I inspire, to the very utmost extent of my lungs, the balmy atmosphere of Italy, and still with increasing delight.³²

Italy and its cultural attractions were in the air, in its physical sense. In other words, the traveller felt Italy with its present allure and past glory through his respirational sensation, inhaling the atmosphere deeply as if to assimilate himself with the air.

The patients whose visual, respirational and olfactory sensation were culturally trained or programmed into the genteel culture were ready to buy this well-prepared and well-publicized package of medical treatment, cultural distinction, and pleasurable sensation. In the late eighteenth century, being a consumptive patient and being treated for the disease, became an experience associated with refined cultural values and aesthetic pleasures. My argument is that patients and doctors converged in the process of forging this new culture of consumption. The former took the initiative of romanticizing the disease via their imagination. Capitalizing on this demand, and riding the wave of a flourishing medical upmarket, the doctors crafted a package of medical treatment cum luxury tourist brochure, in which they promised that the patients would be pampered with refined pleasures of the senses.

These moves were intricately entangled with the formation of the feminine ideal of the period. A number of authors in the late eighteenth and early nineteenth century associated consumption with feminine values. Numerous examples

32 James Johnson, *Change of Air* (London, 1838), pp.84-85, the passage is also cited in William Beattie, *Switzerland Illustrated in a Series of Views Taken on the Spot and Expressively for this Work* (London: Longman, Rees, Orme, Brown & Green, 1834), p.61. For a similar exclamation on a passage to Italy, see Thomas Burgess, "Inutility of Resorting to the Italian Climate for the Cure of Pulmonary Consumption," *Lancet*, 1850, i: pp.591-594; ii: pp.10-12, 525-27, 700-703, especially 526.

suggest that consumption thus became a marker of specifically feminine beauty, signifying fragile body and sensitive mind.³³

This metaphor of the disease can be seen as a development of the early theme of calm, serene, and desirable death by consumption, exemplified by the daydream of Ryder, in the sense that they both emphasized the passivity of the sufferer. Just as Ryder attempted to attract the pity of Mrs. Marshall by his powerless pining away, consumptive heroines made a statement that their mind and body were too delicate to be unaffected by the harsh onslaught of the external world, whether emotional shock or too cold a climate.³⁴

It is against this culture of consumption in narcissistic reverie and luxury market that Thomas Beddoes revolted, as Roy Porter has pointed out. His promotion of the benevolent effect of animal odours, his belief that butchers were free from consumption because they absorb animal vapours from their hands and arms, and his catalogue of painful and grotesque symptoms and morbid anatomy of consumption were all an attack against the genteel culture created around the disease and the medical practice and knowledge that was alleged to exploit the vanity of the clients. To a large extent, Beddoes was crying in the wilderness during his lifetime. Wealthy and not-so-wealthy consumptives chose to embalm themselves in the soft air impregnated with green fragrance and cultural distinction, instead of living in Beddoes's preferred cowshed.

In the early nineteenth century, however, there emerged a powerful reaction against this culture of genteel consumption. This new counter-discourse attempted to seek ways that would enable those suffering from the disease to be seen as involved in heroic activity, and would incorporate the newly established aesthetics of the sublime into the metaphor of consumption. The most forceful and perhaps the earliest formulation of this metaphor of masculine and sublime consumption was penned by Thomas Carlyle in his biography of Schiller (who died of consumption in 1805), penned by 1823-4, as has been pointed out by Clark Lawlor.³⁵ In stark contrast to Novalis, another German literary figure who died of consumption and who was depicted by Carlyle as unduly soft, wanting energy, passive, or, in a word, "almost as of a woman", Schiller was cast by Carlyle in the light of heroic activity and self-denial. Schiller became, according to Carlyle, consumptive primar-

33 The symptomatology of the disease made it the ideal condition for the perfect feminine beauty advocated by Burke in his 1756 essay on the Sublime and Beautiful. See Edmund Burke, *A Philosophical Enquiry into the Origin of Our Ideas of the Sublime and Beautiful*, ed. Adam Phillips (Oxford: Oxford University Press, 1990), sections 14-16. For further discussion of this point, see Clark Lawlor and Akihito Suzuki, "Disease of the Self".

34 Porter, *Doctor of Society*, pp.99-111.

35 Clark Lawlor, "Romantic Consumption: Disease, Masculine Economics, and Carlyle", unpublished paper. I am grateful to Dr Lawlor for letting me consult and cite this paper.

ily because of his active and forceful mind, less because of his weak body. The metaphor of masculine, active, and productive consumption was clearly formulated in Carlyle's depiction of Schiller, whose disease was characterized by his determination to be engaged in manly pursuit of productive work and characterized by a heroic struggle of his noble mind to overcome the debility of the body.

As Pemble has noted, the pursuit of resolute and heroic productivity was one of the forces which drove many English consumptives to high-altitude sanatoria, where they exposed their bodies, and particularly lungs, to the harsh elements of the Alps in winter. John Addington Symonds, the most prominent English advocate of and resident in Davos, declared: "The Alps always make me my best working self, & I find my mind fruitful there while it is apt to be barren in this tepid steam of an atmosphere [in Bristol]." ³⁶ As if to satisfy his quest of cool air and vigorous working life, the treatment offered in Davos was in stark contrast to the pampering one of the South: "the stern and strict rule of health", only possible for those who with "the moral energy enough to live the ascetic life for several months together." ³⁷ Perhaps this suggest a new readiness for patients to submit themselves to the medical rules and disciplines, as well as their enduring ability to find meanings and justifications in the disease and treatment for it.

36 Herbert M Schueller and Robert L. Peters eds., *The Letters of John Addington Symonds*, 3 vols. (Detroit: Wayne State University Press, 1967-69), 2:249.

37 J. Winter, *Illustrated Europe, Davos Guidebook* (1880), cited in Dubos, *The White Plague*, pp.176-7.