

***Disease Selects Its Victims:
Inequality in Falling Ill to Infectious Disease in Bleak House***

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Abstract

Though unnamed, the infectious disease in Charles Dickens's novel *Bleak House* (1852–53) is definitely smallpox. The spread of smallpox in the story reflects both facts and falsehoods about the medical environment at the time Dickens was writing this novel. In Dickens's lifetime, smallpox was a major killer, and its cause and symptoms were known to the public. The effect of vaccination was already acknowledged. Nevertheless, the public was unaware of the danger of infection and was slow to get vaccinated. There was little that government or medical professionals could do to prevent infection. The spread of infection in *Bleak House* demonstrates the lack of government intervention and the public's limited and incomplete medical knowledge. On the other hand, Dickens's choice of victims of the infection does not entirely correlate with common medical knowledge. Over its long history, smallpox has attacked rich and poor alike. However, in *Bleak House*, smallpox spreads among the poor and servants because they lack medical knowledge and have more exposure to risky physical contacts with the diseased, while their social betters remain relatively safe. The chain of infection in *Bleak House* suggests the inequality of contracting an infectious disease: this disease selects its victims, and the poor and powerless are much more vulnerable than their social betters.

Keywords: Dickens, Disease, Infection, Medicine, Public Health, Smallpox

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Introduction

This essay looks at Charles Dickens's novel *Bleak House* (1852–53) based upon the medical standard in his time. It argues the rights and wrongs of the characters' actions when they face infection and points out how social inequality plays a role in who is most susceptible to infectious disease. Contrary to popular assumptions that infection attacks people at random, in Dickens's novel, the poor and powerless are more vulnerable to the disease than their social betters because of their lack of medical knowledge and greater exposure to carriers and to the virus.

Smallpox in Dickens's London

Smallpox had a long presence in human history. Its beginnings are unclear, but they might stretch back to ancient Egypt in 1570 BC (Hopkins 14). Thereafter, smallpox attacked rich and poor, young and old alike, all over the world. According to the World Health Organization (WHO), its mortality rate was as high as 30 percent. Mary Wilson Carpenter notes that by the end of the seventeenth century, smallpox was the major killer in England and Europe (96). According to Jo Abi, in Britain, many of those in the Tudor and Stuart dynasties contracted smallpox, for instance, Elizabeth I (1533–1603, survived), and six died, including Mary II (1662–94, died). Outside Britain, victims of smallpox included famous figures such as Louis XV (1710–74, died), Peter II (1715–30, died), Wolfgang Amadeus Mozart (1756–91, survived), George Washington (1732–99, survived), Abraham Lincoln (1809–65, survived), and Joseph Stalin (1878–1953, survived). In 1979, less than a half-century ago, the WHO declared the eradication of smallpox. It took a very long time to defeat the disease.

Though unnamed, the infectious disease in *Bleak House* is definitely smallpox. The symptoms of the protagonist, Esther Summerson—including fever, delirium, blindness, and scars—are all typical of smallpox. In the 1790 edition of his bestselling medical manual *Domestic Medicine*, William Buchan explained that smallpox was an infectious disease. After a three-to-four-day incubation period, red spots appeared; next, skin eruptions formed, and finally, on the eleventh or twelfth day, scabs peeled off (214–16). He listed chills and fever in turns, pains, and vomiting as early symptoms, and convulsions, a swollen belly, and delirium as later ones:

This disease is so generally known, that a minute description of it is unnecessary. Children commonly look a little dull, seem listless and drowsy for a few days before the more violent symptoms of the small-pox appear. They are likewise more inclined to drink than usual, have little appetite for solid food, complain of weariness, and, upon taking exercise, are apt to sweat. These are succeeded by slight fits of cold and heat in turns, which, as the time of the eruption approaches, become more violent, and are accompanied with pains of the head and loins, vomiting, &c. The pulse is quick, with a great heat of the skin, and restlessness. When the patient drops asleep, he wakes in a kind of horror, with a sudden start, which is a very common symptom of the approaching eruption; as are also convulsion-fits in very young children.

About the third or fourth day from the time of sickening, the small pox generally begin to appear; sometimes indeed they appear sooner, but that is no favourable symptom. At first they very nearly resemble flea-bites, and are soonest discovered on the face, arms, and breast.

It is a most unfavourable symptom when petechiæ, or purple, brown, or black spots are interspersed among the pustules. These are signs of a putrid dissolution of the blood, and show the danger to be very great. Bloody stools or urine, with a swelled belly, are bad symptoms; as is also a continual strangury. Pale urine and a violent throbbing of the arteries of the neck are signs of an approaching delirium, or of convulsion-fits. When the face does not swell, or falls before the pox come to maturity, it is very unfavourable. If the face begins to fall about the eleventh or twelfth day, and at the same time the hands and feet begin to swell, the patient generally does well; but when these do not succeed to each other, there is reason to apprehend danger. When the tongue is covered with a brown crust, it is an unfavourable symptom. Cold shivering fits coming on at the height of the disease are likewise unfavourable. (Buchan 214–16).

These observations are accurate and largely correlate with descriptions of the infection in *Bleak House*. *Domestic Medicine* sold well and was published in Britain until 1846. Many of Dickens's contemporary readers would have had access to these kinds of medical manuals for household use and could easily have identified the disease, as Esther does in *Bleak House*.

Regarding Esther's infection, today's readers might well ask why she has not been vaccinated (Carpenter 92; Armfield). And indeed, it was possible for Dickens's contemporaries to be vaccinated. By the time *Bleak House* was published, over half a century had passed since Edward Jenner's invention of vaccination. Jenner's method replaced variolation (inoculation by pus taken from the pocks of smallpox patients) because it was safer. In 1840, the Vaccination Act was passed in Britain; by this act, infants were offered vaccination at no charge, and variolation was banned (College of Physicians of Philadelphia). In 1853, the Compulsory Vaccination Act was passed, and infants had to be vaccinated by the time they were four months old. However, despite the legalization of vaccination, vaccination-bashing never diminished, because high-quality vaccine was not consistently available, medical skills were poor, and the public was unaware that a booster shot was needed (Carpenter 104; Bennett 101–02, 111). Opponents of vaccination publicized its failures and ineffectiveness (Bennett 113–15). Some believed that vaccination would turn them into a cow; some were afraid that vaccination would contaminate children (Carpenter 104, Bennett 117). Jenner's achievement was widely known, but vaccination was not universally practiced.

Dickens was a supporter of vaccination and lamented the public's reluctance to be vaccinated. In the November 27, 1851, issue of *Household Words Narrative*, he wrote:

At a court of the *City Sewers Commission*, on the 9th inst., the annual sanitary report of Mr. Simon, the medical officer of the city was brought up. It contains statements of great importance. — During the last ten years the population of the city has increased about 3–4 per cent; but in some districts there has been a decrease, so that the ratio of increase in other districts has been far greater. In the whole of East London the increase has been far above the average, and in the St. Botolph subdistrict the increase has been more than 16 per cent. This great local increase represents the continued influx of a poor population into localities already unwholesome from overcrowding by a squalid and sickly population. The mortality was 2978 persons, or at the rate of 2–3 per cent; the average being nearly 2–44 per cent. The deaths, during the three last years have been 9493: of these no less than 3469, or nearly three-eighths of the whole, were children under five years old. As children at this age are about a tenth part of the whole population of the city, this rate proves that they die in the city at four times the rate of their natural proportion to the average mortality of the district. There were 391 cases of fever, and the deaths by cholera and kindred diseases were 292. The deaths by smallpox

were 91; of which it would not be harsh to say that 90 were deaths due to culpable negligence in not resorting to the public institutions for vaccination. (273)

From this statement, we know that in impoverished areas in East London, population rapidly increased; that in an overcrowded, filthy environment, contagious diseases were rampant; and that the mortality rate of infants was quite high. Dickens was distressed by the spate of children's deaths and thought that more children could be saved if they were vaccinated. Carpenter says that even after the 1853 Vaccination Act, infants were not regularly vaccinated (104). The gap between the mandatory vaccination and the public's unawareness of prevention is echoed in *Bleak House*.

The Outbreak of Infection

Robert Tracy writes that the four realms of *Bleak House*—the court of Chancery, Chesney Wold, Bleak House, and Tom-All-Alone's—show, respectively, the reality and the failure of England's social structure (386). Chapters 31, 35, 36, 38, 43, and 45–47 of *Bleak House* contain stories involving the spread of the infection and its aftermath. They also describe the powerlessness of parliament, church, police, and charitable institutions in facing infection:

Much mighty speech-making there has been, both in and out of Parliament, concerning Tom, and much wrathful disputation how Tom shall be got right. Whether he shall be put into the main road by constables, or by beadles, or by bell-ringing, or by force of figures, or by correct principles of taste, or by high church, or by low church, or by no church; whether he shall be set to splitting trusses of polemical straws with the crooked knife of his mind or whether he shall be put to stone-breaking instead. (568)

Tom-All-Alone's is personified and compared to the ill person who never accepts any treatment and then becomes a carrier of contagious disease. Society can only talk about the epidemic but cannot take meaningful action to stop it. The result is an increase in the number of dead; Jo says that many people die and the number of dead far exceeds that of the living at Tom-All-Alone's. The narrator further tells of the evil of Tom-All-Alone's:

In the midst of which dust and noise there is but one thing perfectly clear, to wit, that Tom only may and can, or shall and will, be reclaimed according to somebody's theory but nobody's practice. And in the hopeful meantime, Tom goes to perdition head foremost in his old determined spirit.

But he has his revenge. Even the winds are his messengers, and they serve him in these hours of darkness. There is not a drop of Tom's corrupted blood but propagates infection and contagion somewhere. It shall pollute, this very night, the choice stream (in which chemists on analysis would find the genuine nobility) of a Norman house, and his Grace shall not be able to say nay to the infamous alliance. There is not an atom of Tom's slime, not a cubic inch of any pestilential gas in which he lives, not one obscenity or degradation about him, not an ignorance, not a wickedness, not a brutality of his committing, but shall work its retribution through every order of society up to the proudest of the proud and to the highest of the high. Verily, what with tainting, plundering, and spoiling, Tom has his revenge. (568)

Tracey suggests that at the time when Dickens began writing *Bleak House*, he had recently visited the Great Exhibition of 1851, and his discomfort with this event inspired him to start this novel (384). Reinforcing this interpretation is the fact that Tom-All-Alone's is located

near Chancery, and its presence seems to ridicule the upper classes' greed and obsession with money and social standing, and their little contribution to prevent the epidemic.

Jo is the first victim of infection in *Bleak House*. He is socially vulnerable—he has no home, no money, no parent or guardian, and no education. He is unwanted everywhere and constantly driven away. He says:

I have been moved on, and moved on, more nor ever I was afore, since the t'other one giv' me the sov'ring. Mrs Snagsby, she's always a-watching and a-driving of me—what have I done to her?—and they're all a-watching and a-driving of me. Every one of 'em's doing of it, from the time when I don't get up, to the time when I don't go to bed. And I'm a-going somewheres. That's where I'm a-going. (391)

All Jo can do is frequent Tom-All-Alone's and then move on somewhere else. His insecurity is a true-to-life portrait of the severe circumstances in the slums of Victorian London, where children like him got only minimal support or help. Helen Amy mentions that at that time in history, because of the government's laissez-faire policy, the only help available to needy children was from individuals, often poor ones (1676, 1690). Moreover, in the neighborhood of Bleak House, public facilities do nothing but bounce him around from one to another, and the care of Jo is left to Jenny and Liz, and later to Jarndyce's household and individuals' charity.

However, despite his pity for Jo, Dickens represents Jo as a spreader of the infection. With his dirty-looking and shabby clothes, Jo looks like “a growth of fungus or any unwholesome excrescence” (573). This description illustrates the fear and disgust people had concerning infectious diseases. For instance, Woodcourt, who has grown accustomed to handling the sick in impoverished areas, has difficulty in getting close to Jo. Jo intends no harm, but he does not understand the danger of his disease and is not aware he can infect others. He is not only a helpless child but, in effect, a sort of biological weapon sent by Tom-All-Alone's to the healthy environment around Bleak House in Hertfordshire.

Risky Nursing and Its Aftermath

The smallpox that Jo contracts is transferred to Charley and then to Esther. Describing Jo's condition, Dickens accurately represents the symptoms of smallpox. Jo complains of chills, fever, headache, and pain:

“I'm a-being froze,” returned the boy, hoarsely, with his haggard gaze wandering about me [Esther], “and then burnt up, and then froze, and then burnt up, ever so many times in a hour. And my head's all sleepy, and all a-going mad-like—and I'm so dry—and my bones isn't half so much bones as pain.” (391)

These symptoms are common to other diseases but later turn out to be early signs of smallpox. Carpenter surmises that when Jo comes to Bleak House, he has not had rashes on his face yet; therefore, Esther does not understand what disease he has contracted (103).

Skimpole was once in the medical profession and so warns about the danger of Jo's fever and insists on moving him, regardless of whatever disease he has caught. He says:

“... you [Jarndyce] know what I am: I am a child. Be cross to me, if I deserve it. But I have a constitutional objection to this sort of thing. I always had, when I was a medical man. He’s not safe, you know. There’s a very bad sort of fever about him.” (393)

Skimpole is a freeloader, and therefore Jarndyce’s household gives him no credit. However, his medical skill is not bad for the standards of Dickens’s time. Carpenter writes that in Victorian upper-class households, it was common just to send potential patients of smallpox outside, as Skimpole says, or to a fever hospital, as Bucket does later (104). To accommodate Jarndyce, Skimpole suggests that Jo take a fever medicine, that he be kept warm, that the room temperature be kept cool, and that vinegar be sprinkled for disinfection. These procedures were recommended in *Domestic Medicine* (Buchan 109), and they were the best practices known to Dickens’s contemporaries. Skimpole is not heartless, and his advice makes sense. However, his opinion is ignored because he has quit his profession. Other residents of Bleak House take part in nursing under risky conditions.

In Dickens’s time, there was no effective cure for infection, and absurd remedies such as bleeding and purging (Buchan 221, 226) were recommended. However, Buchan wrote about effective means of prevention. In Chapter 9, he wrote:

Many diseases are infectious. Every person ought therefore, as far as he can, to avoid all communication with the diseased. The common practice of visiting the sick, though often well meant, has many ill consequences.

The houses of the sick, especially in the country, are generally crowded from morning till night with idle visitors. It is customary, in such places, for servants and young people to wait upon the sick by turns, and even to sit up with them all night.... Experience teaches us the danger of this conduct. People often catch fevers in this way, and communicate them to others, till’ at length they become epidemic. (106–07)

He repeatedly stressed the importance of not getting too close to patients, avoiding crowded rooms and making sure not to attend the sick for too long—similar to today’s “social distancing.”

Together with Jarndyce, Esther condemns Skimpole as heartless and selfish and values the welcome and care that the others in Bleak House give Jo. However, when it comes to the prevention of infection, Skimpole is right, and the others are wrong, because they unthinkingly have physical contact with Jo. Esther and Charley are the most imprudent, because they visit Jo for several hours, touch his body and clothes, and invite him to Bleak House. Jarndyce examines Jo as if he were a physician. Esther, Charley, and Jarndyce intend to perform an act of charity, but in fact they have welcomed a spreader of smallpox virus.

Of the three characters who are genuinely willing to take care of Jo, it is Jarndyce and Charley whose motives are easily explained. Jarndyce simply does not want to listen to Skimpole. As for Charley, she cannot help doing something for Jo, because their circumstances are similar. She is an orphan, and before coming to Bleak House, she was also unwanted in her neighborhood and neglected in filthy lodgings. She is ignorant and does not care about the danger of infection at all. As for Esther, some of her actions are wise, and others are unwise. Unlike Charley, Esther has some medical knowledge; she analyzes her symptoms accurately, understands the necessity of distancing, and knows that people acquire immunity after catching smallpox. Amy Davidson Sorokin writes that “Esther Summerson is

one of the great heroines of literature, in part because she understands the vital importance of social distancing and isolation, even when it is hard.” Nevertheless, Esther’s knowledge serves only to protect Ada from infection, not to protect her own health and safety. Even after red spots appear on Charley’s face, Esther—going against medical advice such as Buchan’s—frequently hugs Charley and stays with her as long as possible. On the other hand, she frantically keeps Ada away from her. The outcome of her desperate remedy is painful. After suffering a particularly severe infection, she becomes terribly pockmarked, while Charley’s looks are unspoiled. Through Esther’s infection and disfigurement, Dickens demonstrates that nursing that depends merely on individuals’ goodwill is of little help in facing infection.

Esther’s Sacrifice

Esther’s disfigurement is also result of her habitual self-denial and self-sacrifice. As a natural child of unknown parentage, Esther internalizes a sense of guilt over her own existence:

Dear, dear, to think how much time we passed alone together afterwards, and how often I repeated to the doll the story of my birthday and confided to her that I would try, as hard as ever I could, to repair the fault I had been born with (of which I confessedly felt guilty and yet innocent), and would strive as I grew up to be industrious, contented, and kind-hearted, and to do some good to some one, and win some love to myself if I could. (17–18)

Esther’s obsession with seeking love by doing good for others is caused by her upbringing. David Holbrook explains, “Miss Barbary’s reaction she assumes to be in obedience to Holy Scripture, ‘according to what is written’: the stern godmother is invoking the stern laws of the Old Testament. And these make it out that the *child* has to pay, in self-denial and diligence, for the sins of the parents” (56). As Holbrook suggests, to escape her sense of sin, Esther feels pressured to cater to others’ convenience and pleasure at her own expense. She does not care about the danger in taking care of Jo and Charley and disagrees with Skimpole’s professional advice. For her, being accepted as a good person in her circle is much more important than protecting her health and safety. If she refuses to nurse Jo and Charley based on Skimpole’s suggestion, she will be condemned as heartless and selfish. Therefore, she throws herself heedlessly into nursing under risky conditions.

Gareth Williams says that severe disfigurement caused by smallpox scars meant the end of social life, especially for women (24). Guppy’s withdrawal of his proposal to Esther exactly represents the hardship which female patients of smallpox had to undergo after they recovered. Even though Guppy is nasty and Esther does not like him, rejection by the man she has jilted leaves her feeling uneasy. After she loses her good looks, her value in the marriage market irretrievably drops, and she is highly unlikely to be courted by any eligible man. As a natural child without beauty, fortune, or connections, she can expect, in the best case, marriage to a man over thirty years her senior, a marriage in which she must always feel greatly obliged to be guided and protected. Her only other option is to work as a governess or companion in a household in Jarndyce’s circle. As the fate of Dickens’s characters shows, the prospects for a plain, penniless woman are bleak.

By contrast, Ada, Esther’s social better, is entirely free of the danger of infection because she is excluded from all nursing-related activity. Ada is an heiress of Bleak House and is not supposed to touch the sick, because that is considered unladylike. However, no one cares about the danger of infection to Esther and Charley if they nurse the sick, because they are

servants. In the world of *Bleak House*, smallpox is class-sensitive and attacks people of lower social standing because they have more exposure to the sick due to ignorance or the need to cater for others.

Conclusion

In his depiction of smallpox in *Bleak House*, Dickens criticizes his contemporaries' lack of concern about the dangers of infection. Although a half-century had passed since Jenner invented vaccination, deaths by smallpox did not decrease, and the survivors suffered from lifelong aftereffects, just as Esther does. The public had difficulty in understanding the necessity of vaccination, and people risked their life out of ignorance. Dickens also points out the inability of government and medical professionals to take measures to prevent infection. Public medical facilities were badly organized, and medical advice was not heeded. Esther's sacrifice is a product of such a medical environment.

Infection is not class-sensitive. But in Dickens's story, social inequality influences who contracts the infection. First, those in the underclass, like Jo, have no way of escaping from a hotbed of infection. Public health care does not function at all. Therefore, poor patients must rely on the goodwill of understanding individuals. However, men of means like Jarndyce limit their contact with the sick, and nursing in risky conditions is left to those of lower social standing, such as Esther and Charley. Contrary to common medical knowledge, Dickens shows that the poor and powerless are most vulnerable to dangerous disease, and their health and safety are ignored.

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