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CHAPTER 5

THE ANGEL OF DEATH IN THE HOUSEHOLD

That Sentimental Feeling: Feminizing Consumption

The growing culture of sentimentalism co-opted the Romantic rage for sensibility and applied it to a growing list of defined female attributes. Sentimentalism was not simply a body of literature or an ideal of personal conduct but a set of assumptions that determined, for example, whether or not a man should remove his gloves to shake hands, what kind of bonnet a woman should wear, or how men and women should shed tears for the dead.¹ The seemingly perverse notion of consumptive allure was reinforced in the various literary, social, and medical discourses by sentimentalism. These works confirmed the cultural notion of infirmity as a distinctly feminine quality.² Consumption provided one of the main instruments through which femininity was linked to the sort of suffering that was rationalized as both spiritually and morally redemptive. As a result, meaning was given to the illness experience of upper- and middle-class women, a meaning that medicine and social reformers alike had failed to provide. It also supplied yet another way for the women of these classes to distance themselves from the filth, degradation, and related implications that marked the approach to the illness in the lower orders. Evangelical notions of redemptive suffering coupled with Romantic aesthetics to elevate the frail woman laboring under consumption to a position of not only acceptance, but also of emulation—all under the umbrella of sentimentalism.

Sentimentalism defined early Victorian culture in an all-encompassing manner and was situated in a complete refusal, even inability, to recognize reality.³ Sentimentalism was the Victorian “technique for evading the harsh social realities of expansive industrial capitalism” which dominated every aspect of society from 1830 to 1870.⁴ These techniques of evasion and repudiation of the real world set up an ideal condition by which consumption could be elevated into a cultural icon, in the form of the “myth of angelic tubercular femininity” found throughout Victorian literature and society as an ideal of female sensibility.⁵ Sentimentalism emerged as an influential force in middle-class culture beginning in the 1830s, and was unsympathetic to the image of Romantic poets and the idea of masculine diseased creativity. These concepts, like the Romantic ideas of suffering for the sake of genius, co-opted the sorts of traits that would increasingly come to be considered exclusively “feminine” during the nineteenth century.

This change was linked to a broader reaction against Romantic ideals, as the early Victorians moved toward earnestness and evangelical Christian religious morality in their social conventions. The Victorian bourgeoisie was deeply religious, and evangelicalism had a seminal role in determining the character of middle-class culture. In the early part of the nineteenth century, an idiosyncratic combination of rationalism and evangelical religious principles was being influenced by Romantic imagery and ideas. The similarities at the core of evangelicalism and Romanticism, as both movements centered on the identity of the individual, made the intermingling possible. Despite the correspondence in approach, there was a move away from the Romantic notion that “moral sentiments” should be cultivated and refined on an individual basis. Instead, the idea that society should have a role in the development and enforcement of moral attitudes became dominant.⁶ The ideal that came to delineate the middle-class experience was firmly entrenched in a commitment to the home, and defined the appropriate position and activities of both men and women, roles heavily influenced by religious ideology and practice.⁷

A redefinition of the acceptable roles for women and men occurred during the early portion of the nineteenth century, as did a hardening of the understanding of what was considered suitable for each gender.⁸ These increasingly influential notions rested upon a growing philosophy centered on domesticity, one that defined what was both physically and morally suitable to each gender based on the appropriate sphere of action and influence.⁹ The nineteenth-century rhetoric of separate spheres embraced the idea that women were inherently affectionate, emotional, and religious, while men were intelligent, vital, and pragmatic. The evangelical revival played a part in elevating the value of domesticity, whereby women occupied the domestic sphere, as virtuous “angels” who provided comfort and moral direction for both their husband and children. The gender-based boundaries tended to highlight the independent healthy male body as a central component of the working world, and as a fundamental attribute of respectable masculinity. On the other hand, respectable femininity was allied to physical frailty, domesticity, and dependence.¹⁰

Romantic poets were portrayed during the early Victorian period as effeminate, by virtue of their association with heightened sensibility and tuberculosis. This association intensified as the diseases of sensibility increasingly became the purview of women in both medical and social explanations. These notions were well established by 1843, when Lady Morgan spoke on the illness of her brother and alluded to Byron’s famous comment on appearing interesting in consumption.¹¹ Writing to her niece, “Your uncle has made a very perfect

Figure 5.1 A family group in their drawing room at evening prayer. Engraving by William Holl after Edward Prentis (London: Peter Jackson, n.d.). Wellcome Library, London. Copyrighted work available under Creative Commons Attribution only licence CC BY 4.0 <http://creativecommons.org/licenses/by/4.0/>

recovery from a very alarming illness, but is still rather more 'pale, mild, and interesting' than, in *my* unromanticism, I am desirous to see him!"¹² Literary conventions increasingly intertwined the ideas surrounding female purity with excessive sensibility, a relationship growing in medical, dramatic, and fictitious works. The authors who subscribed to the feminization of sensibility configured consumptive women as reflexive sentimental creatures and passive heroines. During the Victorian period representations of tuberculosis came to revolve around the feminine in both medicine and literature.¹³ The feminization of consumption and evidence of its influence can be seen in the less flattering representations of Keats during the 1840s. For instance, an 1848 article discussed an incident in which a woman encountered the poet at a costume ball. The author's response was very different from that of a Romantic era observer.

The scene was less fantastic in those days than it would be now. Not only was it a poetical age . . . but there was also a poetical foppery prevalent in certain circles, which rendered such a scene more intelligible and less extravagant than it appears to us. This picture of Keats at the feet of the shepherdess seemed very distinctly to represent the sort of lackadaisical, feeble, consumptive poet, who could be 'snuffed out by an article.' Thinking of his early death, his weak lungs, the perpetual recurrence of 'swoonings' and 'faintings' in his poems, and the universally accredited story of the 'Quarterly Review' having hastened his death—we could not help picturing him to ourselves as the sort of man to give way to all fantastical conceits, and to want the very characteristic of greatness—manly sense, and manly strength.¹⁴

From the sentimentalist point of view, the consumptive male was no longer viewed as a person to be aesthetically pampered; rather, these former heroes were presented as rather effeminate.¹⁵

Consumption, as a disease heavily influenced by emotion and nervous sensibility, came to have negative connotations when manifesting in men, and was increasingly presented as having a feminizing influence. Tuberculosis remained the product of weakness and excitability, but instead of distinguishing intellectual genius, it symbolized the frailness and fragility associated with women. Extreme sensibility remained the product of an over-stimulated nervous system, but it was increasingly viewed as the result of a lack of control and emotional excess. A connection was therefore created between the sensibility that caused tuberculosis, and those tendencies explicitly viewed as feminine. By virtue of this association, Victorian women not only fell prey more easily to illness but, as a quality of feminine sensibility, sickness became an integral part of female identity.

The discourse of sensibility and suffering guided the feminization of the consumptive death, in which the diseased woman provided the blueprint for the "beautiful death." The link between purity and suffering in the depictions of alluring and attractive females led to an elevation of those who demonstrated consumptive thinness and nervous sensibility, aiding in the process of assigning positive aesthetic representations.¹⁶ These ideas were reinforced by the growing belief that women were the most frequent victims of the malady. As Thomas Hayes had put it as early as 1785, "There is no disease which robs the world of so many useful members of society as Consumptions . . . for not only men of the greatest talents, but women, of the fairest forms and liveliest sensibility, who might have become shining ornaments to the nations, as well as to domestic happiness, are untimely snatched away, by this cruel distemper."¹⁷

By mid-century, illness and sensibility were apportioned according to gender, with women having a greater portion of both. As a consequence of the correlation between sensibility and consumption, that illness grew to prominence as both the product of feminine characteristics and as the disease best able to highlight the female character. In 1850, *The World of Fashion* addressed heightened female sensibility and some its consequences:

Consumptive Chic

No one ever yet accused women of an unfeeling stupidity. The fault, if anything lies in the opposite extreme—an over-refined delicacy. Now, sensibility, whether of joy or misery, arises in proportion to our ingenuity or delicacy of mind. And no one ever yet doubted but that man's mind was of coarser texture than woman's. Afflictions, therefore, fall not so heavily on his, as they do on the more refined disposition of woman. The same delicacy of mind which sheds such lovely luster around every thing in her days of prosperity, and imparts such an exquisite relish to every joy when she does rejoice, casts a deeper shade on her soul in adversity, and gives a keener edge to pain and misery.¹⁸

The feminization of sensibility, and correspondingly of consumption, fit well with the heavily configured notions of the female role and their assigned place in Victorian society, which were developing as gender boundaries were being re-negotiated during the first half of the nineteenth century.

Consumptive Marriage

The widespread acceptance of the hereditary explanation for consumption meant that the disease was also a part of the nineteenth century discussions of marriage, and freedom from chronic illness was an important criterion for determining an alliance. Advice literature often counseled those entering into matrimony that they had a moral obligation to choose their partners wisely to avoid passing a weak constitution on to their children.¹⁹ For instance, in 1822 *The New Monthly Magazine* stated "Parents who . . . transmit their ruined constitutions to their posterity, are like the spider who devours her own young, since with life they communicate to their progeny the seeds of disease, and are the authors of their premature deaths."²⁰ These warnings seem to have been particularly ignored when the consumptive was female and there were numerous examples in prose and practice that spoke to the exception. For instance, Thomas Foster Barham certainly disregarded these concerns and married a woman with a family history of the disease, writing in 1836:

My dear Sarah's health had for 2 or 3 years past manifested some signs of decline. She had grown very observably thinner: there was an habitual shortness of breath . . . She had also become affected with a considerable mucous expectoration and now and then there had been in this a streak or two of blood . . . The remembrance of her mother's early death at about 45 by consumption often dwelt on her mind, and I think her expectation was that she should about the same period of life be taken off by the same disease.²¹

In 1857 "A Sketch of Two Homes" tackled the issue of marriage for the consumptive as a grandfather sought, to no avail, to break the disease cycle by preventing the marriage of his granddaughter who not only had a family history of consumption, but was also already demonstrating a predisposition to the disease. He poignantly recounted his own misery in his appeal to stop the alliance:

"Young Man . . . I pity you! I Pity You . . . for once I suffered as you are doing, but—as you have *not* yet done—I prevailed on the woman I loved to marry me. She died of consumption; her daughter also married and died of consumption; Magdalen now is all that is left to me, and though the same terrible disease will kill her, too, she *shall* not marry, and like her mother and grandmother, leave it a fearful inheritance to her children. You have heard me, now . . . go."²²

Despite his angry diatribe, he failed to prevent the marriage, and a year later the husband stated: "It is more than a year ago. I have lived alone with my mistress since; but her *cheek* is hectic and hollowed now,

and her step is feeble and slow. Like the rest, she, too is vanishing—a shadow departing from a world of shadows.”²³

The young man in the tale was typical and *Physiology for Young Ladies* suggests that the bulk of the advice against marrying a consumptive was ignored. The author complained:

Health is but little thought of in matrimonial alliances; though I do remember once to have read, in “A Father’s Advice to his Daughters,” that they should be careful not to connect themselves with families who have disease . . . in them. But this is considered quite obsolete now: few think that there is any necessity of attending to this advice.²⁴

With the widespread acceptance of heredity as an explanation for consumption, and the centrality of marriage to female identity, how was it possible that a condition like consumption was not only ignored in the choosing of a mate, but also became fashionable to middle-class Victorian women? The answer lies in the influence of contemporary biological definitions of women that led to the development of a culture of sickness.

The Reproductive Body

Evangelical philosophy shaped not only the Christian moralizers who set the requirements for exemplary womanhood, but also the medical men who established an organic foundation for female behavior. According to Carroll Smith-Rosenberg and Charles Rosenberg, “The Victorian woman’s ideal social characteristics—nurturance, intuitive morality, domesticity, passivity, and affection—were all assumed to have a deeply rooted biological basis.”²⁵ Femininity was a disputed entity, one that occupied intellectual and religious debates, but in the 1830s the debate became ever more secularized as both male and female roles were gradually transformed into natural biologically defined differences. (See Plate 15.) In the process, they became, according to Lenore Davidoff and Catherine Hall, “the common sense of the English middle class.”²⁶ The decorative role assigned to the woman as the “angel in the house” elevated feminine qualities to the level of the spiritual while placing the masculine firmly in the world.

The role for women created by Christian doctrine was heavily influenced by the idea of atonement, as it connected to disease; therefore, illness became one of the main ways in which femininity intertwined with suffering to provide both moral and spiritual redemption.²⁷ Women were presented as both “the major source of sin and the primary symbol of purity,” having “provoked the Fall and produced the Saviour.”²⁸ Works concerned with sensibility presented the woman suffering from illness as innocent and unsullied, one whose purity made her unable to withstand the onslaught of the vulgar and coarse outside world. This weakness came to be located in the bodily structures, particularly the nerves and this elevation of nervous sensibility resulted in an increased awareness of the aesthetics of illness and death. These gender distinctions became progressively more visible in the portrayal of tuberculosis, with the female experiencing the illness as a result of her inability to withstand the crude world and its disappointments, particularly those in love; while male consumptions were increasingly presented as the product of business failure.²⁹ Illness, especially consumption, became a part of what it meant to be a Victorian lady. The feminine ideal was also predicated on the institutions of marriage and motherhood, which were socially and medically endorsed as vital to the fulfillment of the prescribed female role.³⁰

During the early nineteenth century, consumption was increasingly intertwined with the female reproductive system. In linking consumption to the explicitly and exclusively female experiences of menstruation and pregnancy, medical investigators could account for the greater mortality purportedly

observed among women from tuberculosis. This association was made possible by the discourse of sensibility that was supported by contemporary medical theory and supposed women's nervous systems to be more fragile than those of men. As Ornella Moscucci has argued "Reflex theories of nervous organization contained allusions to ideological distinctions between male and female. Gender differences were represented in terms of a different weighting between the controlling and autonomic sectors of the nervous system"³¹ The physical appearance of the female provided the necessary evidence: she had a smaller frame and a more delicate muscular system, differences extended to the physiology of the nervous system and thought productive of heightened sensibility.

Robert Bentley Todd's *Descriptive and Physiological Anatomy of the Brain, Spinal Cord, and Ganglions* (1845) laid out the physiological evidence stating "Although Aristotle has remarked that the female brain is absolutely smaller than the male, it is nevertheless not relatively smaller compared with the body; for the female body is, in general, lighter than that of the male. The female brain is for the most part even larger than the male, compared with the size of the body. The different degree of susceptibility and sensibility of the nervous system seems to depend on the relative size of the brain as compared with the body."³² Physicians and physiologists presented the female system as being more susceptible to the effects of excessive stimulation and prone to irritability, which could more easily result in the exhaustion of her system as a whole and, as such, result in tuberculosis. These notions were reinforced by the growing belief that women were the most frequent victims of the malady. In 1843, John Hastings asserted that "Women are unquestionably more liable to pulmonary consumption than men"³³ while Henry Deshon went so far as to suggest the predisposition to consumption was a direct consequence of "their more delicate and irritable organization rendering them more susceptible of impressions, both mental and physical"³⁴

The purpose of female life was defined as the reproduction of the human species, and doctors and social theorists alike viewed women as both the artifact of, and hostage to, their reproductive arrangement. Given that the early nineteenth-century woman was defined in terms of her reproductive potential, the stages of her life were hallmarked by the onset of menstruation, the existence of pregnancy or its potential, and the "change of life" after menopause. Physiologists, like Alexander Walker, argued that the "female character depends on the presence of the ovaries,"³⁵ and went so far as to claim that in a woman lacking ovaries, all of the female characteristics disappeared, and as menstruation ceased, the breasts vanished and women grew beards. He further asserted that the onset of puberty heralded a "state of excessive susceptibility" in the female and triggered a "superabundance of life, which seeks, as it were to diffuse and communicate itself."³⁶

However, this superabundance of life also resulted in an ending of life, as tuberculosis was integrated into this thinking. Medical authors placed the origination of the disease in the disruption caused by puberty, asserting it was at this point that the female was most vulnerable to consumption due to the complexity of her form. For instance, John Reid argued "It is generally known that decided symptoms of phthisis, for the most part, commence about or soon after puberty" because there is "revolution . . . effected throughout the universal frame" one that altered the pulmonary organs and increased "their sympathies with other parts" making the female more susceptible to consumptive illness.³⁷ It was this increased sympathy between the lungs and the womb that permitted the process of puberty to heighten irritability and cause tuberculosis. Thus, menstruation had significance not just for the development of the reproductive potential in the female but also in the creation of consumption, providing a physical link between the two.

Physiologists argued that the reproductive organs exerted an effect "upon the whole economy of woman."³⁸ And with puberty the "maiden begins to acquire . . . [an] adaption to purpose" and that "the reproductive organs in woman now no longer subsist in a subordinate condition, but, on the contrary, dominate over the whole animal economy."³⁹ New talents emerged including "An absolute delirium of imagination—a newly inspired desire of pleasing—emotions of jealousy—not only sexual love, but that of children, and even that of

devotion, which then generally bears the impress of connexion with the reproductive organs—and finally, strange and wayward cerebral impressions, caprices of enthusiasm or of antipathy which submit not to her control.”⁴⁰ By defining women medically, in emotional terms, the chains binding the feminine and a disease caused by sensibility and emotion were further tightened and *The Medico-Chirurgical Review* stated “If a girl is in love, the disturbance of the brain, by the excitement of a passion, may give her a . . . spitting of blood, and . . . consumption.”⁴¹

Although puberty could inflame the passions, the increased vulnerability of women to the disease was, in part, a function of their monthly discharge of blood.⁴² And Robert Thomas even listed “immoderate discharge of the menstrual flux” as a predisposing cause of consumption in his *The Modern Practice of Physic*.⁴³ There was a great deal of speculation over the role played by menstruation in the disease process. Some works argued that the cessation of menstruation served as a causative agent of consumption, while others simply saw it as a symptom. In either case the lack of the relief that menstruation provided was problematic, as amenorrhea (lack of menstruation) was the physical sign of an increased susceptibility to tuberculosis. *The Penny Cyclopaedia of the Society for the Diffusion of Useful Knowledge* acknowledged the difficulty the medical profession had in reading this piece of evidence stating “In females the menstrual discharge almost always ceases when hectic fever is established; and occasionally even before that is the case, which has led to a popular opinion that the disease in such cases arises from the suppression.”⁴⁴

This correlation between the menses and hectic fever, provided an avenue of explanation for another symptom that evidenced the presence of the disease, the hemoptysis or spitting of blood that was one of the most notable signs of consumption. Some physicians went so far as to argue that hemoptysis was the evidence of the female body’s adaption for amenorrhea and was actually a displaced form of menstruation. In 1835 *An Introduction to Hospital Practice* made the case that hemoptysis “sometimes occurs as a vicarious discharge, when the lungs perform, as far as possible, the function of the uterus. If the menstrual secretion be suppressed, the lungs are overcharged with blood, and an effort is made to evacuate it by these organs.”⁴⁵ In women who did not demonstrate regularity in menstrual function, consumption and its associated hemoptysis provided a method for the depletion of accumulated blood.⁴⁶

Menstruation however, supplied just one of the ways in which the female reproductive system connected to tuberculosis. A number of medical treatises took as evidence the fact that consumption often seemed to take a hiatus during pregnancy, but hurriedly resumed after delivery, to assert “that the constantly increasing magnitude of the womb, exerts a powerful influence on suspending, and still further in curing, tubercular phthisis.”⁴⁷ In 1839, Samuel Dickson wrote in his *Fallacies of the Faculty* “Pregnancy has been defined to be a natural process. So is Death!”⁴⁸ Although this juxtaposition may seem stark, he goes on to advocate pregnancy as the natural process most capable of securing an escape from the mortality of tuberculosis, stating “The disease most familiarly known to the profession as capable of being suspended, and in some instances cured, by the fever of pregnancy is Consumption. Where all other remedial means have failed, it is the duty of the physician to announce the *possibility* of a cure of this . . . disorder by marriage.”⁴⁹

So, while the action of the womb, in readying the body for conception proved problematic for health, the fulfillment of its purpose provided an avenue for regaining that which had been lost. This remission, however, was temporary, and as such required repeated pregnancies to forestall a death from consumption, for although “Phthisis pulmonalis has . . . been found to be considerably retarded in its progress by pregnancy, but when this is over, it hastened to a rapid termination.”⁵⁰ These notions were supported by physicians, like John Ingleby, who reported cases like that of “A lady, and mother of a very large family, [who] had consumption arrested by eight successive pregnancies. The disease returned in a very marked form after each delivery. As she did not give suck, impregnation speedily recurred, and her temporary comfort was thus ensured.”⁵¹ Even more importantly, *Commentaries Principally on Those Diseases of Females Which are Constitutional* argued that the

disease actually increased female fertility and aided pregnancy. Stating, most remarkably, “The condition of the uterus, under the influence of tuberculous disease, is one of great proneness to conception, a change which has, in its turn, a reflex action in arresting the progress of the tuberculous affection.”⁵² Consumption then in its interaction with the female reproductive system aided its own treatment.

If the biological instability of women, brought about by the functioning of the reproductive system, worked in concert with their inherent fragility to create a heightened vulnerability to tuberculosis—it stands to reason that with the loss of reproductive potential there would be a corresponding diminution in the incidence of the illness. After the age of reproductive fruitfulness, those organs of reproduction that were no longer useful were believed to shrivel in the woman leaving, “flaccidity and deformity in its place.”⁵³ She was now a “new kind of being,” and with the purpose of female life defined as the reproduction of the human species, there was a physiologically reductionist view that characterized the life of a post-menopausal woman as one of lost purpose and identity.⁵⁴ Thus, Alexander Walker stated, “When age finally destroys the energy of the reproductive organs and the faculty of conception, greater power is obtained by the rest of the organization; the mind increases in clearness . . . With intellect, the masculine character is assumed.”⁵⁵ Additionally post-menopausal women, in losing that quality productive of sensibility, were thought to be less susceptible to tuberculosis, evidenced by the widespread belief that consumption was an illness that preferentially attacked the young. *Consumption: What it is, and What it is not* highlighted the tubercular dilemma: “CONSUMPTION!—terrible, insatiable tyrant!— . . . Why dost thou attack, almost exclusively, the fairest and loveliest of our species? Why select blooming and beautiful youth, instead of haggard and exhausted age? Why strike down those who are bounding blithely from the starting-post of life, rather than the decrepit beings tottering towards its goal?”⁵⁶ The answer lay in the interpretation of the evidence, as a heavily feminized disease, tuberculosis struck women at the peak of fecundity, but left unmarked those no longer capable of serving their essential feminine role. Thus, the feminine ideal rested biologically upon both the refined nervous and acutely reactive reproductive systems of women, both of which were intimately intertwined with sensibility.

Sensibility and Feminine Character

Sensibility was presented, in the literature and society, as integral to the feminine ideal on the basis of emotional intensity. It was popularly believed that women were endowed with a superior quantity of this quality and, as such, were defined as creatures of the heart, who acted primarily from their affections, while men were defined as creatures of intellect, motivated primarily by reason.⁵⁷ Beyond the emotional association, sensibility also provided an additional connection to disease. Robert Bentley Todd addressed the interdependence: “Thin persons are more susceptible than stout. In diseases which affect the nourishment of the body, the susceptibility increases as the patients grow thinner. The susceptibility and sensibility decreases, on the other hand, with persons recovering from a long illness, gradually as they regain their strength.”⁵⁸ This correspondence between emaciation and increased sensibility provided yet another link between consumption and the feminine.

Sensibility defined not only personal feelings and emotions but also the physical manifestations of those sentiments. Sentimentalists insisted that women were incapable of hiding their emotions, which made them constitutionally transparent. As a woman progressed through the various stages of chronic illness, sentimentalists maintained the layers of her personality softened, illuminating the woman’s true character, which had the added bonus of elevating her spirituality.⁵⁹ Women supposedly expressed their emotions in the form of swoons, tears, and, most importantly, in illness.⁶⁰ Consumption, then, as a chronic illness provided an avenue that permitted the articulation of a woman’s essential being, the truth of her character. A susceptibility to illness, as well as resilience and fortitude under its influence, were important components of the female

Figure 5.2 A baffled doctor taking the pulse of a love-sick young woman. Lithograph. Wellcome Library, London. Copyrighted work available under Creative Commons Attribution only licence CC BY 4.0 <http://creativecommons.org/licenses/by/4.0/>

constitution and imparted a certain quality to that illness, defined by character, moral fiber, and spirituality. Additionally, the illness could provide evidence of “emotional authenticity” and was a testament to unadulterated and legitimate suffering. The emaciated body was proof of sincerity of emotion. The body did not lie and so illustrated emotion far more truly than words could ever express.⁶¹ The connection between emotions and consumption was constantly reiterated in medical treatises and literature.⁶² For example, James Clark stated,

Mental depression also holds a very conspicuous place among those circumstances which diminish the powers of the system generally, and it often proves one of the most effectual determining causes of consumption. Disappointment of long-cherished hopes, slighted affections, loss of dear relations, and reverse of fortune, often exert a powerful influence on persons predisposed to consumption, more particularly in the female sex.⁶³

Consumptive illness and death had been a popular literary staple for some time, and the device continued in the Victorian period and was employed in a variety of ways by authors, like the Brontë sisters, who were themselves afflicted with the disease.⁶⁴ Clark Lawlor has argued that the use of pallor and delicacy in Victorian literature increasingly came to stand for the occurrence of tuberculosis, though the illness was vigilantly cleansed of its inappropriate and unbecoming symptoms and its young female victim was instead presented as “a sentimental angel.”⁶⁵ Tuberculosis was also accorded a role as a sign of elevated spirituality and attractiveness, and increasingly the consumptive female became an aesthetic object.⁶⁶ The tradition of sensibility that was intertwined with the idea of an individual who was continually hovering on the edge of illness, provided one way in which the regard for the loving, gentle, and sensitive consumptive heroine was elevated beyond the confines of the novel and applied to everyday life. These notions moved past literary devices and were established as medical fact, in an extension of the long-held tradition of mental upheaval as a causative agent of tuberculosis. Richard Payne Cotton tackled the issue in his *The Nature, Symptoms, and treatment of Consumption*.

Depression of spirits, when long continued and severe, may, even of itself, generate the tuberculous diathesis. How frequently can we date the commencement of phthisis from some reverse of fortune or family affliction, or from something which has deeply affected the mind! We hear of the “broken heart” of affliction; yet this is generally but a metaphor, signifying that sorrow and worldly cares may be destructive of life;—the physician knows too well how easily these may develop a tuberculous state, and how unpromising are the cases thus originated.⁶⁷

There was a widespread acceptance of the cultural discourse of consumption as a product of disappointment in love, one that coincided with the definition of the illness as the product of the female nervous system.

During the first half of the nineteenth century consumption was increasingly interpreted as a function of the sex of the afflicted and meaning was assigned to the disease experience based upon gender. Although the Romantic image of the male poet who fell prey to a consumption as well as his own “irritable sensibility” continued, by the early Victorian period sensibility and, by virtue of its association with that quality, tuberculosis had become explicitly feminine. Observed physiological differences were extended into social expectations and defined femininity, in part, as a function of excess sensibility. These biological notions were then translated into a code of propriety, social sensibility, and physical delicacy, all of which presented women as being precariously balanced on the edge of pathology, and by implication tuberculosis.⁶⁸