

THESIS

TUBERCULOSIS AS A ROMANTIC TROPE AND A NARRATIVE DEVICE IN
ELIZABETH GASKELL'S NOVEL *NORTH AND SOUTH*

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ABSTRACT

TUBERCULOSIS AS A ROMANTIC TROPE AND A NARRATIVE DEVICE IN ELIZABETH GASKELL'S NOVEL, *NORTH AND SOUTH*

A conventional reading of *North and South* by Elizabeth Gaskell has generally established the novel as highly realistic and Gaskell as a keen observer. However, the novel is full of contradictions that make this reading of the novel problematic. Bessy Higgins' death from tuberculosis gives us some insight into relationships in the novel if one considers Bessy Higgins as a "character" developed using a romantic trope associated with having tuberculosis and then sacrificed for the happy ending in this romance, Margaret Hale's marriage to John Thornton.

The trope used by Gaskell to describe Bessy Higgins' romanticized death from tuberculosis was familiar to Gaskell's readers. In Chapter 1, I describe the perception of tuberculosis in the 18th and 19th century as a romantic disease. This trope is used in, for example, Samuel Richardson's novel *Clarissa* where Clarissa's gradual dying from tuberculosis was apparently painless but provided Clarissa with the opportunity to prepare for the rewards of her virtue upon her death. Similarly, John Keats' death from tuberculosis, documented in his letters and the writings of his contemporaries, was treated as an almost predestined romantic death for a highly sensitive poet.

In Chapter 2, I examine the function of Bessy's tuberculosis in the narrative in *North and South*. Gaskell uses Bessy's tuberculosis to achieve the marriage of Margaret Hale to John Thornton as well as a resolution of the conflicts between Thornton and his workers. Bessy Higgins' tuberculosis is pivotal to the novel's narrative. Gaskell uses what had become an old-

fashioned trope by the mid-19th century to establish a relationship between Bessy Higgins and Margaret Hale. Using this trope, Gaskell first transforms Bessy Higgins, a mill worker of humble origins, into both a romantic and individualized character whose death bears greater similarity to the death of Margaret Hale's mother than to the deaths of the lower-class characters, e.g., Mr. and Mrs. Boucher and Leonards. In conferring ambiguity to Bessy's class using the romantic trope associated with tuberculosis in the middle and upper classes, subsequent events in the novel become possible. A softening of class barriers, however incomplete, allows Margaret Hale to become part of a community in Milton that includes the striking mill workers. Within this newly constructed community, Bessy Higgins' father, Nicholas Higgins, an important figure in the mill worker's strike, becomes someone more closely a peer to John Thornton, the mill owner, than one of Thornton's workers. Gaskell can then use the relationship between John Thornton and Nicholas Higgins, based on a greater sense of equality between the two men, to address labor relations between masters and their workers and, ultimately, resolve the labor disputes that threaten Thornton's prosperity.

Making use of the genre rules for a romance, Margaret Hale's relationship with Bessy and the softening of class barriers allows Margaret to consider Thornton, the son of a bankrupt speculator, as a suitable marriage partner despite her perception of Thornton as being not quite a gentleman. Margaret is quite specific early in the novel about her qualifications for a suitor and rejects, over the course of the novel, other suitors including Thornton. It is only when Milton's workers and their masters can be seen as individuals, made possible for Margaret through her relationship with Bessy Higgins and subsequently with Bessy's father, that John Thornton can be transformed from a mill master to a more humanized figure. As Thornton's relations with his workers become more equitable, Thornton becomes a desirable marriage partner for Margaret.

In Chapter 3, I address the problem of treating Gaskell as a keen observer by examining the discordance between Gaskell's portrayal of a romanticized death from tuberculosis by a mill worker in mid-century Milton with what is likely to have been her own experiences with tuberculosis in Manchester and with the medical community's contemporary perspective on the disease and its treatment. A brief review of English medical literature from 1835-1850 suggests that active treatment of tuberculosis was available and, in many cases, successful. Thus, Gaskell's use of a romantic trope to describe Bessy Higgins' disease discredits both Gaskell as a keen observer and the notion that literary portrayals can alter general perceptions of disease, neither of which are supported by the text of *North and South*.

DEDICATION

I am deeply grateful for my family's support and patience while I have completed this degree. I have shared a laboratory with my husband, George Barisas, for over forty years and could not have shifted away from science, however briefly, without his love and support. My children, Derek, Elizabeth and Catherine, have enjoyed seeing me suffer with the pressures of classes and endless deadlines. I have enjoyed tremendously our shared journey as we move through the educational system.

I wish to thank my research colleagues who have been patient with me for the past three years. I would especially like to thank Dr. Debbie Crans who has taught me so much about negotiating graduate school and research and has been an extraordinarily kind and generous friend. I would not have survived without her words of wisdom.

Lastly, I love and miss my mother, Beverly Roess, who was enrolled in a Ph.D. program in Rhetoric and would be delighted to know that I now understand why rhetoric was so interesting to her. My brothers, Derek and Douglas, had the souls of engineers but loved to read. The 19th century would have been fascinating to them and I would, in turn, have learned much from them. Their spirits are tucked between each line I have written.

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CHAPTER 1

Tuberculosis as a Romantic Disease in 18th and 19th Century English Literature

“In 1823 and 1824, it was the fashion to suffer from the lungs; everybody was consumptive, poets especially; it was good form to spit blood after each emotion that was at all sensational, and to die before the age of thirty.” (From Alexander Dumas’ *Memoirs* (Dubos and Dubos 1987 57))

“...(Consumption) was used as a device to enlist the sympathies of the reader. Consumption served the purpose well since it was believed to affect chiefly sensitive natures, and conferred upon them a refined physical charm before making them succumb to a painless, poetical death (Dubos and Dubos 1987 48).

Ron Munro’s preface to a theatrical adaptation of Elizabeth Gaskell’s *Mary Barton* describes Gaskell as a writer who wrote of what she saw every day for an “audience who might choose never to see it at all” (Munro 2006). In writing *North and South* published in 1854, Gaskell describes Margaret Hale’s friendship with Bessy Higgins, a young mill worker dying of tuberculosis, and with Bessy’s father, Nicholas Higgins, while also individualizing the human costs of the cotton cloth manufacturing industry and an increasingly militant workers movement. Although *North and South* exists as a romance novel in the tradition of Jane Austen’s *Pride and Prejudice*, it is also a novel where industry, *i.e.*, working conditions in the mills, workers’ attitudes toward the mill owners and the economic trials associated with commerce shape the romance between Margaret Hale and John Thornton or, if you will, the romance between a sensitive woman from southern England with the hard-edged industrialist of Manchester (Williams 1983 128). Only when Margaret Hale, through her friendship with Bessy and Nicholas Higgins, learns to appreciate the energy and innovation of Milton’s people and, more specifically, of the mill owner John Thornton, can she accept Thornton’s marriage proposal at the conclusion of the novel.

Gaskell does not, however, depend on a series of random events to introduce Margaret Hale to the industrial workers of Milton but instead makes use of tuberculosis in a mill worker, Bessy Higgins, as a literary trope. Gaskell treats tuberculosis as a romantic disease, a perspective that given medical advances in mid-19th century England was increasingly old-fashioned, and uses romantic imagery associated with tuberculosis throughout *North and South* when discussing illness in women. This romantic imagery increases the Reader's sympathy for Bessy Higgins and, by extension, individualizes and humanizes her working-class father and the striking mill workers from Thornton's factory. Through Margaret's association with Bessy, Gaskell draws attention to the squalid living conditions of the mill workers, crowded housing, poor sanitation, and inadequate nutrition, that, as was becoming apparent in Gaskell's time, bred diseases such as typhoid fever and cholera as well as tuberculosis.

Gaskell wrote *North and South* at critical time in the evolution of attitudes towards people suffering from the disease as well as at a pivotal time in the identification of environmental conditions that both pre-disposed to tuberculosis, typhoid fever, and cholera, and exacerbated these diseases. By the mid-19th century, the lower classes, particularly those with diseases such as tuberculosis, were believed to be unclean and deficient of character, a perspective that would become pointedly harsher as the century progressed. In 1912, almost sixty years after *North and South* was published, Carle Woodcock, a member of the National Association for the Prevention of Consumption and Other Forms of Tuberculosis (NAPT) wrote that, "Tubercule is in truth a coarse, common disease, bred in foul breath, in dirt, in squalor" (Bryder 1988 20). Moreover, tuberculosis, as described in Thomas Mann's novel, *The Magic Mountain*, becomes associated with the social and political concerns within its setting as well as

capitalistic regulation of energy and limited resources (Sontag 2001 63), a perspective which, as I will discuss, is hinted at by Gaskell in *North and South*.

Nevertheless, pulmonary tuberculosis¹ was treated as a romantic disease for much of the 18th and 19th centuries both in England, Europe and America, a view that resurfaced in the mid-20th century after the horror of death from tuberculosis had faded from memory (Bryder 1988 199). Tuberculosis was a major cause of death for both men and women, age 25-45. There was no respite for either the poor or the affluent, the urban dwellers or those in rural England although the poor were disproportionately affected. Given the pervasive nature of tuberculosis, it is likely that the entire population was exposed to tuberculosis at one time or another. By 1854, the year of *North and South*'s publication, in the absence of widely available treatment, tuberculosis produced complex effects on the Victorian social structure and, more immediately, on the lives of those afflicted with the disease.

The use of romantic imagery to describe tuberculosis in English literature from the mid-18th and early 19th century was surprisingly infrequent, although it influenced the English public's perceptions of beauty and the sufferer's sensibility. The romantic view of tuberculosis can be summed up by Thoreau who wrote in 1852, "Decay and disease are often beautiful, like the...hectic glow of consumption" (Dubos and Dubos 1987 46). In the late 18th century, the

¹ Tuberculosis or, more specifically, pulmonary tuberculosis, was a term that came into use after Koch's identification of the tuberculosis bacterium, *Mycobacterium tuberculosis*, in 1882. In mid-century English, tuberculosis was referred to as either consumption or phthisis, a word derived from the Greek root *phthoe* to decay. Other less common forms of tuberculosis were present in the population but were not linked by physicians to a single causative agent. As an example, scrofula was used as a general term for infection of the lymph nodes in the neck in which the nodes enlarged and ulcerated. Although it is frequently associated with infection from the tuberculosis bacterium, scrofula could also arise from infection from other bacterial agents. Physicians in the mid-nineteenth century would not have had any means to distinguish tuberculosis infection from other types of lymph node infection although they would have been likely to see scrofula in patients with pulmonary tuberculosis simply because of the frequency of pulmonary tuberculosis in their patient population.

disease had become firmly entwined with the notion that women were fragile and never able to enjoy perfect health (Lawlor 2006 57). Women were increasingly believed to be sentimental and, as Lawlor suggested, poised at the “line between sickness and ‘weakness’”, a precarious state that contributed to their perceived delicacy (Lawlor 2006 57). Tuberculosis, which was common in younger women, produced the highly desirable state of making them appear both beautiful and languid as their strength ebbed and they were, in a literal sense, consumed by disease. The pallor that was associated with advanced tuberculosis and the frequency of the disease gave rise to the name “White Plague” (Barberis *et al.* 2017).

The embrace of the consumptive state as a mark of feminine beauty was accompanied by a shift in the perception of the female body with an increasing medical interest in the “physiology of nerves” and medical attention to “nervous sensibility” (Lawlor 2006 44). George Cheyne (1672-1743), a physician whose writings were read by Alexander Pope, David Hume, and Laurence Sterne (Lawlor 2006 49), published “*The English Malady: Or a Treatise of Nervous Diseases of All Kinds*” in 1734 (Cheyne 1734). His views, and those of others, detailed a shift in medicine from its focus on Hippocrates’ humors, blood, yellow bile, black bile, and phlegm with their various effects on the body and emotions, to a new interest in nervous sensibility. Importantly, consumption and its relationship to nervous sensibility became the focus of middle- and upper-class health while consumption and other diseases in the lower classes continued to result from the various moral failings to which they were prone. Nervous illnesses were a characteristic of the upper classes who “more intelligent, sensitive, nervous and highly strung...than the laboring masses” (Guerrini 1999). The result of Cheyne’s influence was that, “He transformed consumption and the ‘nerves’ into signs of greater sensibility and social distinction, even as he identified its debilitating effects” (Lawlor 2006 51).

As the medical community focused on women, and to a less extent men, as emotional beings, Guerrini suggests that the medical explanations for disease shifted from the humors to the nervous system and spirit (Guerrini 1999). By the early 19th century, women were “considered naturally modest and delicate, little moved by the demands of the flesh (Guerrini 1999 280).” Although the two were not explicitly linked, the physical appearance of a female tuberculosis sufferer was acceptable evidence that a woman had not succumbed to the desires of the flesh, something the obese George Cheyne noted with some chagrin (Guerrini 1999). Thus, consumption became evidence of spirituality in its victim, a characteristic that Bessy Higgins exhibits in *North and South*. Women also became increasingly likely to suffer from nervous illnesses, including, in the early 20th century, melancholia (Freud 1957) arising from excess sensitivity although, as was the case for tuberculosis, class distinctions were maintained.

The intertwining of spirituality and nervous sensibility with tuberculosis is central to Samuel Richardson’s novel *Clarissa, or the History of a Young Woman* published in 1748. Clarissa dies a slow death from consumption, a disease so conflated with Clarissa’s nervous sensibility that Stephanson suggests it is the later that is the ultimate cause of her death (Stephanson 1988). Lawlor points out that Richardson’s use of tuberculosis in Clarissa’s demise produced a remarkably asymptomatic disease that left her body undisturbed by fevers or bleeding or, unlike Bessy Higgins in *North and South*, effects on Clarissa’s physical beauty (Lawlor 2006 61). There is no suggestion as Clarissa is dying from tuberculosis of a physical violation or corruption of her body. Instead, Clarissa’s dying from consumption serves to strengthen the relationship between her mental state and the gradual seeping away of her life. Clarissa’s “good death” (Lawlor 2006 64), which she orchestrates with meticulous care, highlights her female sensibilities and allows others, notably Belford, to view her as a “beatified

spirit” and a reminder of the gulf between earthly preoccupations of men with sexuality and business and a woman’s spiritual existence.²

As Clarissa is dying, she uses the word consume to refer ambiguously to the spiritual conflicts when consume her as well as to the disease consuming her physical body. “But, Sir, you see how weak I am. You must see that I have been consuming from day to day; and now, if I can judge by what I feel in myself, putting her hand to her heart, I cannot continue long.” (Richardson 445). Her consumption and physical decline were also pivotal, in some sense, to her reclaiming of virtue and achieving Christian redemption (Budd 2007), not in this life but rather from her saintliness as she enters the next life. Clarissa describes her death from tuberculosis as “a joyful and long-wished-for journey” (Richardson 405), a description that could refer as easily as to a long desired death and return to a Heavenly Father.

Surprisingly, perhaps, Richardson was roundly criticized for “allowing” Clarissa to die in the last published segment of the novel, a decision that had some financial consequences for him (Budd 2007). Budd, however, argues that her death was essential to the structure of Richardson’s novel and the spiritual lessons that he was attempting to convey. Dussinger suggests that Clarissa’s death provides lessons on spiritual purity and integrity derived from a “doctrine of the conscious” which is necessary for the expression of free will (Dussinger 1966), none of which are complicated by any hint of Clarissa’s physical degeneration preceding her death. As with the various deaths of the middle-class characters in *North and South*, Clarissa’s death lacks the violence of, as examples, Mrs. Sinclair’s death from a fractured femur or Patrick McDonald’s death from a neck wound in *Clarissa* (Budd 2007 12). Instead, by using tuberculosis as the

² That is not to say that attention to nervous sensibility is not desirable in men. Clarissa goes so far as to warn Lovelace of the psychological problems that await him if he denies his nervous sensibility, the denial of which, Stephanson suggests, contributes to his physical and mental breakdown (Stephanson 1988 282).

vehicle leading to her death, Clarissa remains of sound mind and able to relay her thoughts and desires to her audience while maintaining her female sensibility. Importantly, Budd believes that Richardson is careful to avoid any suggestion that Clarissa's death is from "self-murder" (Budd 2007 13). When Richardson uses tuberculosis as the eventual cause of Clarissa's death, there is no need to resort to other methods, starvation is the example in the novel, to hasten her end. Budd also points out that little is done to treat Clarissa for tuberculosis despite the attendance of her physician. Clarissa is nineteen when she dies, the same age as Bessy Higgins in *North and South* and has many of the spiritual qualities, albeit described in *Clarissa* in more protracted fashion, exhibited by Bessy.

Probably the most extensive and varied perspectives on a romantic death from tuberculosis are provided in the writings of John Keats and in the public discussion of his illness and death from tuberculosis by his acquaintances and fellow poets, notably Lord Byron and Percy Shelley. Keats, however, was not the first poet to have fallen prey to tuberculosis. The trope of the highly sensitive poet destined to succumb to tuberculosis at an early age appeared in the 18th century. As an example, Scot Michael Bruce died of tuberculosis in 1767 at the age of twenty-one. Bruce was known to suffer from melancholy, one of the many manifestations of an overly sensitive nature and possessed a physiotype that was, like Keats, delicate (Lawlor 2006). As with women, George Cheyne suggested that the poet was sensitive and suffering as a result of contact with the "insensible world" (Lawlor 2006 113).

Like Bruce, Keats, who died in 1821 at the age of twenty-five, provided an example of the romantic tuberculosis victim for whom the imagery associated with dying from tuberculosis became intertwined with that of artistic genius, particularly poetic genius (Ahmed). Keats' brief career, most of his noted work was published over a brief period from 1814–1820, ended when

he contracted tuberculosis, probably in 1818 while caring for his brother Thomas who died December of that year.³ Keats appeared to be good health until June, 1818, when, while on a vigorous walking tour of northern England and Scotland, he complained of what he later described as a “a slight inflammation of the throat”. There continue to be arguments on when or how Keats contracted tuberculosis, either from nursing his brother Thomas, from his patients on the wards at Guy’s Hospital or simply from chronic exposure to endemic tuberculosis in London. However, there is no doubt that pulmonary tuberculosis was the ultimate cause of Keats’ death.⁴ It is also clear that, upon returning from the walking tour in 1818, Keats never believed himself to be fully healthy again (Walker 1992). He continued to suffer from an intermittent sore throat which a later forensic medical evaluation attributed to laryngeal tuberculosis (Smith 2004).⁵

Keats, despite the looming threat posed by his ill health, continued his output as a poet through 1819. Keats’ first recorded episode of pulmonary bleeding occurred in early 1820, about six months after his six *Odes* were written. After an episode of coughing, a drop of blood

³ There is some question about whether Keats contracted tuberculosis from his brother. Keats himself did not believe that to be the case. He wrote to a friend, Benjamin Bailey (November 22, 1817) that “...I do not think my Brothers illness connected with mine”.

⁴ What has complicated a seemingly straightforward diagnosis is that Keats, in a letter to Benjamin Bailey (October 8, 1817), wrote that “The little Mercury I have taken has corrected the Poison and improved my health”. Mercury, as Keats knew well, had several medicinal functions including the treatment of syphilis and gonorrhea (Tucker 2007). Although the mechanism involved in mercury’s anti-bacterial action would not be known for more than a century (Fildes 1940), Keats’ reference to mercury has confounded the interpretation of his medical history and his biographers who have attributed his irritability in the last few years of his life (Davis 2004) to mercury poisoning.

⁵ Amy Lowell published a biography of John Keats in 1925. During the writing of this biography, she arranged to have Keats’ medical records reviewed by consultants at Massachusetts General Hospital and Harvard Medical School. Both experts agreed that laryngeal tuberculosis was likely, and that syphilis, the diagnosis of which was often confused with tuberculosis, did not explain Keats’ symptoms or the progression of his disease. An autopsy performed by Dr. James Clark after Keats death was, at best perfunctory. In a letter written by John Severn, Clark noted that Keats’ lungs “were completely gone” (Scott 2003). Although there are reports of necrotic pulmonary nodules in secondary syphilis (McCready *et al.* 2011), these nodules can produce some lung or bronchial adhesions but do not produce the symptoms associated with terminal pulmonary tuberculosis including the destruction of lung tissue and hemorrhage.

appeared on Keats' bedsheets. Charles Armitage Brown reportedly heard him say "I know the colour of that blood; it is arterial blood; - I cannot be deceived by that colour; That drop of blood is my death-warrant - I must die" (Rollins 1965). Despite this tell-tale hemorrhage, Keats he did not seem entirely certain that he had tuberculosis, at least in letters to his sister Fanny, even in the days leading to his departure for Italy. On August 14, 1820, Keats wrote to Fanny that "Tis not yet consumption I believe, but it would be were I to remain in this climate all winter" and, two weeks later (August 23, 1820), "I have been improving lately, and have very good hopes of ...cheating the consumption".

Keats' first hemorrhage marked the end of his literary career and the beginning of his efforts to prolong his life. This hemorrhage, as pointed out by Jennifer Michael, also "cemented his dual role as subject and object. While the confirmation of disease made him inescapably a patient, his own diagnostic judgement made him a physician, and perhaps prevented him from being a poet" (Michael 1995). Keats was advised by his doctors to leave London and an ocean voyage, as was often the case, was recommended (Markel 2017). Keats sailed for Naples, Italy, with his friend Joseph Severn. Severn, who was healthy and expected to pursue his painting while in Rome, wrote to friends of Keats' decline during his remaining months of life (Scott 2003).⁶

It is noteworthy that Keats selected Rome, Italy, as his destination. In the early 1800s, Rome was believed to offer a particularly good climate for sufferers of a "depressive disorder" affecting one's nervous sensibility described as "cachexia Londinensis", a wasting disorder intermediate between sickness and health, much like melancholy, associated with living in a

⁶ The removal of the tuberculosis sufferer to Italy, or elsewhere, served another purpose. The consumptive could "undermine the health and strength of the Victorian upper classes" (Byrne 2011 71). Travel for health reasons protected the society they left behind in England.

large town. Italy was also a popular destination for those, like Keats, who were afflicted with tuberculosis (Hoolihan 1989). Rome offered a “change of air” and “a new regimen of living” (Hoolihan 1989), both of which would presumably benefit one’s nervous sensibility. Also important, medical care in Rome, provided by physicians trained at Oxford, Cambridge, or Edinburgh, was widely available to English-speaking patients.

The physician attending Keats in Rome was James Clark, later Sir James Clark. Clark trained in Edinburgh, obtained his Doctor of Medicine degree in 1817 and settled in Rome two years later where he became a physician to a sizeable portion of the English community. Clark was interested in the effects of climate on tuberculosis, publishing a book on that topic in 1820 and a textbook, one of the first on tuberculosis specifically, in 1835 (Clark 1835). In his 1820 book, Clark says,

“...the climate of Rome, in regard to its physical qualities, is altogether the best of any in Italy. One peculiarity of it, deserving notice, is the stillness of its atmosphere; high winds being comparatively of rare occurrence. And this quality of calmness is valuable in a winter climate for pulmonary diseases; more especially for diseases of the larynx, trachea and bronchia” (Clark 1830 109).

Dr. Clark, who had obtained rooms for Severn and Keats at the Spanish Steps near his office on Piazza di Spagna, saw Keats upon his arrival in Rome and was in attendance until Keats died approximately three months later. Clark’s treatment regime for Keats was brutal. Keats subsisted on a diet of an anchovy and a piece of bread a day to reduce blood flow to his stomach and was bled after each lung hemorrhage. Clark also took away Keats’ bottle of laudanum,⁷ a tincture of opium that also contains morphine. Keats had used laudanum to treat his brother Tom when Tom was dying from tuberculosis and had used it himself to sleep. Keats,

⁷ Dubos and Dubos believed that laudanum was so widely used that most tuberculosis patients were likely to have become opium addicts. The authors also speculated that laudanum use might account for some of the imagery used by 19th century writers with tuberculosis. Their example was Coleridge who wrote *Kubla Khan* after waking up from an opium-induced sleep (Dubos and Dubos 1987 64).

now dying, starving and in pain, asked Clark repeatedly “how long must this posthumous existence of mine go on” (Brown 2009). Keats, nursed by Severn for several difficult, sleepless nights, died in his arms on February 23, 1821. Clark’s autopsy, cursory at best, indicated that “the lungs were completely gone” (Scott 2003).⁸

With Keats’ death, the public recasting of his life, including a romanticized version of his life with tuberculosis, could begin. In John Keats, the imagery associated with dying from tuberculosis became intertwined with that of artistic genius, particularly poetic genius (Ahmed). Lawlor writes, “Phthisis not only killed John Keats, but functioned for his contemporaries and followers as the physical manifestation of his all-consuming intellect” (Lawlor 2006). Indeed, falling ill with consumption was all but inevitable for a man with Keats’ talents. In a letter from Shelley to Keats on July 27, 1820, Shelley writes

“This consumption is a disease particularly fond of people who write such good verses as you have done, and with the assistance of an English winter it can often indulge its selection; -I do not think that young and amiable poets are at all bound to gratify its taste; they have entered into no bond with the Muses to that effect” (Lawlor 2006 111).

Of course, speculation as to why Keats fell victim to tuberculosis was not always so kind. Lord Byron wrote in his letter to his publisher, John Murray, in April, 1821, that Keats died of disappointment over his poor literary reception in the *Quarterly Review* (Markel 2017) although, one should note that Byron was not among Keats’ most ardent admirers. In another letter to Murray dated November 4, 1820, Byron provided his opinion of a review of Keats’ work in the *Edinburgh*, “why his is the Onanism of poetry- something like the pleasure an Italian fiddler

⁸ Because the personal effects of a “dead consumptive” were considered tainted by disease, there was a “public burning of Keats’ cloths and bedding in the Piazza” carried out by people Severn described as “Savage Brutes” who then demanded payment for the task (Brown 2009). He wrote “They have burned all the furniture- and are now scraping the walls- making new windows- new doors- and even a new floor” (Sontag 2001). Severn was able to save Keats’ letters but little else.

extracted out of being suspended daily by a Street Walker in Drury Lane... Such like is the trash they praise-and such will be the end of the outstretched poesy of this miserable Self-polluter of the human Mind” (Levine and Keane 2016). One can only imagine that Byron, who considered himself a great poet, wanted to set himself apart from Keats and, perhaps, spare himself both Keats’ artistic fate as well as his disease. This did not, however, prevent Byron from commenting that there is something interesting about illness: “ ‘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!’ ” (Dubos and Dubos 1987 58).

Keats’ contemporaries, those familiar with his relationship with Fanny Brawne, his fiancé, may also have suspected that his tuberculosis was a disease of both excessive passion and repression of passion (Sontag 2001). They became engaged but were unable to marry both because of Keats financial circumstances and, later, because of his rapidly progressing tuberculosis. Still, Keats was enamored of Fanny and viewed his passion as a kind of affliction. “If I had a chance of recovery (from tuberculosis), this passion would kill me”. As his disease progressed, he also acknowledged that sex, often recommended to people with tuberculosis, might have been better choice than abstinence. He wrote to Charles Brown on November 1, 1820, “My dear Brown, I should have had her when I was in health, and I should have remained well. I can bear to die – I cannot bear to leave her” (Keats 2013).

On a more romantic note, Keats’ imagery in *Ode to a Nightingale*, written about the Wentworth Place garden in 1819, could as easily refer to tuberculosis as to excessive passion: “the weariness, the fever and the fret” associated with “youth grows pale, and spectre-thin, and dies; where but to think is to be full of sorrow and leaden-eyed despairs”. In a similar vein, Byrne addresses the role of tuberculosis in Mrs. Humphrey Ward’s novel *Eleanor*, arguing that

consumption is an illness of “sensibility and thwarted desires: ‘when love goes wrong for a woman, she has no alternative but disease and ultimately death-preferably a beautiful one from consumption” (Bynum 2012 70). One could, of course, say the same for Clarissa in Richardson’s novel. Thus, sensitivity and longing by consumptives were both causative as well as capable of exacerbating the disease and that the patient needed to control his emotions to prevent the progression of disease.

Keats death was devastating to his friend Percy Shelley who, almost immediately, composed his elegy *Adonais*, which was published in 1821. In some ways, this romantic poem was the final recasting of Keats death from tuberculosis. Keats, now portrayed as a mythological figure, is killed by a beast, a metaphor for the critics of Keats’ poetry. This mythical Keats as Adonais does not suffer a cruel, lingering death but, instead, dies while in the fullness of youth. Even in death, however, a part of Adonais remains alive and vibrant in the form of his art which, one hopes, will never be forgotten. From Stanza XLI:

“He lives, he wakes- ‘tis Death is dead, not he;
Mourne not for Adonasis. Thou young Dawn,
Turn all thy dew to splendour, for from thee
The spirit thou lamentest is not gone”

Shelley’s imagery mimics that of the lover in Keats’ “Ode to A Grecian Urn” with the promise, not of eternal life through poetry, but rather, of an abiding, chaste love that survives death.

Bold Lover, never, never canst thou kiss,
Though winning near the goal – yet, do not grieve;
She cannot fade, though thou hast not thy bliss,
For ever wilt thou love, and she be fair!

In a moment of irony, Shelley, also believed to suffer from tuberculosis, perhaps refers to his joining Keats in death (Lawlor 2006):

...that high capital where kingly Death
Keeps his pale court in beauty and decay,

He came; and bought, with price of purest breath,
A grave among the eternal.

The causes of pulmonary tuberculosis, within the context of its romantic trope, were largely speculative. More importantly, they relied on romantic notions of the disease. One theory relied on a familial predisposition (Barberis *et al.* 2017) which, in less positive terms, arose from a constitutional defect inherited from one's parents (Dubos and Dubos 1987 28). Alternatively, tuberculosis could be caused by a combination of factors including “improper diet, impure air, deficient exercise, imperfect clothing, inattention to cleanliness, abuse of spirituous liquors and affections of the mind” (Clark 1835 175). Clark’s views aligned with his peers: “In certain countries the disease was regarded as catching, a contagion communicated through the air to the well person by some material emanating from the breath of the consumptive patient or from his belongings.

In the early 19th century, the quality of air was believed to contribute to the contraction of the disease as well as to its treatment, a notion that Gaskell alludes to frequently in *North and South*. Italy, in addition to its superior air, also provided an opportunity for the “indulgence in aesthetic pleasures” (Byrne 2011 69). Margaret Hale’s aunt in *North and South* “had, of late settled upon her own health as a source of apprehension; she had a nervous little cough whenever she thought about it; and some complaisant doctor ordered her just what she desired,—a winter in Italy” (Gaskell 1995 11-12) which, incidentally, she did not much enjoy.

In addition to Italy, other forms of travel with access to sea air were popular. Clark liked to recommend a sea voyage with the caveat that this be undertaken to the finest climates (Clark 2013 260). If a sea voyage was not possible, living by the sea was also desirable. “Anne (Bronte) believed that her health could still be benefited by removal to a better climate and, accompanied by Charlotte, she left for the seaside at Scarborough, only to die four days later in May, 1849”

(Dubos and Dubos 1987 38). Laennec, the French physician who invented the stethoscope and who later died of tuberculosis (Roguin 2006), thought that people in rural areas near the sea had essentially no tuberculosis and that sea air protected the inhabitants from disease. He made sure that fresh air was available for his patients and went so far to spread sea weed on the floors of his wards (Dubos and Dubos 1987 90). When he became sicker with tuberculosis, he opened his windows both day and night. In *North and South*, a trip to the sea is proposed for Mrs. Hale as she is dying: “She would get a breath of sea air to set her up for the winter” (Gaskell 1995 48). Lest it be believed that fresh air was universally beneficial, Keats, upon hearing that Fanny Brawne had a bad cold, wrote to her to “be careful of open doors and windows” (Keats 2013).

Sea air or travel to more hospitable climates were not the only treatments for tuberculosis. Indeed, all manner of treatments were suggested and the merits of each was hotly debated. John Hastings, in 1845, observes, “One class of practitioners advocates climate as the most likely means of combating the disease to the exclusion of almost all others. Another considers fumigations alone sufficient to cure phthisis. A third regards inhalation as the sole means to be depended on. A fourth entertains a high opinion of external applications; and a fifth has no faith in any but internal treatment. So dogmatically do the adherents of these varied doctrines support their views that they regard one another as visionaries and enthusiasts and consequently look with much jealousy on each other's views and opinions” (J. Hastings 1845 75-76). Clark extensively described various treatments ranging from changes in diet to address the “disordered state of the digestive organs”, mineral water, sulphureous water, or barley water for treating the nighttime thirst from fever, and calomel, a form of mercury chloride which Clark believed was preferable to dilute preparations of mercury to address liver disorder (Clark 1835 233-234). He also liked antimony, an element found in association with sulfite, for the treatment

of scrofula, warm baths containing sarsaparilla, and purgatives which were to be used regularly. Clark also believed that small, frequent bleedings, a treatment that he used to for Keats after Keats experienced pulmonary bleeds, were effective for both tuberculosis as well as any “incipient constipation”, perhaps resulting from morphine use. A final drug mentioned was digitalis which was used to treat heart disease but which was unlikely to affect the course of pulmonary tuberculosis. Digitalis is also mentioned, however, in a report from Ferrara, Italy, on the treatment of tuberculosis in the nineteenth century (Vicentini *et al.* 2010) which suggests that it might have enjoyed broader use outside of England. This paper, like Clark’s work, also lists a considerable portion of the pharmacopeia including mercury which, the Ferrara authors acknowledge, might be better for venereal diseases producing tuberculosis-like symptoms.

Despite the romantic views of tuberculosis in early 19th century England, if one were to accept Bessy Higgins as a real, living person, one could argue that she was destined to contract pulmonary tuberculosis. Her socioeconomic status in a large, industrial city doomed her to a work as a mill worker and to miserable housing with little to eat. She was surrounded by endemic tuberculosis afflicting her coworkers, friends, and family. The public health options that would be instituted by the end of the century, *e.g.* sanatoriums, were not available to Bessy which left home care as her only option. Still, Gaskell chose a romantic trope to describe Bessy’s death from tuberculosis, a view of the disease that would continue well through the last third of the 19th century. Then, as the death rate in the middle and upper classes from tuberculosis continued to decrease, it was the poor who bore the brunt of the disease. “Turning their eyes away from the languorous, fainting young women and their romantic lovers, they noticed instead the miserable humanity living in the dreary tenements born of the Industrial Revolution. In the “tentacular cities” they saw hosts of men, women, and children, pale too, often cold and starving,

working long hours in dark and crowded shops, breathing smoke and coal dust. Tuberculosis was there, breeding suffering and misery without romance (Dubos and Dubos 1987 65-66).”

CHAPTER 2

Gaskell's Use of a Romantic Trope to Construct the Narrative in *North and South*

The development of the romance in *North and South* between Margaret Hale and John Thornton hinges on the portrayal of Bessy Higgins, as she is dying of tuberculosis, as a romantic figure using a literary device that was readily recognizable to Gaskell's readers. As Dubos and Dubos note, "(Consumption) was used as a device to enlist the sympathies of the reader. Consumption served the purpose well since it was believed to affect chiefly sensitive natures and conferred upon them a refined physical charm before making them succumb to a painless, poetical death (Dubos and Dubos 1987 48)". As a major cause of death for both men and women, age 25-45, in Victorian England, tuberculosis was familiar to Gaskell's readers who knew from first-hand experience that the disease was both pervasive and lethal (Byrne 2011). Tuberculosis in the poor was a particularly brutal disease prevalent where which living conditions, poor food, and the need to continue working, hastened death and sufficiently common that the death of another mill worker in a city like Manchester would hardly be notable.

Using the romantic trope associated with tuberculosis, Gaskell transforms Bessy Higgins into a romantic figure who is more akin to Clarissa in Samuel Richardson's novel than to a working-class woman living in the tenements of Manchester. On Margaret's second visit to Bessy's home, Bessy, lying on a sofa; "...leant back, and shut her eyes, and crossed her hands over her breast, lying at perfect rest, as if to receive all the ideas Margaret could suggest" (Gaskell 1995 92). Seemingly poised between life and death in a state of spiritual repose with an effect much like Clarissa's on the people gathered at her own death bed, Bessy's lingering death from tuberculosis gives her a kind of moral authority that allows Bessy to introduce Margaret to

the work and living conditions experienced by her fellow mill workers and their families. Rather than being one of the many workers likely to be dying in a mill town tenement at any given moment, Bessy becomes an individualized figure who can awaken Margaret's compassionate interest in Milton's mill workers.

With Gaskell's Bessy being an exception, literary portrayals of characters with tuberculosis focus on the nervous sensibilities of middle- or upper-class women rather than those of a poor mill worker. Probably more significant for Margaret's relationship with Bessy Higgins, Gaskell uses tuberculosis, in *North and South*, to blur Bessy's working-class origins. As Byrne notes, Bessy's tuberculosis was used structurally in *North and South* "as an instrument of cross-class communication and reconciliation because of her refined, bourgeois sensitivity, thoughtfulness, and religiosity" (Byrne 2011 16). The romantic embodiment of death from tuberculosis enables Bessy's "good death" which can be compared with that of Helen Burns in *Jane Eyre* by Charlotte Bronte (1847). Like Bessy, Helen Burns, with her strong belief in Christianity's promise of an afterlife, is almost "Christlike" in death, a death which has a greater impact on Jane Eyre than the deaths of a far larger number of students during the typhoid epidemic at the orphanage. Tuberculosis in these poor individuals confers upon the individual a separate, elevated position in the social structure within either *Jane Eyre* or *North and South* that sets them apart from the diseased and dying masses. Literature also contributed to the public perception of tuberculosis as a "more respectable, even bourgeois disease" (Byrne 2011 16) and, perhaps more important, a "disease of individuals" rather than a disease affecting specific social classes, a mechanism that permits Gaskell to elevate Bessy above her mill worker peers.

While I would argue that Bessy's death from tuberculosis is central to the narrative of Gaskell's novel, this interpretation of the novel has not been explored in detail. Katherine Byrnes

in her book entitled “Tuberculosis and the Victorian Literary Imagination” provides the most extensive discussion of the effects of Bessy Higgins’ tuberculosis on the development of *North and South* (Byrne 2011). Byrne notes that Bessy becomes more ethereal in appearance, more spiritual, insightful, and, more importantly, unencumbered by her working-class origins. Gaskell’s use of tuberculosis as a romantic, transformative disease is not an exception. Transformations such as Bessy’s occurred regularly in literature and in the public imagination. An example of this is Dante Gabriel Rossetti’s lover, and later his wife, Elizabeth Siddal who, upon developing consumption, was transformed from a plain woman with bright red hair and freckles, neither considered attractive in her time, into “one of the most famous beauties of the Pre-Raphaelite movement”. Siddal’s health became an object of great concern and there is a suggestion that Rossetti’s associates were invested in her illness and her personification of tubercular myth. Suffering from tuberculosis also made possible Siddal’s upward social mobility and increased public interest in Rossetti himself, something that produced economic benefit for them. Interestingly, his picture of Siddal in death, believed to be from a laudanum overdose, was painted using the more spiritual imagery of death from tuberculosis. The transformation of a rather unremarkable woman by tuberculosis was also described in *Trilby* by Du Maurier, published in 1894. Beauty becomes “a changeable, shifting concept swayed by social and cultural considerations and objectives” (Byrne 2011 106). “Consumptive illness first transforms Trilby into an object of men’s desire, and then makes her appropriately feminine and helpless and so unable to escape that desire’s consuming power” (Byrne 2011 115).

Bessy Higgins’ appearance, “lying in perfect rest, as if to receive all the ideas that Margaret could suggest” (Gaskell 1995 92), reflects the accepted aesthetic in a women’s appearance in mid-century England as derived from the physical appearance of tuberculosis

sufferers. Both men and women with active infection became thin and pale, probably from cachexia and with flushed cheeks and lips resulting from fever. As Katherine Byrne notes, this imagery used in English literature to describe tuberculosis in the middle and upper classes. Gaskell's sympathetic treatment of Bessy Higgins is a notable exception to the more general perspectives on the spiritual or physical attributes of poor tuberculosis sufferers (Byrne 2011). In the more affluent, the most interesting aspect of this aesthetic is that it both mimicked the appearance of tuberculosis and also, through the use of flimsy materials used in clothing, scanty foot coverings or tightly laced corsets, might have hastened infection from the tuberculosis bacterium (Day 2017). By emphasizing the delicate sensibilities of women and limiting their ability to inspire air, fashion both mirrored the symptoms of tuberculosis and was thought to contribute to disease susceptibility⁹.

The contraction of tuberculosis may be inevitable for victims who are overly sensitive. Bessy believes that the fluff in the mill has produced her disease. More interesting, although not explicitly stated in *North and South*, is the suggestion that Nicholas Higgins sent Bessy to work in the mills to protect her from sexual enticements as she entered her late teens. As was believed

⁹ In particular, "tight lacing" became linked to both the physical appearance of the consumptive female but also limited the ability of its wearer to breathe deeply, a quality shared with tuberculosis sufferers. Richard Cotton Payne in his 1849 lectures on phthisis at the Hospital for Consumption and Diseases of the Chest in London (Cotton 1849 4) commented that "in women, the latter (expiration) is increased, and the former (inspiration) lessened, in consequence, as I believe, of the restrictions to the natural movements which fashion inflicts on them". John Hastings critique on the practice were telling: "Sex certainly manifests an influence on the production of consumption; it is more frequently met with in females than in males; ...but why this is so we are at present unable to explain. Some writers have attributed it to tight lacing and other defects in the hygiene of females such as the exposure of the chest and want of sufficient clothing, exercise" (J. Hastings 1845 15).

Male fashion was less noticeably influenced by the tubercular aesthetic. However, the use of a neck cover in the Regency Era might also have covered tubercular abscesses, scrofula, arising from infection of the lymph nodes in the neck. Because of associations of scrofula with an "excessive sexuality" (masturbation), covering the neck was of some urgent concern. Indeed, it has been speculated that the Bronte sisters' father, Reverend Patrick Bronte, wore a neck covering to disguise nodules that, given his profession, would have raised some questions in his congregation (Carpenter 2010).

to be the case for Keats, suffering from tuberculosis was associated with sexual sensitivity and longing, a perspective that led to the notion that, ultimately, the patient must control emotions and feelings to prevent the progression of disease (Sontag 2001). By the time Margaret meets Bessy Higgins, tuberculosis has done much to reduce Bessy's sexual blossoming and the bloom of Bessy's youth and her emerging sexuality is gone. Bessy tells Margaret that she has lost her beauty as she entered the final stages of tuberculosis; "For though you would na think it now, many a one then used to call me a gradely lass enough" (Gaskell 1995 94). Nevertheless, as Bessy Higgins nears death, her appearance with her fever-brightened cheeks, resembled the sexualized beauty who was renowned by the Victorians despite the loss, as Bessy points out, of her good looks together with robust good health.

Byrne does address Bessie Higgins tuberculosis and its function within *North and South* in terms of its economic impact. The fundamental point that Byrne makes is that "capitalism requires health to function successfully" (Byrne 2011 55). Bessy's death meant that there was one less skilled worker available in the mill and one less wage earner in the Higgins household. Byrne compares Bessy's death from tuberculosis and its economic effects with that of Paul Dombey in Dicken's novel *Dombey and Son*. Paul, the longed-for son, whose tuberculosis destroys his father's hope for the future of his business. Such a legacy, together with the survival of his son, would have comprised Mr. Dombey's "patriarchal inheritance" (Byrne 2011 52). Paul is a fragile child is, in Byrne's analysis, doomed to an early death by the capitalistic aspirations of Paul's father. There are also suggestions that syphilis, a more capitalistic disease, might contribute to Paul's demise. Paul has a syphilitic appearance although this is not explored in detail within the novel. Byrne argues that the impact of Bessy Higgins's death from tuberculosis

on the family economy was exacerbated by the cotton “fluff” in the mill and that Bessy, like Paul, is the victim of the economic aspirations of the masters of the industrial revolution.

Nevertheless, I think that Byrne is correct in suggesting that Bessy’s death has economic consequences. However, rather than affecting her family’s economy directly, Bessy’s death and the subsequent association of Margaret Hale, Mr. Hale, and John Thornton with Bessy’s father, shifts the economic relationship between the mill workers including Nicholas Higgins and their employers, the mill masters. Thornton comes to recognize that his economic future is linked to his relationship with his workers and, in a remarkable aside, Bessy’s father begins to explore the implications of capital and labor as well as the equality of men:

“So I took th' book and tugged at it; but, Lord bless yo', it went on about capital and labour, and labour and capital, till it fair sent me off to sleep. I ne'er could rightly fix i' my mind which was which; and it spoke on 'em as if they was virtues or vices; and what I wanted for to know were the rights o' men, whether they were rich or poor—so be they only were men.” (Gaskell 1995 211).

Rather than focusing on Bessy’s economic impact within the Higgins household as Byrne has done, I would argue that the most consequential effect of romanticizing Bessy Higgins’ death is her perceived elevation in class from a common mill worker to Margaret Hale’s friend and quasi social equal. This is seen most easily in the novel by examining the modes of death for lower class and middle-class characters. There is a parade of deaths in *North and South*, each of which, excepting Bessy’s death, is class specific. Middle class characters such as Mrs. Hale, Mr. Hale, and Mr. Bell, die clean, tidy deaths as does Bessy Higgins. Poor people die brutally or succumb to their personal failings. Boucher, described as a weak man, commits suicide in a brook with barely enough water for the task and his body is carried back to his house where Margaret sees the corpse, a bloated, unpleasant corpse that contrasts sharply with Bessy’s dignified repose in death. Boucher’s death becomes the vehicle for Margaret’s disgust with

Boucher's wife. When Mr. Hale and Margaret visit with Mrs. Boucher after her husband's death, they find her an unsympathetic figure who is almost indifferent to the religious implications of her husband's suicide and is more concerned with her certain impoverishment. Her subsequent death is seemingly punishment for her unwillingness to respond appropriately with concern for Boucher's immortal life as a suicide and her punishment comes swiftly. Boucher's wife, who has learned nothing about managing her household from Bessy, apparently dies from her sloth. The house and Mrs. Boucher's skills as a homemaker are described in very middle-class terms. "Her house was untouched for days by any effort at cleanliness and her children's brains were dull and languid of perception" (Gaskell 1995 271). After Mrs. Boucher dies, her children are parceled out to other mill workers including Nicholas Higgins. With an improvement in their environment and tutoring, Margaret hopes that there will be an equal improvement in their minds and, presumably, their values.

Leonards, the man on the train platform who about to identify Frederick Hale, a criminal facing death from hanging for his role in a shipboard mutiny, is described as "as great a scamp as ever lived—who plagued his father almost to death, and then ran off to sea" (Gaskell 1995 232). Leonards confronts Margaret Hale and, when pushed away, falls down a flight of steps. He later is found in the middle of a street, perhaps overcome by drink, and taken to an infirmary where he never regains consciousness. Margaret is never prosecuted for pushing Leonard and his death is attributed to "Leonards' habit of drinking to excess; ...his becoming rapidly worse while in a state of intoxication, settled the question as to whether the last fatal attack was caused by excess of drinking, or the fall" (Gaskell 1995 283). It is Leonard's death that spares Frederick Hale from detection by the relevant authorities and, as a result, from death by hanging.

The progression of deaths in the novel, in addition to providing contrast to Bessy Higgins' death from tuberculosis, serve additional functions in the novel. Holz suggests that Margaret, through observing Bessy's death, the deaths of Mr. and Mrs. Boucher, and learning of the Leonards' death, is given an opportunity for reflection on the consequences for individuals on the larger economic depression that affects the lives of poorer people. Each death is an opportunity to "propel Margaret into the grimy world of Milton Northern where she begins to take notice of the loiterers in the street, her first recognition that the economic depression affected not just a faceless mass of people but individuals" (Hotz 2000 171). This may be critically important to Margaret who, as the daughter of a minister, has been unused to what Holz describes as the "dynamic tension between prayer and action" (Hotz 2000 171) and may motivate Margaret to intercede between Thornton and the striking mill workers.

Margaret's responses to the deaths in *North and South*, particularly given her relationship with Bessy Higgins, also appears to remove Margaret from the narrowly defined constraints of a middle-class gentlewoman. Margaret makes the decision to attend her mother's funeral, which Mr. Hale does not attend. Her presence at the funeral was not appropriate given her social class. It was feared that Margaret would not be able to control herself and give way to public grief. Instead, Margaret is described as exhibiting great fortitude although "Margaret's fortitude nearly gave way as Dixon, with a slight motion of her hand, directed her notice to Nicholas Higgins and his daughter" (Gaskell 1995 246). Higgins is wearing mourning for Mrs. Hale, which he not done after Bessy's death and which marks Higgins as a man assuming more middle-class values and sensibility as well as serving to propel Higgins into relationships with higher class men and women than would have been otherwise possible.

Margaret also intercedes between the striking mill workers and John Thornton where she experiences another death, this one symbolic, that becomes highly significant in the novel. When Margaret steps in front of Thornton and is hit with a stone, Margaret, too, is described as “looking like a corpse” and is briefly portrayed as a “body” like those of the mill workers from whom she has defended Thornton. Apart from the similarities between Bessy and Margaret as they lie in a death-like state, Holz also suggests that there are class implications to Margaret’s symbolic death. He further suggests that Gaskell uses this imagery to highlight for Margaret the connections between life and death and the importance of social reform (Hotz 2000 169), a topic introduced to Margaret by Bessy Higgins. Another perspective on this event, also with class implications, is Claussen’s sense that this pivotal event can be viewed as Margaret’s symbolic rape by the mill workers. Margaret, a middle-class, unmarried woman, is violated by the lower-class mill workers producing a form of social death (Clausson 2007).

With the deaths of her father, a patriarchal figure whose “altar tomb” proclaims his rank and status, and her benefactor Mr. Bell, Margaret is provided with the financial ability to live as an independent woman, the “final step in Margaret’s self-understanding” (Hotz 2000 181). Margaret, who returns to Mrs. Shaw’s home after the death of her father, recognizes the conflict between Aunt Shaw, Mrs. Hale’s Beresford family, and Mr. Bell’s offer of a life of private charity and an opportunity to escape, at least in part, Mrs. Shaw’s influence. To succumb to Mrs. Shaw and her offer of a luxury which would have been another form of “death” for Margaret. Instead, Mr. Bell’s inheritance permits Margaret to enter the “economy” as an independent woman and allows her to negotiate her marriage to Thornton from a position that is something other than “obedience to authority” (Hotz 2000).

Changes in Margaret's class-driven behaviors raise questions about Margaret's shifting class status, or perhaps her separation from class-constrained behavior, and its relationship to Bessy's death. Bessy's as well as Margaret's class status become further blurred if one considers Bessy as a mirror for Margaret (or vice versa). These two young women are the same age, something that Margaret notes in one of their early meetings. 'How old are you?' asked Margaret. 'Nineteen, come July.' 'And I too am nineteen.' She thought, more sorrowfully than Bessy did, of the contrast between them. She could not speak for a moment or two for the emotion she was trying to keep down" (Gaskell 1995 95). Like Bessy, Margaret is living in much reduced financial circumstances. She performs necessary work at home, ironing her dress before the dinner party at the Thorntons, where, to her amusement, she then acts the part of a lady. She is also introduced, first through Bessy eyes and then by Bessy's father, to the plight of mill workers, not as a collective group of laborers but as individuals, something made possible from Bessy's death from tuberculosis when viewed as the death of an individual. The mirroring between the two women includes the awakening of Margaret and Bessy's sexual awareness and, for both, unease. Bessy's father sends Bessy to work in the mill to protect her and an uncomfortable Margaret rejects the advances of Henry Lenox.

This mirroring between Bessy and Margaret, as well as the more ambiguous class constraints affecting Margaret, becomes more significant if one considers the ways that Bessy and Margaret are set apart from the other young women in the novel of similar age, Margaret's cousin Edith Shaw and Fanny Thornton. Bessy and Margaret with their interest in the mill workers, are very different from those of Edith and Fanny Thornton. Edith, the most affluent of these young women, is a rather empty-headed creature who uses her skill as a pianist to entertain. In describing Edith who is on the verge of marriage to a suitable army Captain, Edith is said to

have few concerns other than keeping her piano in tune in Corfu: "...the difficulty of keeping a piano in good tune (a difficulty which Edith seemed to consider as one of the most formidable that could befall her in her married life, and what gowns she should want in the visits to Scotland, which would immediately succeed her marriage" (Gaskell 1995 3). Fanny Thornton, on the other hand, is the daughter of a bankrupt speculator and John Thornton's sister, who aspires to, and ultimately achieves, social elevation through marriage to a wealthy speculator. She also plays the piano, albeit with less skill than Edith and with less "innate" taste. She does not have any insight into her social status or the effect that she has on others with more "refined" sensibilities. On visiting the Thornton home, located next to John Thornton's mill, Margaret observes,

"There was not a book about in the room, with the exception of Matthew Henry's Bible Commentaries, six volumes of which lay in the centre of the massive sideboard, flanked by a tea-urn on one side, and a lamp on the other. In some remote apartment, there was exercise upon the piano going on. Someone was practicing up a *morceau de salon* (a salon piece), playing it very rapidly; every third note, on an average, being either indistinct, or wholly missed out, and the loud chords at the end being half of them false, but not the less satisfactory to the performer." (Gaskell 1995 71).

Margaret, unlike Edith or, perhaps, Fanny, is neither proficient nor sufficiently interested in performing to keep her piano when the family moves from Helstone, a rural village near London, to Manchester. Margaret asserts that she is sufficiently skilled at reading music to turn pages for her cousin Edith but nothing more. As she tells Fanny, 'I am fond of hearing good music; I cannot play well myself; and papa and mamma don't care much about it; so we sold our old piano when we came here.' (Gaskell 1995 89). Margaret, in giving up the Helstone piano, has also moved away from the more conventional displays associated with a middle-class woman of marriageable age. Instead, Margaret's interests and occupations begin to align more closely with those of more educated men. In addition to her interest in the relationship between workers of

mill masters, Margaret lives in a world of books: she anticipates reading “a good piece of Dante” after reading a letter from her cousin Edith (Gaskell 1995 70), thus joining scholars like her father and Mr. Bell, Mr. Thornton, her father’s student, and Nicholas Higgins who is reading on the evolution of worker relationships with their masters. Henry Lenox, visiting Margaret at Helstone, sees one her books lying on the table: “it was the *Paradiso* of Dante, in the proper old Italian binding of white vellum and gold; by it lay a dictionary, and some words copied out in Margaret's hand-writing. They were a dull list of words, but somehow he liked looking at them.” (Gaskell 1995 23). The reading of books by Margaret’s father, Thornton, and Higgins, suggests a kinship between them which, except for Margaret, is a kinship among men.

Bessy’s tuberculosis and the sympathy engendered by Bessy’s plight also advances the conventions of several genres used by Gaskell in *North and South*. *North and South* functions, in part, as an industrial novel which, with the publication of Dickens’ *Hard Times* (1854), was a type of novel growing in popularity in the mid-nineteenth century. Gaskell wrote *Mary Barton* in the 1840s and published the novel in 1848 and published *North and South* in 1854. Within the context of both *Mary Barton* and *North and South*, Gaskell describes conditions in Manchester (Milton), a city whose poor district near the old part of the city was described by Friedrich Engels in *Condition of the Working Classes in England* as “Hell upon Earth” (Engels 1993). Gaskell herself referred to Manchester as “dear ugly, smoky, grim old Manchester (Uglow 85). To escape the worst of industrial Manchester, she and her husband lived in a more suburban section of Manchester where Gaskell kept chickens, initially about a mile from Cross Street Church and moved two more times to escape the encroaching city (Uglow).

Manchester offered its industrial workers crowded housing with miserable sanitation, poor food and horrendous working conditions as well as the economic ups and downs created by

the militant trade unionism of the time (Gallagher 1985 149). Engels noted that the lower classes, by nature of the arrangement of Manchester's main streets and the living quarters of its workers, were largely invisible to its middle- and upper-class residents. A central artery running through the manufacturing district disguised the "grim misery" that was "out of sight" (Bodenheimer 1979). Although Gallagher argued that *North and South* attempted to "both integrate and separate the public and private realms of experience" (Gallagher 1985 149), the class differences of its citizens clearly influenced all aspects of their lives even as the more affluent residents of Manchester were able to avoid directly the evidence of the poverty in their midst.

If *North and South* is viewed strictly as an industrial novel, close association, let alone more personal relationships, between characters of different class standing or occupations, *e.g.* Bessy and Margaret or even Margaret and Thornton, seem unlikely. It is Bessy's friendship with Margaret that allows Margaret to function as a character within Gaskell's industrial novel and to engage in a romantic relationship with Thornton. Interestingly, Margaret's interest in Thornton is the most improbably of all of Margaret's romantic options. Three potential suitors are suggested to Margaret, and each are, in their own fashion, unsuitable to her. While still in Helstone, Margaret's mother suggests that the Gormans, with a handsome son who Mrs. Hale had met once, were within a short walk of their home. Margaret's response is dismissive; "I like all people whose occupations have to do with land; I like soldiers and sailors, and the three learned professions, as they call them. I'm sure you don't want me to admire butchers and bakers, and candlestick-makers, do you, mamma? (Gaskell 1995 19)". That the Gormans are "respectable coach-builders" carries no weight with Margaret who describes them as tradesmen. Margaret rejects the Gorman son out of hand despite her apparent affinity with the residents of Helstone whom she describes as "her people" (Gaskell 1995 18).

Her second suitor, Henry Lennox, is the brother of Edith's new husband, Captain Lennox, and an ambitious lawyer in London. Lennox declares his affection for Margaret days before Margaret and her parents leave Helstone for Milton. Margaret dismisses Lennox's suit immediately. He is someone she considers a friend and little more. "I have always considered you as a friend; and, please, I would rather go on thinking of you so" (Gaskell 1995 28). Whether this is in response to a fear of her sexual awakening is never clear. Interestingly, however, Gaskell makes use in Lennox's description of Margaret's flushed appearance, to the early 19th century tubercular aesthetic, the association of tuberculosis with an external manifestation of fragile beauty and, in the female adult, sexual attractiveness. Margaret's return to Harley Street in London after her father's death produces concerns for her health. As she gradually recovers, her appearance "brightens". Henry Lennox sees "a vivid colour flashed into her cheeks, which never left them again during the evening" (Gaskell 1995 389). He believes that Milton had not agreed with Margaret and that her return to Harley Street had led to her improved health, something that he notes with interest. Despite her rejection of Lennox, Margaret asks him for his assistance in clearing her brother of charges of mutiny and uses his services as her representative after Mr. Bell's death. Although there are flickers of interest in Margaret from Lennox, he makes no further declaration of love for her, remaining both distant and aloof in his relationship with her.

John Thornton is the most unlikely of Margaret's suitors based on his occupation and origins but who, nevertheless, wins Margaret's affection. The objection to Thornton, at least from Margaret's perspective, is that Thornton is "not quite a gentleman" (Gaskell 1995 60). Frederick, somewhat dismissively, describes Thornton, saying, "I took him for a shopman and he turns out a manufacturer" (Gaskell 1995 235). Margaret's acceptance of Thornton requires two

critical events in the novel's narrative. The first occurs in Volume 1, Chapter XXII when Margaret, attempting to protect Thornton from the striking workers, "threw her arms around him: she made her body into a shield from the fierce people beyond" (Gaskell 1995 163). Although Margaret acts impulsively, her visits with Bessy had awakened in Margaret a concern for the strikers, particularly Boucher. She fears for the future welfare of their families as the strike proceeds and the possibility of violence becomes more likely. Bessy has sympathy for Boucher despite his obvious failings: "...he's a man for a' that; and tho; I've been angry, many a time afore now, wi' him an' his wife as knew no more nor him how to manage, yet, yo' see, all fold isn't wise, yet God lets 'em live-ay, an' gives 'em some one to love, and be loved by, just as good as Solomon" (Gaskell 1995 142). Thomas Recchio, in his preface to *Mary Barton* (Gaskell and Recchio 2008), reminds us that Gaskell does not allow her readers to "turn away from human suffering in order to present our own sense of well-being", and that is certainly true in Gaskell's description of Boucher's actions in the mill worker's strike and in her descriptions of his family's circumstances.

Thornton becomes enraged when a stone's grazing blow stuns Margaret, producing a trickle of blood on her head. Although Thornton sees, in that moment, only the angry, senseless mob and not the human cost of the strike to his workers, he begins a lengthy transformation, resulting from Margaret's intercession between Thornton and the strikers and her subsequent injury, into a more compassionate master. This is a significant transformation in Thornton. Thornton believes that he is a self-made man, someone who rose from reduced circumstances after his father's death, to success as a mill master. He sees his success arising from opportunities available to every man: "It is one of the great beauties of our system that a working-man may raise himself into the power and position of a master by his own exertions and behaviour; that, in

fact, everyone who rules himself to decency and sobriety of conduct, and attention to his duties, comes over to our ranks (Gaskell 1995 78).” Later in the novel, Thornton, perhaps to his surprise, finds in Nicholas Higgins an individual whom he can respect but who remains poor and vulnerable to the exigencies of his employers despite hard work in the mills and “sobriety of conduct”. Thornton, visiting Higgins’ home, is struck by the poor quality of Higgin’s dinner, a dinner now feeding Higgins and his surviving daughter Mary as well as the Boucher children that Higgins has taken in after their father’s suicide and their mother’s death. Thornton comes up with a scheme to serve food to his workers but first asks Nicholas Higgins, now described by Thornton as a friend, for his option of the plan.

“So I spoke to my friend (Higgins)—or my enemy—the man I told you of—and he found fault with every detail of my plan; and in consequence I laid it aside, both as impracticable, and also because if I forced it into operation I should be interfering with the independence of my men; when, suddenly, this Higgins came to me and graciously signified his approval of a scheme so nearly the same as mine” (Gaskell 1995 328-329).

As Thornton subverts his own desire for credit for this plan to Higgins, he acknowledges Higgins as a kind of equal. For his part, Nicholas Higgins is struck by the change in Thornton and acknowledges his more human qualities. “To tell the truth,” said he, “he fairly manboozles me. He’s two chaps. One chap I knowed of old as were measter all o’er. T’other chap hasn’t an ounce of measter’s flesh about him” ” (Gaskell 1995 308). It is this latter man who, when invited by the workers, sits with them at the lunch table. Thornton, himself, seems surprised by this change in himself. “He and they had led parallel lives-never touching- till the accident (or so it seemed) of his acquaintance with Higgins” (Gaskell 1995 380).

That Thornton values his individual workers becomes clearer at the conclusion of the novel when, over a dinner conversation at the Shaw’s house, he explains that his business has failed and that he will be forced to seek employment as a mill manager. What he wishes to

maintain, however, is contact with his workers. “My only wish is to have the opportunity of cultivating some intercourse with the hands beyond the mere ‘cash nexus’ ” (Gaskell 1995 391). Thornton has some ideas that involve his workers that he would like to try. What goes unsaid is that Thornton’s “experiments” becomes possible because of Margaret’s inheritance from Mr. Bell and her new role as Thornton’s landlord.

The second event that furthers Thornton’s relationship with Margaret occurs when Nicholas Higgins clarifies to Thornton the identity of the man, Margaret’s brother Frederick, seen by Thornton with Margaret on the railroad platform and believed by Thornton to be her lover. Thornton is relieved by this news. “It was her brother.” said Thornton to himself. “I am glad. I may never see her again; but it is a comfort- a relief- to know that much. I knew she could not be unmaidenly; and yet I yearned for conviction. Now I am glad!” (Gaskell 1995 383). The layers of mistaken impressions in this scene are complex and ironic. Frederick has mistaken Thornton for a shopman and Thornton has mistaken Frederick for Margaret’s suitor. Important to the novel’s narrative, Thornton can only accept Margaret as a prospective spouse if she is a pure and faultless gentlewoman.

Although Margaret’s relationship with Thornton develops in accordance with the rules for the romance genre described by Janice Radway (Radway 2009), Margaret and Thornton must also learn to respect one another despite their class differences, a process that occurs more broadly in the context of the industrial novel or social problem genre. Margaret must first learn to care for Milton, both its people and the energy of the city, before she is able to appreciate John Thornton’s charms as an industrialist and, more importantly, brush aside his tainted, lower class origins. She sits in conversation with Henry Lennox upon her return to the Shaw household and listens, with pleasure, as Lennox describes favorably his impression of Milton.

“It had been the tone with her aunt and cousin to speak of Milton with dislike and contempt; just such feelings as Margaret was ashamed to remember she had expressed and felt on first going to live there. But Mr. Lennox almost exceeded Margaret in his appreciation of the character of Milton and its inhabitants. Their energy, their power, their indomitable courage in struggling and fighting; their lurid vividness of existence, captivated and arrested his attention” (Gaskell 1995 377).

Nevertheless, many, although not all, of Radway’s rules of the romance genre (Radway 2009) are incorporated into *North and South* (Clausson 2007 6) and it is the rules of a romance, as applied to Margaret, that “explain the heroine’s transformation from an isolated, asexual, insecure adolescent...into a mature, sensual, and very married woman who has realized her full potential and identity”. The heroine’s social identity must be destroyed, a process that can involve her transposition into a new and unfamiliar environment. In *North and South*, Margaret Hale leaves Helstone, the rural home of her childhood, and moves to Milton, an industrial town modeled on Manchester. This move unmoors Margaret from the comfortable life of her childhood in Helstone and separates her from the social sphere she occupied during her life with the Shaw family on Harley Street in London. In Milton, Margaret, with markedly diminished social consequence compared to her life in London, is introduced to the complex social structure and concerns of Milton’s workers and masters, while also coping with a significant reduction in the family’s income.

Another critical feature of the romance genre in *North and South*, according to Claussen, is the “victory of the heroine over the hero, and *not her marriage to him*, that resolves the conflict” (Clausson 2007 9). With Margaret’s financial independence the novel reaches its resolution. Margaret has inherited a substantial amount of money upon the death of her benefactor, Mr. Bell, and has become the landlord of Mr. Thornton’s mill. When Margaret accepts a marriage proposal from Mr. Thornton, she “through love and marriage, ... emerges victorious, enriched and with enhanced social status (Clausson 2007 6).” Of course, it is

Margaret who brings her inheritance from Mr. Bell into her marriage to Thornton who is on the verge of bankruptcy. More importantly, Claussen argues that Margaret's agreeing to marry Thornton is secondary to Margaret's role in Thornton's change in attitude toward his workers, a moral change that makes Margaret's marriage a "triumphant victory of the heroine over the hero" (Claussen 2007 16).

More fundamentally, Thornton would have remained an unsuitable marriage partner for Margaret in the absence of her friendship with Bessy Higgins and Thornton's relationship with Bessy Higgins' father. In this regard, Gaskell depends on her Unitarian sense of community and the responsibilities entailed as a result. The narrative of community (Zagarell 1988), is central to Margaret's relationship with Bessy. This narrative belongs to the pre-industrial nineteenth century women's culture, describes the forces that link women to domestic life and constitutes a genre in Zagarell's opinion. Margaret's friendship with Bessy Higgins, two women of different socioeconomic circumstances, is possible only with the blurring of class distinctions between the two women creating 'Bourgeois realism' in which the community around Margaret is reminiscent of her rural community of Helstone. Margaret is surrounded by people, each of whom is highly individualized, who are removed from the class distinctions that would have been more closely observed if Margaret had remained in London at her aunt's house. Bessy Higgins, in particular, falls into this category.

The relationship between these young women contributes to the fundamental success of Gaskell's industrial novel. Margaret gains from Bessy an increased understanding of the human costs extracted from mill workers while learning to appreciate the energy of industrial Milton and, by extension, John Thornton. Margaret's participation in community, specifically Bessy's community, helps resolve much of the conflict engendered by Margaret's objections to

Thornton's occupation and class. Upon Bessy's tutelage on the conditions experienced by mill workers, Margaret becomes concerned about the mill workers and their economically fragile community while being surprisingly optimistic about the community's future. Margaret can walk the streets of Manchester where she encounters the "rougher" men and women working in the mill and is able, after seeing them together often, befriend Bessy and Nicholas Higgins. Margaret would not have had such encounters in London. On Harley Street, Margaret's aunt ruled over the members of the household and would have forbidden Margaret to roam the rougher parts of London unsupervised. Edith, her cousin, is clearly disapproving of Margaret's behavior: "how my aunt allowed her to get into such rambling habits in Milton! I am sure I'm always expecting to hear of her having met with something horrible among all those wretched places she pokes herself into. I should never dare to go down some of those streets without a servant. They're not fit for ladies" (Gaskell 1995 387). In *North and South*, Margaret can engage within the community of mill workers, in large measure because of her relationship with Bessy Higgins. Margaret's interactions demonstrate, "respect based on sympathy: an emotional recognition of the other that would get rid of reductive abstractions like 'men', 'masters'" (Uglow 370).

As an industrial, social problem novel (Clausson 2007), Mr. Thornton, in addition to serving as a romantic figure, is representative of an emerging social type, the industrialist. Although Raymond Williams describes *North and South*, Gaskell's second industrial novel following as it does after *Mary Barton*, as "less interesting, because the tension is less", Gaskell remains a sympathetic observer. Williams goes on to explain that the focus in the novel is "almost entirely now on attitudes *to* the working people, rather than on the attempt to reach, imaginatively, their feelings about their lives" (Williams 1983 127). While this may be partially correct, Margaret's understanding of Thornton's character depends on her friendship with

Nicholas Higgins and the sympathy that Higgins engenders in Thornton toward his workers. It is Thornton's character, as revealed by Nicholas Higgins, that transforms Thornton into an acceptable spouse for Margaret.

The mill workers' riot links the romance and industrial genres (Clausson 2007). Margaret's injury from the strikers, which Clausson sees as the pivotal event in the novel, is central to both genres. Mr. Thornton recognizes that he loves Margaret, a classic feature of the romance genre, and, because of her influence and his own guilt over her injury, strives to improve his workers' circumstances. The culmination of the novel resolves both the romance and industrial novel's story lines. Margaret, now in possession of her inheritance from Mr. Bell, rescues Mr. Thornton from financial ruin. He is now able to initiate his innovative schemes, as Williams suggests, "under (Margaret's) patronage" (Williams 1983 128). Mr. Thornton, for his part, becomes a more compassionate industrialist and, through Bessy Higgins's father, establishes a better, more mutually respectful relationship with his workers.

In conclusion, one can argue that Elizabeth Gaskell's novel, *North and South*, functions at its best as an industrial novel that reflects Gaskell's observations of and concern for the lower-class working poor in Manchester. Although there are features of a romance novel, one of the novel's most striking features is the recognition that life in Manchester's tentacular housing crowded with mill workers and their families, is not a healthy place for its residents. Although Gaskell treats Bessy Higgins as a character who is sacrificed for the advancement of the novel's romance and an awakening of Margaret's interest in the relationship between mill workers and their masters, it should not be forgotten that Gaskell's concern with public health as an economic driver of industry is also important in *North and South*. Bessy, a victim of tuberculosis, succumbs to her disease and, in doing so, affects the economic health of her family and her

community. Surprisingly, Gaskell does not argue in *North and South* for improved conditions for mill workers. Although it is reasonable to believe that Gaskell would have welcomed the social and physical changes needed to improve public health, her tendency was to observe rather than propose solutions to problems. In the end, there is some irony that the novel should rest on Bessy's Higgins' death from tuberculosis and the romantic individualization of Bessy Higgins using the romanticized trope associated with her tuberculosis. Gaskell was required to use the trope associated with tuberculosis rather than addressing the public health concerns facing mill workers, to construct the narrative used in *North and South* while also signaling that an industry dependent on highly experienced workers who are treated as largely disposable by their employers is not sustainable. Still, if Bessy Higgins had been a living person in mid-century Manchester, her death from tuberculosis would hardly have been noteworthy.

CHAPTER 3

Gaskell as a Reliable Observer of the Cost of Tuberculosis for Milton's Mill Workers

Pulmonary tuberculosis was treated in English literature as a romantic disease for much of the nineteenth century, a view that resurfaced in the mid-20th century after the tragic, wholesale death from tuberculosis had faded from memory (Bryder 1988 199). Gaskell, in writing her novel, *North and South* set in the mill town of Milton North,¹⁰ utilized the trope of tuberculosis as a romantic disease while also likely knowing, based upon her personal observations as a Unitarian minister's wife in Manchester, that industrialization had devastating health effects on poor urban dwellers, in large measure because of their squalid living conditions. The general perception of tuberculosis as an untreatable disease through much of the 19th century persists in literature on the disease, most notably *The White Plague* (Dubos and Dubos 1987) where the authors move from Laennec's invention of the stethoscope in the early 19th century to a cursory discussion of research into the structure of the tubercule in the 1850s. Dubos and Dubos are not alone in believing that the next highly significant discovery in a medical history of tuberculosis was Koch's identification in 1882 of *Mycobacterium tuberculosis*, the bacterium found in tubercles and the causative agent of the disease.

Nevertheless, a review of English medical literature from approximately 1835-1855 reveals a wealth of knowledge emerging on the treatment of tuberculosis, much of it surprisingly efficacious. Both the diagnosis and treatment of tuberculosis, based on the increasingly

¹⁰ In 1832, Elizabeth married William Gaskell (Uglo), a Unitarian minister and moved to Manchester, an industrial city that was recast as Milton North (or Milton) in *North and South*. Her daily life, as the wife of a Unitarian minister, in Manchester was shaped by her responsibilities as William Gaskell's wife, a role which she, according to all accounts, embraced. She was active in her community and, although she was not a "home visitor", she did engage in the Unitarian mission to provide practical assistance to the poor of Manchester (Uglo). The economic and spiritual lives of the mill workers in Manchester, as discussed in *North and South*, were certainly familiar to her.

sophisticated use of the stethoscope, made a romantic view of the disease old-fashioned in Gaskell's time despite its persistence in literature (Byrne 2011) and in the public's perception of the disease.

In fairness to Gaskell's portrayal of Bessy Higgins, the transition from the state of medical practice reflected in Clark's "Treatise on Pulmonary Consumption" (Clark 1835) to a more sophisticated and detailed clinical evaluation of the disease occurred within a short period of time, about fifteen years. This corresponded roughly to the years in which Gaskell was writing. By 1850, the number of texts on tuberculosis had increased 5-fold over the first decade of the century and tuberculosis was beginning to be perceived within the medical community as a potentially treatable disorder. Medical interest in tuberculosis increased despite a significant reduction in the death rate from tuberculosis from 1800-1850 for reasons for which were not known. Mortality from tuberculosis would continue to fall for the remainder of the nineteenth century which would also see the identification of the tuberculosis bacillus and skin testing for the disease. By the end of the century, the sanitarium movement, emerging from the "medical tourism" encouraged by Sir James Clark, offered the possibility of a life-saving treatment for tuberculosis, ignoring for the moment cod liver oil, and would remain important for almost 100 years until antibiotic treatments were available.

In this Chapter, I would like to address whether Elizabeth Gaskell, a writer described as a keen observer of life in Manchester, made a conscious choice to use an old-fashioned trope to describe Bessy Higgins as she is dying from tuberculosis. I will first review Gaskell's pervasive use of this romantic trope in *North and South* and then contrast Gaskell's imagery with some of the more compelling research discoveries of Gaskell's time. All of this begs the question of why Gaskell would choose to use a romantic trope to describe Bessy's disease when one considers

Gaskell's almost certain knowledge of the reality of that disease for the poor in Manchester. One can only conclude that Gaskell chose to portray Bessy Higgins' in romantic terms. Such a portrayal, perhaps a form of bourgeois realism in which the narrative world in *North and South* exists apart from the larger world of urban Manchester, gave Gaskell an opportunity to use Bessy Higgins death to provide a morally uplifting message that was out of synch with the harsh realities of Bessy's life and death. Gaskell also established within the novel a more classless social structure within which Margaret would find Thornton an acceptable marriage partner. Nevertheless, I would argue that, more generally, Gaskell missed an opportunity in *North and South* to portray tuberculosis, particularly amongst the working class of Manchester, as a devastating disease exacerbated by the living and working conditions of mill workers and their families.

Gaskell was certainly aware of the living conditions experienced by mill workers in Manchester. Gaskell's husband, a unitarian minister, served at Cross Street Church in the industrial center of Manchester and located within blocks of housing for Manchester's poorest residents. Members of Cross Street Church were conscious of the physical suffering of poor mill workers and their family members with tuberculosis. While it is unlikely that Gaskell was aware of primary medical texts describing the cause and treatment of tuberculosis, she was acutely aware that the industrial revolution, particularly in mill towns like Manchester produced conditions that were breeding grounds for disease. Endemic diseases such as typhoid fever, cholera, and tuberculosis were visited upon the poor workers and their families with surprising frequency. A major cholera epidemic in Manchester in 1831-1832 (Douglas, Hodgson, and Lawson 2002), several years before Gaskell moved to Manchester, led to reforms that were designed to address the causes of the disease including crowded housing, lack of potable water

and poor sanitation. The accumulation of garbage and raw sewage made neighborhoods such as Bessy Higgins' neighborhood filthy, disease-ridden places. Respiratory diseases including tuberculosis were particularly prevalent in mill workers who labored in damp, dusty workplaces and were, far and away, the most frequent cause of death in Manchester (Douglas, Hodgson, and Lawson 2002). Interestingly public health measures were proposed, not to stop the transmission of disease, but to maintain the health of the labor force. Still, water taps and water closets in every dwelling and the elimination of back-to-back housing was not achieved until the late 1800's and early 1900's.

Although the unskilled, migrant laborers in Manchester, particularly the Irish immigrants, lived in the poorest conditions (Douglas, Hodgson, and Lawson 2002), more skilled mill workers had few opportunities for either nutritious food or appreciably healthier living conditions. In *North and South* Gaskell describes Milton's mill workers making economic choices, primarily accepting poor wages, and working conditions, necessitated by their fear of incipient poverty. In practice, workers had few options and those that were available, working in the mill, shortened their lives and lives of their family members. Boucher, a mill worker with less skill than Bessy's father, Nicholas Higgins, is supporting a wife and eight children, none old enough to work in the mills. During the mill strike, his family is literally starving, unable to afford even the most basic food, the four-pounder loaf of bread. Boucher describes his wife wasting away, "...not for want of meat hersel'- but because hoo cannot stand th' sight o' the little ones clemming" (Gaskell 1995 141). Margaret Hale's friend, Bessy Higgins, who would die of tuberculosis (Gaskell 1995) had, before becoming ill, worked to allow her younger sister to remain in school.¹¹ In contrast,

¹¹ Bessy's sister Mary is "a good wench" but Bessy also wants to protect her from working in the mill; "...she's th' last one of us. And I don't want her going to th' mill. And yet I dunno what she's fit for" (Gaskell 1995 95). Bessy believes that Mary is unfit for housekeeping as she had no mother to teach her necessary skills but, then again, it is never clear in the novel what advantage Mary's education would

Mrs. Shaw, Margaret Hale's aunt who was a woman of independent means, was able to travel to Italy after attending her daughter's wedding, ostensibly to treat her mild cough. This was Gaskell's gentle reminder that the lives of the upper middle class and the poor were substantively different: Bessy's father was barely able to provide basic necessities for his family while Margaret Hale's aunt had sufficient financial resources to indulge herself with good food and medical care. She could, on a whim, travel to climates that were deemed healthier and permitted, as described by Clark Lawlor, the "accumulation of cultural capital" (Lawlor 2006 93).

Theories in the early 19th century used to explain tuberculosis infection was that the disease resulted from a combination of factors including "improper diet, impure air, deficient exercise, imperfect clothing, inattention to cleanliness, abuse of spirituous liquors and affections of the mind" (Clark 1835 175). Elizabeth Gaskell appears to settle, at least in part, on the latter with the quality of air becoming a source of almost constant comment in *North and South*. Bessy alludes to "air" and the quality of air in her conversations with Margaret Hale believing that her tuberculosis was caused by exposure to "fluff" in the carding room of the mill. Bessy must explain to Margaret what she means by "fluff". "Fluff is the "little bits, as fly off fro' the cotton, when they're carding it, and fill the air till it looks all fine with white dust. They say it winds round the lungs and tightens them up. Anyway, 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 1995 94).¹²

bring to the family. Nevertheless, the Higgins' family disposable money was, according to Bessy, used to pay for Mary's schooling costs and her father's books and fees to attend lectures (Gaskell 1995 94-95).

¹² As an aside, although Bessy is concerned about the cotton dust that she inhaled in the mill, she did not have byssinosis, an occupational lung disease which some scholars have confused with tuberculosis (Schilling 1956). A persistent cough with blood-stained sputum was important in the differential diagnosis of tuberculosis and, based on Bessy's episodes of bleeding, she without question suffered from pulmonary tuberculosis.

As her disease worsened, Bessy became feverish and dreamed of breathing fresh air; ...if this should be th' end of all, and if all I've been born for is just to work my heart and my life away, and to sicken i' this dree place, wi' them mill-noises in my ears for ever, until I could scream out for them to stop, and let me have a little piece o' quiet—and wi' the fluff filling my lungs, until I thirst to death for one long deep breath o' the clear air yo' speak on” (Gaskell 1995 93).

Bessy equates fresh air and ability to inhale fresh air with health, as do other characters in *North and South*. Moreover, the air in Milton, polluted by the activity of the mills and the coal fires of its occupants, is dark and oppressive. Bessy describes Milton’s air as smothering:

“I felt smothered like down below. When I have gone for an out, I've always wanted to get high up and see far away, and take a deep breath o' fulness in that air. I get smothered enough in Milton, and I think the sound yo' speak of among the trees, going on for ever and ever, would send me dazed; it's that made my head ache so in the mill” (Gaskell 1995 93).

What emerges from Bessy description of the bad air in Milton is its association with tuberculosis rather than infection by her co-workers, those women in the carding room breathing fluff and eventually spitting blood.

When Gaskell chose to use Bessy Higgins’ tuberculosis to engender sympathy for mill workers, she, by necessity, also avoided exploring any treatment of Bessy’s disease. Treatments ranging from sex to horseback riding to laudanum and cod liver oil, were offered up during the mid-nineteenth century and the merits of each were hotly debated. Cod liver oil therapy was tested in 1848 at the Royal Brompton Hospital in London (Green 2011). The report is interesting for several reasons. The medical officers described the location of the hospital including the dry gravelly soil upon which the building stood, the hospital’s location in a sheltered setting, and wards which were “lofty” with light, spacious corridors. Unlike other reports using cod liver oil, best described as anecdotal case studies, the physicians at the Royal Brompton Hospital performed a controlled study using 542 inpatients divided into a treated group and a control group. Cod liver oil was administered in an “agreeable fluid” which was either camphor water,

bitter infusions, or milk. Some patients, perhaps with tuberculosis in the stomach, did not tolerate the cod liver oil well and, in those cases, it was mixed with hydrocyanic acid. There was no effect of cod liver oil on many patients but about 61% of the patients, either treated or untreated, improved during their hospital stay suggesting that rest and good nutrition were important components in care. In 18% of the patients receiving cod liver oil, the disease was “arrested” which physicians defined as relief or near relief of symptoms and they were able to resume ordinary occupations. Only 5% of untreated patients experienced similar remission of disease. A third of untreated patients deteriorated or died compared to 19% of the treated group. Interestingly, weight gain in 70% of the cod liver oil-treated patients occurred and this was believed to be highly beneficial to the patient. Malcolm Green, who analyzed this study in 2011 (Green 2011), praised the physicians who conducted what was one of a very few systematic patient studies of the time. Green also suggested a possible explanation for cod liver oil efficacy which, despite the absence of statistical analysis, did provide benefit to patients. Cod liver oil is an excellent source of Vitamin D which, for reasons that are not well understood, tends to be lower in patients with tuberculosis, as well as patients with COVID-19 infection (Weir *et al.* 2020). It is possible, although not proven, that cod liver oil, in supplying Vitamin D to these patients, did in fact improve symptoms as reported.

There were many hotly debated treatments available for tuberculosis by the mid-century, John Hastings, in 1845, observes,

“One class of practitioners advocates climate as the most likely means of combating the disease to the exclusion of almost all others. Another considers fumigations alone sufficient to cure phthisis. A third regards inhalation as the sole means to be depended on. A fourth entertains a high opinion of external applications; and a fifth has no faith in any but internal treatment. So dogmatically do the adherents of these varied doctrines support their views that they regard one another as visionaries and enthusiasts and consequently looked with much jealousy on each other's views and opinions” (J. Hastings 1845 75-76). John Hughes, in his paper entitled “*Observations on the Treatment of Phthisis Pulmonalis*” published in 1850 (Bennett 1850),

presented case studies of patients that he had treated successfully. That patient, a medical student with advanced tuberculosis, was able to go on holiday where “he used horse exercise frequently” and spent time in the open air. He was much improved after his holiday although he continued to have an “occasional cough and tough expectoration” (Bennett 1850 13). Like Hughes, James Turnbull recommended cod liver oil to improve the health of the digestive organs (Turnbull 1850 116), but preferred the use of mercury for pulmonary symptoms.

In 1854, John Hastings (J.S. Hastings 1854) published a text on the treatment of pulmonary tuberculosis, the same year that Gaskell published *North and South*. Hastings demonstrated that tuberculosis could be treated with rest, good food and exercise outdoors, all of which would, in the latter nineteenth century, be provided in a sanatorium similar to the institution devised by George Bodington in 1836 (Bodington 1906). Bodington proved to be an interesting figure in medical history. He was clearly aware of the contemporary views of tuberculosis treatment that had been evolving during the first half of the century. In the Introduction to his pamphlet (Bodington 1906 iv), Bodington includes a pointed criticism of Sir James Clark:

“He (Clark) has, however, failed in directing attention to anything like a decided plan of treatment, either of his own or of any other, contenting himself with some remarks on all the means hitherto known to have been tried; and leaving the matter, upon the whole, pretty much in the same state he found it; that is, in almost all respects decidedly inefficient and ineffectual: he professes not to interfere with the present theories, which govern and direct the practice of medicine, but founds his treatment upon them; and herein I cannot but think the evil exists.”

Bodington insisted that “persons living much in close rooms or whose occupations confine them many hours within doors are (tuberculosis’) victims”. Unlike Clark who recommended a limited, calorie-poor diet for John Keats, Bodington believed that good nutrition, together with regular intake of wine to “soothe the nervous system”, was essential. Those patients who maintained “firm muscular tone and good nutritive powers” fared better with slower progression of their disease (Bodington 1906 8). He also believed that a night’s sleep should be encouraged using sedatives, especially morphia, which, if it proved to be inappropriate

(caused vomiting), could be substituted with brandy. The foundation of his treatment, however, was exercise in all weather, both summer and winter, with exposure to cold air being preferred. One patient, a young woman with advanced disease, procured a donkey and went outside, dressed warmly, to ride every day regardless of weather. She was also fed a nutritious diet with “Sherry”, a woman’s drink, and small doses of morphine. Bodington reported that she made a complete recovery and remained well over the few next years (Bodington 1906 28-30). When care wasn’t possible in the patient’s home or was not providing the desired improvement, Bodington had a house near his own practice where patients of all classes received medical monitoring, fresh air, nutritious food, and exercise, arguably the first sanatorium for tuberculosis patients.

Hastings also noted that treatment strategies, however effective, were unaffordable for his poorer patients (J.S. Hastings 1854). For his male patients, the winter months were particularly trying from the weather, their need to work, and from the quality of food available to them: “Many of the patients were in that rank of life in which they were compelled to labour to keep their families from starving and obliged to live on food not very proper for invalids while their clothing was but too often insufficient to protect them from the cold of the late severe winter” (J.S. Hastings 1854). By the latter half of the century, surviving tuberculosis, particularly for poorer patients, was uncertain, not because the disease could not be treated successfully, but because the financial cost for such treatments combined with any loss of income placed such options beyond their reach.

Strategies for treating tuberculosis co-evolved with improvements in diagnosis of tuberculosis and improved methods for monitoring the progression of the disease. Clark in 1835 describes three stages of the disease with little reference to underlying pulmonary changes. In

fairness, Clark, and his colleagues, at that time, depended on a physical examination for establishing the course of the disease.

“The physical examination (included) a crude measurement of the temperature and pulse, and (the) sketchy practice of palpation. Now and then, the physician went so far as to apply his ear to the body of the patient in order to detect some abnormal sound, but on the whole, he depended upon cough, fever and wasting to diagnose pulmonary diseases” (Dubos and Dubos 1987 75-76).

Although a more extensive examination of the chest was possible with the use of auscultation, listening to chest sounds, described by Auenbrugger in 1761, and the invention of the stethoscope by Laennec in 1816,¹³ a sophisticated use of these methods would wait until Richard Cotton’s comprehensive lectures on the physical diagnosis of phthisis was published in 1849 (Cotton 1849). Clark felt strongly that “The truth is that in the highly tuberculous constitution, tuberculous disease of the lungs very often steals on in a slow insidious manner making considerable progress before it manifests itself by any remarkable local symptoms or its existence is even suspected by those who regard consumption as originating in inflammatory affections” (Clark 1835 11). For Clark’s contemporaries, tuberculosis in its initial phase, characterized by a “slight” cough, was difficult to recognize. Diagnosis became easier in the second stage of pulmonary tuberculosis when characteristic symptoms appeared. At this stage, Clark asserted that “the system begins to sympathize with the local disease” and this resulted in an increase in expectoration of a “colourless, frothy fluid” which might contain “small specks of opaque, curdly matter” and “specks or streaks of blood” (Clark 1835 29). Clark recognized, as did others, that auscultation with the assistance of a stethoscope, revealed changes in the apex of the lung and that one lung, but not both lungs, was affected.

By the mid-19th century, a more precise diagnosis, particularly in early stages of the disease, was made possible by careful listening to air movement which provided which

¹³The key to Laennec’s insightful observations was his sophisticated use of the stethoscope, the first instrument available for “looking” inside the body. Using a stethoscope, it was possible to hear clearly air moving into and out of the lungs, the heart beating, and movement of a healthy gut. The first stethoscope was a hollow tube with a funnel-shaped end that was placed on the patient’s chest and replaced the physician’s ear against the skin of the chest wall (Roguin 2006). The use of this new instrument to assist auscultation quickly became associated with being an “up to date practitioner” (Geddes 2005) and Clark was reported to be an early proponent of its use. Autopsy results also shaped Laennec’s view of the disease (Roguin 2006) and the language used to describe tuberculosis. Nodules found in the lungs, and elsewhere, were described as tubercles that were believed to ulcerate. Some were sufficiently small to resemble millet seeds and Laennec described a form of the disease called “miliary tuberculosis”, a term used today for a widely disseminated, and generally more lethal form of pulmonary tuberculosis (Barberis *et al.* 2017). Laennec also described the physical characteristics of the tubercles. Calcification of tubercles produced a hard, bone-like, structure but tubercles could contain pus and be much softer.

information on the health of the lungs within the thoracic cavity and could be used to monitor treatment efficacy. Cotton combined use of the stethoscope for auscultation and percussion for evaluating the lung apices, with a physical exam looking for symmetry in the chest and the motions of the chest during inspiration and expiration. In the initial stages of tuberculosis which Clark was unable to detect reliably, Cotton was able to determine that lung tissue in the vicinity of active disease, the tubercule, contracted (Cotton 1849 6). This contraction could be confirmed from slight differences in resonance from the diseased portion of the lung (Cotton 1849 7). Cotton also knew that the disease appeared initially in the lung apex within the superior lobes (Cotton 1849 9) unless there was “feeble” respiration in both lungs in which case the disease was bilateral, an unusual occurrence (Cotton 1849 8). The apex of the lung also produced a unique sound that Cotton described as “crumpling tissue paper” (Cotton 1849 13), a dry crackling sound that Cotton believed was associated with a particularly poor prognosis. The presence or absence of secretions, in the early stages of the disease, were distinctive and produced what he described as “dry” or “humid” sounds (Cotton 1849 11). These humid sounds in the second stage of the disease, described as “rales”, would be used in the 20th century to confirm the diagnosis of pulmonary tuberculosis using laboratory tests and a chest X-ray. As initial stages of tuberculosis progressed, Cotton described bronchophony, one of two forms of pertorilogy, a profoundly unhealthy loss of gas exchanging structures, the alveoli, within the lung (Cotton 1849). The second stage of the disease produced visible physical changes in the chest region. On the side of active disease, the chest appeared to be flattened and, during inspiration, did not expand, probably as a result of adhesions in the lungs (Cotton 1849 17). Rales could now be heard reliably in the apex of the lung and, in some patients, throughout the lungs where fluid produced bubbling sounds. The third stage of the disease was associated with audible small cavities and, in

some cases, larger cavities lacking air flow and a “cavernous cough”. This stage of the disease, as Clark also noted, was easily recognized upon a physical exam and “conspicuous symptoms” (Cotton 1849 20). It is likely that Bessy was in the final stages of the disease if Gaskell’s description of Bessy’s physical assessment by the physician is accurate.

This more “scientific” approach to the diagnosis of tuberculosis is likely to have contributed to a decrease in deaths from tuberculosis over the next fifty years. Medicine, like manufacturing, became less dependent on the instincts of its practitioners and became instead a more organized, scientific pursuit. Cotton’s description of the progression of tuberculosis, using tools readily available to medical practitioners, also made it possible to address the pressing question of the time, namely whether tuberculosis could be cured. His clearly delineated physical symptoms at each stage of the disease could be assessed in a way that, with training, was replicated easily, or so he asserted.

With available and reproducible methods to monitor the course of tuberculosis, it was possible to evaluate the efficacy of drugs such as cod liver oil or naphtha, a treatment strongly advocated by John Hastings as early as 1843 (J. Hastings 1843). To cure tuberculosis, however, a good diet and rest, preferably in a hospital setting, were needed. If that was not possible, Bennett noted that his more affluent patients benefited from a short journey which was intended to make up for “imperfect and insufficient lactation” during infancy or irregular diet in adulthood. Bennett blamed a poor diet in an Irish girl who went to work as a field laborer in Scotland for her advanced tuberculosis at the age of 21. To treat tuberculosis, Bennett advocated an “admixture of aluminous and oleaginous elements”, translated, in brief, as eggs and milk together with meat. The improved diet was supplemented with cod liver oil which had become a staple of most treatment strategies. Bennett also believed that patients needed continual monitoring with a

physical exam. He provides an example of a medical student, the student mentioned above who treated his tuberculosis with regular horseback riding. The student went through recurrent episodes of severe disease followed by some remission of symptoms for over four years. Bennett insisted on confinement, something the student found very restrictive, particularly during “cold and changeable weather” (Bennett 20). His patient was also treated with cod liver oil and naphtha when his disease became severe and went on holidays during the summer months. Remarkably, after over four years of treatment, the student, who Bennett now described as “robust”, passed his medical exams, and set up practice in the midlands of England, apparently healthy with no physical evidence of active disease despite some apparent scarring in his right lung. At least three other cases of advanced disease were similarly treated with “wholesome diet” and cod liver oil with good outcomes.¹⁴

¹⁴ Despite the success of a “clinical trial” for cod liver oil, other treatment options were also explored by English physicians without notable success. What became clear however, from these experimental studies was that some patients, did improve and that these improvements could be documented with physical exams or, in rare instances where patients died from other causes, upon autopsy of the lungs. John Hastings’ work is notable in this regard. He published a paper in 1845 entitled “*Pulmonary consumption successfully treated with naphtha*” (J. Hastings 1845) after first recommending naphtha use in an article in the *Lancet* published two years earlier (J. Hastings 1843). Least there be any enthusiasm for this compound as a pharmaceutical agent, naphtha is obtained from distillation of organic substances, usually petroleum or wood. Hastings describes it as an oil or a clear solution, possibly methanol and was quite specific that a medicinal form of naphtha be used. “Although I mentioned in the first edition of this book several tests for the recognition of medicinal naphtha, cases are constantly occurring in which oily milky and coal tar naphtha are administered and most prejudicial results (J. Hastings 1845 109).” These “milky” preparations of naphtha were poorly tolerated by patients which Hastings documented in detail.

More important, Hastings recognized that his drug trials benefited from the use of the stethoscope. “The discovery of the stethoscope together with the application and efficiency of that instrument as a means of detecting thoracic disease is perhaps the greatest boon that science has yet conferred upon medicine. Hitherto the rules for discriminating organic diseases in the chest were based upon the rational symptoms of these disorders and the diagnosis was necessarily to a great extent conjectural and frequently fallacious but since the immortal discovery of Laennec laws have been established founded upon certain physical signs by means of which the diagnosis can be formed with a degree of precision and exactness formerly unknown in the history of internal disease (J. Hastings 1845 1)”. This, together with autopsies of lungs showing the scarring of old infection sites, led Hastings to believe that a cure for tuberculosis was possible. Patient outcomes using naphtha only increased his optimism. These patients included a horse clipper, a printer for the *Lancet*, a child from a “consumptive family” and a gentleman from Frogmore House who, while under treatment, retired to Clarence House.

Hastings introduced a case study in his paper advancing the collection of chemicals that he employed to treat his patients (J.S. Hastings 1854). He included a detailed set of notes on a patient diagnosed with pulmonary tuberculosis who, while being treated for tuberculosis, died suddenly of another cause, perhaps pneumonia. The post-mortem examination of his lungs showed that the patient's lungs had multiple tubercular sites including a tubercular cavity diagnosed in the previous year, all in various stages of healing. The patient's physical appearance supported his overall improvement in health: "The body was well developed, there was a good supply of adipose tissue, and the muscles of the chest were of a healthy colour; considerable adhesions existed about the apex of both lungs with numerous puckerings which, on being cut into, exhibited several cicatrices of cavities with others partially healed and a few scattered tubercles." Remarkably, Hastings' patient had largely recovered from pulmonary tuberculosis.

Unfortunately, as with progress in the treatment of other common diseases, advances in medical care did not necessarily trickle down to the masses. This meant that for the first half of the 19th century, an understanding of tuberculosis was based on faulty observations and misconceptions, many of which Gaskell alludes to in *North and South*. That Gaskell was misinformed should be approached, however, with some degree of skepticism. Her brother-in-law Sam, a physician practicing in Manchester, presumably was trained in more sophisticated diagnostic skills than older practitioners such as Sir James Clark and given the frequency with

Among the notes for this latter case, Hastings records the use of a spirometer to measure the volume of inhaled air. "On September 6th, I examined the capacity of his lungs for air by Hutchinson's breath meter; a full expiration yielded 290 cubic inches of air, and, as Mr. Seabrook's height is five feet ten inches and three fourths, it proves the capacity of his lungs for air to be above the healthy standard (J. Hastings 1845 136)". Despite his successes, Hastings was troubled by his results: "Another question which arises immediately from this is why are the recoveries limited to sixty-six per cent before the stage of excavation. Why are they not all cured (J. Hastings 1845 148)?" It should be noted that this percentage is reminiscent of the Royal Brompton Hospital study where about 60% of the patients improved regardless of treatment (Green 2011).

which people died from tuberculosis, it was likely that Gaskell had some cursory knowledge of medical treatments for patients dying of tuberculosis. Instead, Gaskell makes use of the public perception of pulmonary tuberculosis as a surprisingly tidy disease whose allure, such as it was, was increased by the fact that, until its final stages of the disease, the disease was relatively painless. Bessy Higgins, whose figure in death was initially frightening in Margaret Hale's imagination, appeared quite serene. Margaret goes upstairs in the Higgins' house and beholds Bessy: "The slow tears gathered into Margaret's eyes, but a deep calm entered into her soul. And that was death! It looked more peaceful than life" (Gaskell 1995 201).

Still, Gaskell sets the stage in *North and South* for two changes in the treatment of tuberculosis, however unintended on her part. One was the creation of "open-air" hospitals and sanatoriums to treat tuberculosis in the poor by providing rest, healthy food, and fresh air as well as respite unhealthy urban life, a public health strategy that would be used effectively through much of the 20th century. The second event was the reluctant recognition by industrialists that skilled workers were essential to the overall success of their business and that healthy mill workers, workers with access to adequate food, housing with running water and improved sanitation, benefited them economically. Death rates in London had been steadily decreasing to a fraction of the rate from the early nineteenth century (J. F. Murray 2015) with those decreases occurring disproportionately in the middle and upper classes. Barberis and co-authors believed that the industrial revolution, associated with poor, crowded housing, malnutrition and poor sanitation, could account for a higher death rate in English tradesmen and employees when compared with the upper class (Barberis *et al.* 2017). Decreases in disease rates might also have resulted from generally improved living conditions with an overall improvement in health or from isolation of patients with tuberculosis, a precursor to the sanatorium movement (John F.

Murray 2004). Sadly, the burden of disease would be demonstrated in the next decade. Death rates from tuberculosis in Salford, a village near Manchester, tracked economic prosperity and hardship from 1861-1870 (Byrne 2011 114). The economic hardship in mill towns during the U.S. Civil War, resulted from reduced shipments of raw materials from the southern United States to England, meant that families cut back on food for women and children so that the men could continue to work. Under these stressful circumstances, tuberculosis rates increased.

Consistent with economic barriers to the treatment of tuberculosis in the poor, there is little in *North and South* to suggest that Bessy Higgins received anything other than palliative care if that. Bessy Higgins was apparently seen by a doctor at some point prior to her death. She seemed quite certain that she would be dying within the year, never seeing another winter. Bessy describes her brief life and, more specifically, her dying as interminable. Margaret, encouragingly, tells Bessy that spring is coming with the implication that there is hope for better, healthier weather. Bessy replies that neither “Spring nor summer will do me good” (Gaskell 1995 69) and her father agrees that Bessy is “too far gone in a waste” to benefit.

It is likely that Bessy’s death would have resulted from regular hemorrhages together with the destruction of lung tissue and resulting asphyxiation and, for this reason, one should reasonably question the accuracy of Gaskell’s description of Bessy’s death or, more important, why Gaskell would choose to portray Bessy’s death from tuberculosis using imagery associated with an outdated romantic trope. This alone suggests that Gaskell’s use of tuberculosis as a romantic disease is intentional. Nevertheless, this romantic view is inconsistent with the physical appearance of a tuberculosis patient with end-stage disease and with the contemporary views of the disease as a potentially treatable condition. Instead, Gaskell chooses to introduce Margaret, using Bessy as a truth teller whose voice emerges from a place outside the narrow bounds of

Margaret's class, to conditions for workers, particularly women, in the mills and the economic struggles facing mill worker and their families. As the class distinctions between Margaret and the newly individualized Bessy become blurred, the social structure containing these women similarly flattens. Bessy's reach then extends beyond Margaret to Mr. Hale, Nicholas Higgins and John Thornton. Much to Higgins surprise, Thornton and his mill workers become engaged in a social experiment in which class boundaries soften for the greater good of the workers and the mill owners. Nicholas Higgins and Thornton, in this social experiment, attempt to give the workers a better life, certainly one better than Bessy's short, sad life. As Nicholas says of Bessy after her death, "What wi' hard work first, and sickness at last, hoo's led the life of a dog. And to die without knowing one good piece o' rejoicing in all her days!" (Gaskell 1995 203). Bessy's death from tuberculosis, the sacrificing of Bessy using a middle- or upper-class perception of tuberculosis, allows Gaskell to develop the romance between Thornton, a man who is not quite a gentleman, and Margaret and to explore the possibilities for a social experiment in which workers and masters function as near equals.

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