Introduction: imagining smallpox

The circumstances surrounding Lady Cornbury’s death in 1661 may have been unusual, but it came at a time when smallpox was rapidly emerging as the most dominant pathological killer.¹ In his *History of Epidemics in Britain* (1894), the pioneering late-Victorian medical historian Charles Creighton remarks that ‘from the beginning of the Stuart period, smallpox is mentioned in letters, especially from London, in such a way as to give the impression of something which, if not new, was much more formidable than before’.² In particular the deaths of Prince Henry and Princess Mary, brother and sister of Charles II, within months of their return from exile in 1660, served to alert the whole nation to the increased danger of what earlier medical texts often describe as a relatively mild disease of childhood. The bills of mortality confirm that by the late seventeenth century smallpox had overtaken the Plague, leprosy and syphilis as the most common cause of premature death throughout Britain and much of Continental Europe. Epidemiologists have since offered various theories for this apparent increase in virulence but all agree that the greater mobility of populations and associated expansion of cities at this time of rapid growth in trade were probably major factors in eroding natural immunity levels and accelerating the spread of this contagious viral infection to epidemic, occasionally pandemic proportions. With the adoption of the middle-eastern folk-practice of variolation (inoculation), first introduced into royal circles by Lady Mary Wortley Montagu in the early 1720s, followed by Edward Jenner’s experimental development of effective vaccination using serum derived from cow-pox in the 1790s, smallpox also accrued historical significance as one of the few diseases for which the often theory-bound eighteenth-century medical profession developed effective preventive techniques. With the constant threat of death or disfigurement and the emergence of controversial prophylactic techniques, the long eighteenth century is a crucial era of intensified literary representation.

Writing in the early 1950s the medical historian Genevieve Miller opened her comprehensive account of *The Adoption of Inoculation for
Smallpox in England and France, by observing that the ‘Age of Reason could just as truthfully be labelled the age of Smallpox; the Augustan Age in England may be characterised not solely by its neoclassical literature . . . but in a downright earthy way by its chief disease’. Her period labels are somewhat dated, but note the implied tension between an elevated neoclassical literary aesthetics and the sordid earliness of smallpox. The suggestion is that in their desire for rational order neoclassical writers turned away from pustules and the loathsome somatic, domestic and communal disorder enacted by smallpox. Part of the aim of my study is to demolish any such false distinction between a purportedly transcendent literary practice and the dirty reality of smallpox. In fact John Dryden’s first published poem was an elegy ‘Upon the Death of Lord Hastings’ contributed to the memorial volume Lachrymae Musarum: The Tears of the Muse: exprest in elegies written by divers persons of nobility and worth, upon the death of the most hopefull, Henry Lord Hastings (1649), prompted by the death of one of the poet’s schoolfellows, who had died of smallpox at the age of nineteen on the eve of the day originally planned for his wedding, in June 1649. Responding to Dryden’s comparisons between Hastings’s pock-marked corpse and a ‘constellation’, Samuel Johnson was later to make the glib observation that ‘Lord Hastings died of smallpox; and his poet has made of the pustules first rose-buds, and then gems; at last exalts them into stars’. Johnson’s strictures (his target was metaphysical intellectualism) were to be repeated by later critics who felt obliged to dismiss Dryden’s attention to pustules as a uniquely unfortunate, adolescent lapse in literary taste. In the twentieth century Bonamy Dobrée went so far as to suggest that a poem containing some good lines is rendered ‘horrific with dire metaphysical conceits on the more loathsome manifestations of the smallpox’. But as Aaron Santesso has recently observed, Dryden was simply addressing a common disease; a ‘description of smallpox is exotic enough today for modern critics to seize on it as lurid and sensationalistic, but at the time of the elegy’s composition, smallpox was very common, even an everyday sight’. Indeed Dryden and the other contributors to Lachrymae Musarum, were working with established tropes, traceable back at least as far as the loyalist poems generated by the recovery of Charles I from the smallpox in 1633 (in a typical example, Jeremy Terrent invites his reader to consider the royal pustules as not the ‘Eruption of ill Humours’ but ‘small Starres to shew him Heavenly’).

As Dryden’s elegy illustrates, disgust for the pathogenic was allied to fascination. What Barbara Maria Stafford describes as a neo-classical ‘aesthetic of immaculateness’, epitomised by white skin and smooth
marble, was rooted in what Steven Connor summarises as ‘a panicky and unstable response to the nauseating phantasmagoria of rotting, eruptive and squamous skins that constituted the actual bodyscape in the eighteenth century’. Smallpox may have evaded understanding and defied control but many writers felt impelled to confront this ‘loathsome’, high-visibility disease and in so doing gave it a face, a motivational personality, a history and, if not always a politics, then certainly a morality. Moreover, as I detail in my opening chapter, while smallpox haunted the social imaginary like an ever-present spectre, the purported power of the imagination, particularly the fear-struck female imagination, traditionally played a crucial role in professional and popular understandings of the pathogenic origins and contagious action of the disease.

Smallpox and the Literary Imagination is predicated on a claim that existing accounts of smallpox by traditional historians and literary critics alike are impoverished in so far as they have both tended to down-play the role of the literary imagination in the cultural framing of the disease. As already noted, the former have presented a progressive narrative marked by breakthroughs in models of pathology and prophylactic technologies. In such accounts, where historical medical texts are simply tested for accuracy in the light of current knowledge, the use of figurative language is passed-over while more obviously imaginative sources such as poems are only included to provide illustrative ‘background colour’. Neither Miller in her still standard history of inoculation, nor Donald R. Hopkins in The Greatest Killer; Smallpox in History (2002) – his recently reprinted global history of the disease – wholly ignore such literary material, but they disregard the definitional and potentially therapeutic function of such imaginative constructs. And while smallpox has not been wholly ignored by recent literary scholars working in a post-structuralist theoretical climate concerned with semiotic analysis, intertextuality, and the emergence of inter- or cross-disciplinary studies, such attention has been somewhat piece-meal.

My study is organised under four thematic headings – disease, death, disfigurement and prevention – but this does not represent a radical rejection of diachronic historicity. While I do not always pursue a strictly chronological narrative, attention has been paid to questions of development in the sequential ordering of the discussion (under ‘Death’ for example, a chapter devoted to seventeenth-century elegiac poetry is followed by one tracing mortuary representation in the era of the novel). Under ‘Disease’, an opening chapter considering the role of the imagination in contemporary understandings of the pathology of smallpox concentrates on medical models and case-histories. This is complemented in Chapter 2 by attention to
how the disease is represented in the testamentary writings of those who survived smallpox for, despite a relatively recent turn towards illness as narrative and the perspective of patients in our understanding of disease, barely any attention has been paid to the voices of these victims. Under ‘Death’, Chapters 3 and 4 expand upon the one substantial study of the poetics of smallpox, forming the final chapter in Raymond Anselment’s *The Realms of Apollo: Literature and Healing in Seventeenth-Century England* (1995), which was confined almost exclusively to seventeenth-century elegies. In Chapter 4 I trace this mortuary tradition into the age of sensibility. Under ‘Disfigurement’, Chapter 5 examines the cultural emphasis upon women as the victims of disfigurement, a recent concern of some feminist literary historians engaged with reassessing the literary career of the period’s most famous smallpox survivor, Lady Mary Wortley Montagu. Isobel Grundy and Jill Campbell in particular have provided revisionist readings of the relationship between Montagu’s transgressive roles as aristocratic woman writer and medical innovator. More generally Campbell and also Felicity Nussbaum have analysed the pervasive figure of the ‘scarred woman’ in the context of contemporary attitudes towards gender, ageing and embodiment. These studies have tended to overlook the contribution to this cultural formation of contemporary medical models (as discussed in my opening chapter), in which smallpox was over-determined in relation to femininity as a monstrous ‘breeding’. My own account of these punitive and consolatory representations of smallpox as ‘Beauty’s Enemy’ is complemented, in Chapter 6, by a comparative analysis of the contrasting figure of the ‘scarred man’. Under ‘Prevention’, the final two chapters address literary responses to inoculation and vaccination: in an important essay Tim Fulford and Debbie Lee have discussed Jenner’s propagandist use of pastoral poetry in promoting vaccination, but little consideration has been given to the earlier poetic, novelistic and dramatic efforts to promote inoculation or address the ethical dilemmas it posed. My aim throughout has been to recover the many neglected literary responses to smallpox – in medical treatises, moral essays, poems, novels, plays and, not least, in the neglected auto-pathographical writings of actual survivors – but it will be useful to preface any further discussion of my critical approach to this rewarding material with a very brief account of the extra-textual behaviour of the *Variola* virus.

By 1977, the year of the last recorded case of naturally acquired smallpox, the World Health Organisation recognised ten strains of the virus *Variola Major*. Suffice to note here that the two dominant types identifiable in historical accounts seem to have been the severe strain once known as
malignant’ or ‘confluent’ (or sometimes ‘black’) smallpox (Type 2), with a mortality rate of about 75 per cent and the ‘distinct’, or semi-confluent smallpox (Type 3), with a 25 per cent mortality rate.²⁰ Although not the most contagious of diseases, smallpox could spread rapidly through households and entire communities, disrupting family and wider social stability. Writing in 1804 the poet Robert Bloomfield, regretfully recalling his own father’s hurried, night-time burial, talked of a disease whose ‘horrid nature could inspire a dread / That cuts the bonds of custom like a thread’.²¹

Quarantine measures were enacted on the basis of the reasonable belief that pestilential particles could be carried from the sickness chamber on clothes, bedding and other soft textured objects. Though smallpox could be spread through the handling of infected clothes, the primary source of infection was in fact from particles of moisture in a sufferer’s breath and from the corpses of victims, but aerial infection could occur over distances of hundreds of yards. The virus usually entered the body through the nose and mouth (rarely through cuts in the skin surface). For a non-immune person, there was an incubation period of usually twelve to fourteen days, in which time the victim was a non-infectious, so-called passive carrier. Thereafter they became highly infectious, remaining so until the removal of all scabs or, in the event of death, until decomposition.

Smallpox displayed a very distinctive symptom pattern, well-recognised by early-modern physicians as a characteristic fever, the first sign being a high temperature accompanied by head and back aches, followed by general debility and sometimes vomiting. After a few days victims developed the characteristic rash, starting with the face, arms and upper torso, but often spreading over the whole body. This erupted into fluid filled pustules that suppurated, giving off an offensive odour, polluting clothing and bedding. If pustules formed on the lips or mouth they could render eating and even drinking very difficult or, in severe cases, impossible.

Smallpox was commonly castigated for being ‘doubly cruel’ because it did not simply herald likely death, but disfigured its victims. Severe cases were sometimes rendered unrecognisable even by close relations. In an elegy of 1661 to Henry, Duke of Gloucester, the royal physician Martin Lluelyn, who had attended the prince on his deathbed, remarks how ‘Most fevers Limbecks though with these they burn, / They leave the featur’d carcasse to the Urne, / But thine was borne of that offensive race, / Arm’d to destroy, she first strove to deface’.²² Lluelyn’s verses conveniently provide a
succinct description of the range of painful symptoms besetting victims at the height of the illness:

The sharp disquiets of an aching brain,
A heart in sunder torn, yet whole to pain.
Eyes darting forth dimme fires, instead of sight;
At once made see, and injur’d by the Light;
Faint pulse; and tongue to thirsty cinders dry’d:
When the reliefe of thirst must be deny’d.
The Bowels parcht, limbs in tormenting throwes
To coole their heat, while heat from cooling growes.
Slumbers which wandering phansies keep awake,
And sense not lead by objects, but mistake . . .

As indicated here victims were often blinded by swellings and ulceration and frequently became delirious. The severity of symptoms and survival rates depended upon the type of smallpox contracted, but also to some extent on an individual’s age and state of health at the time of exposure. Death could come rapidly as a result of general toxaemia and it could be traumatic with haemorrhage to the lungs or stomach, as was evidently the case with the fearful Lady Clarendon. Even mild cases could easily succumb to secondary bacteriological infections.

Smallpox did leave many survivors disfigured by characteristic ‘pitted’ scars, but it often led to other complications. The poet Thomas Blacklock, discussed in Chapter 6, was one of a significant minority of survivors left blind either as a result of corneal scarring after ulceration, or more drastically after having the eyes destroyed by gangrene. Opportunistic secondary infections could lead to other types of permanent disablement. For example, when Benjamin Hoadly – subsequently Bishop of Winchester and the leading churchman of his generation – contracted smallpox as a student ‘the intervention of an unskilled surgeon, left him crippled’; obliged to kneel on a stool to preach, he always used crutches at home and sticks in public. Complications could be very protracted. Josiah Wedgwood, who survived contracting smallpox in the Burslam epidemic of 1742 when he was eleven years old, was left with a badly scarred face, but more seriously, with a secondary infection in his right knee which left him with a painful, immobilising abscess eventually requiring him to have his leg amputated in 1768 when he was 37. The poet and essayist Jane Bowdler was an invalid for life after surviving smallpox in 1759 when she was sixteen. Clinical evidence gathered in the early twentieth century that smallpox left some male survivors impotent is supported by the fact that the poet Blacklock is just one of several male victims to be discussed who had childless marriages.
There are moments throughout the literature of smallpox when writers suggest that this particularly offensive, insulting disease outruns the worst fears of the imagination. Discussing Lady Mary Wortley Montagu as smallpox’s most famous survivor, art historian Marcia Pointon remarks on how the ‘horror of this illness and its symptoms are hard now to imagine’. Even for those for whom the gruesome symptoms were an everyday reality, smallpox seemed to confound the powers of description.

In 1799, when trying to convey the emotional drain of witnessing baby Berkeley’s tormented, pox-ridden condition – and no doubt feeling inhibited by her husband’s obvious literary proficiency – Sara Coleridge wrote in desperation that what ‘I felt is impossible to write’, yet the letters in which she struggles to record this traumatising experience are one of the most moving records we have of the domestic impact of the disease. ‘He was blind’, she writes, ‘his nose was clogged that he could not suck and his dear gums and tongue were covered and he was so hoarse that he could not cry; but he made a horrid noise in his throat which when I dozed for a minute I always heard in my dreams’. Sara’s struggle towards adequate representation did not simply leave us with silence.

Examining the many elegies in which such feelings of literary inadequacy are most commonly expressed, Anselment concludes that as a subject smallpox presented poets with a distinct set of problems in which ‘the figurative and the literal are indeed ambivalently bound together’; desperate to salvage something of the body’s lost integrity and beauty ‘the noisomeness of smallpox must be confronted and cannot be forgotten, yet it also has to be denied or transformed’. Less convincingly, in seeking to distinguish the cultural iconography of smallpox from that of leprosy, bubonic plague and syphilis, Anselment also claims that the former was peculiarly resistant to metaphoric appropriation. He suggests that although a diverse range of poets emphasised its peculiar cruelty, fierceness, foulness, and ‘envious’ nature, unlike the plague, they do not present smallpox as ‘divine punishment for some unspecified sin or national transgression’; ‘[t]heirs is not the metaphoric meaning Susan Sontag finds in dreaded disease; they did not fashion figurative embodiments of evil in which the ills of society are “projected onto a disease” and “the disease (so enriched with meaning) is projected onto the world”.’ The grotesque, repulsive face of smallpox undoubtedly posed an aesthetic challenge. It may not have accrued the same meanings as the other eruptive diseases but, as will emerge below, writers did adapt established formulas and as a ‘foul pox’, ‘cruel plague’ or ‘leprous Fury’ smallpox was often freighted with moral and sometimes overtly political meanings. Even Anselment’s larger claim is
somewhat undermined by some of his own examples, especially in the many elegies prompted by the royal deaths in 1660 which readily interpret such increased virulence as providential punishment for collective sin. This specific matter is addressed in Chapter 3 below, but here I want to stay focused on the suggestion that smallpox comes near to fulfilling Sontag’s implicit desire for a disease that resists metaphoric appropriation.

In an influential statement at the opening of *Illness as Metaphor* Sontag declares that in undertaking her project of cultural critique she seeks to demythologise and thereby liberate illness – specifically tuberculosis and cancer – from the dark-night of metaphor: ‘My point is that illness is not metaphor, and that the most truthful way of regarding illness – and the healthiest way of being ill – is one most purified of, most resistant to, metaphoric thinking’. Writing on sickness narratives, Howard Brody is one of several commentators who have since questioned the value of Sontag’s project: ‘When Sontag generalizes from destructive uses of metaphor to all attribution of meaning to illness, however, she overreaches her argument’ for at ‘one point she states “Nothing is more punitive than to give disease a meaning – that meaning being invariably a moralistic one”’. For Brody, the act of imposing a meaning on disease is not something we can choose to do or not to do; we should ‘not dismiss the importance of metaphor as a way that real people grapple with the experience of sickness’ not least because ‘it is precisely by giving meaning to illness that one succeeds in alleviating suffering’. Out of a similar concern with the therapeutic role of illness narratives, Anne Hunsaker Hawkins even suggests that Sontag’s ‘observations that “the healthiest way of being ill” is the one that “is most purified of, most resistant to, metaphoric thinking” seems itself a coping device – moreover, a coping device based on the questionable assumption that language and perception can be devoid of metaphor’. What Sontag failed to acknowledge, Hawkins insists, ‘is that myths about illness may be enabling as well as disabling’.

These objections are also partly those of Roy Porter and G. S. Rousseau at the close of *Gout, the Patrician Malady* (1998) where, in defending their own richly textual approach concerned with figuration and narration in medical writings, literary texts, journals, diaries, verbal testimonies and pictorial evidence, they note how this goes against the philosophical position of Sontag who ‘argued, passionately and compassionately, for the desirability of demystifying disease: disease should be a scientific category not a cultural and moral sign or stigma’. However sincere in its aim, they are compelled to conclude that ‘the witness of history weighs heavily against this position’ because ‘[p]eople and cultures have always
given meaning to disease’. Addressing the other side of the same equation, Sander L. Gilman makes the important observation that the ‘infected individual is never value-neutral, that is, solely a person exhibiting specific pathological signs or symptoms’; like ‘any complex text, the signs of illness are read within the conventions of an interpretative community that comprehends them in the light of earlier, powerful readings of what are understood to be similar or parallel texts’. The origin of the label ‘smallpox’ offers a perfect illustration of how this process might work reciprocally: the term was first adopted in the early sixteenth century as a way of distinguishing the ‘lesser’ or ‘small’ pox from the ‘Great Pox’, the newly emergent syphilis which in its first stage produces similar pocky lesions. But this superficial similarity of cutaneous symptoms meant that smallpox never wholly cast off a taint of association with venereal disease.

Early modern scholars debated the origins of smallpox, but many would have agreed with the leading early-Georgian physician Richard Mead when he declared it ‘a modern disease’ which must have been unknown to the ancients because making such ‘dreadful havoc among mankind’ they ‘would have minutely described it, had they been acquainted with it’. There was general consensus that it had been carried into Europe in the eleventh century from its assumed origins in the over-heated climate of Northern Africa by Islamic invaders or – in what amounted to the same racial slur – by returning crusaders. Thus, in 1748 when William Wagstaffe turned Mead’s scholarly account of history of smallpox into facetious doggerel verse he reflected upon the irony that ‘The European Acquisitions, / In these religious Expeditions, / Being only to bear back these Boils; / Trophies accurst! Infernal Spoils’. Taking up hints in Mead, Wagstaffe equates the importation of smallpox with that of syphilis as the filthy products of oriental luxury. To reinforce this xenophobic message Wagstaffe alludes to one Reiske who claimed to have found a ‘vellum’ in the medical library at Leiden proving that ‘ARABIA’s pois’nous Earth / Gave to this Pox its motley Birth. / The Year, the Sun’s refulgent Ray / Saw MAHOMET shoot into the Day’. Such blatant associations between smallpox and a demonised Eastern ‘other’ exploited the fact that the first writer to offer a coherent account of the disease was the tenth century Arabian physician Rhazes (Abū Bakr Muhammad ibn Zakariya al Rāzī). In retrospect, the persistent notion that smallpox was a filthy foreign import takes on tragic irony in the light of the disastrous impact of the disease when it was introduced by European colonial adventurers, accidentally or otherwise, into non-immune indigenous populations, particularly in the Americas.
Smallpox is never named in the Bible, but righteous Christians, equating it with leprosy and the other highly visible, eruptive diseases which are, read it as further evidence of the corrupt legacy of original sin. In his notorious Sermon against the dangerous and sinful practice of inoculation, delivered in London in 1722, the high-church preacher Edmund Massey famously identified smallpox with the plague of ‘boils’ inflicted by Satan upon Job. (Illustration 1) Despite ridicule from physicians and other churchmen, Massey’s neat argument that the devil was the first inoculator and therefore the procedure is a blasphemous affront to divine authority could not be ignored. Massey’s exegesis later finds support from the theologian Patrick Delany, a Dublin associate of Swift. Delany not only offers a detailed exposition of how Job’s distemper must have been smallpox but by drawing upon descriptive passages in the Psalms he also identifies King David’s sickness ‘which he considered the chastisement of God, upon him for his sins’ to have also been smallpox: ‘for there is no other distemper, in

1. William Blake, ‘Satan smiting Job with Boils’, from The Book of Job (1825). Poets and theological writers often identified Job’s ‘boils’ with the symptoms of smallpox.