Smallpox was a much feared disease until modern times, responsible for many deaths worldwide and reaching epidemic proportions amongst the British population in the seventeenth and eighteenth centuries. This is the first substantial critical study of the literary representation of the disease and its victims between the Restoration and the development of inoculation against smallpox around 1800. David Shuttleton draws upon a wide range of canonical texts including works by Dryden, Johnson, Steele, Goldsmith and Lady Mary Wortley Montagu, the latter having experimented with vaccination against smallpox. He reads these texts alongside medical treatises and the rare, but moving writings of smallpox survivors, showing how medical and imaginative writers developed a shared tradition of figurative tropes, myths and metaphors. This fascinating study uncovers the cultural impact of smallpox, and the different ways writers found to come to terms with the terror of disease and death.

David E. Shuttleton is Lecturer in English at the University of Wales Aberystwyth.
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3. Scylla’s monstrous transformation, from *Metamorphoses d’Ovide en Rondeaux* (Amsterdam, 1679). Reproduced by permission of The Trustees of the National Library of Scotland.

4. Frontispiece to *Lachrymæ Musarum; the Tears of the Muses . . . upon the Death of Henry, Lord Hastings* (London, 1649). Reproduced by permission of The British Library.


9. Portrait of Nicholas Saunderson from the frontispiece to his *Elements of Algebra* (Cambridge, 1749), engraved by G. Vandergucht, after an oil original by J. Vanderbanck. Reproduced by permission of The British Library.
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Prologue

In 1701, Henry, Second Earl of Clarendon communicated a ‘curious’ story to the diarist Samuel Pepys. It concerned the events leading up to the sudden death of the Earl’s wife Theodosia, Lady Cornbury, back in March 1661. In the middle of that February the Earl of Newborough ‘and another Scotch gentleman’ had been house-guests:

After dinner, as we were standing and talking together in the room, says my Lord Newborough to the other Scotch gentleman, (who was looking very steadfastly at my wife,) ‘What is the matter that thou hast had thine eyes fixed upon my Lady Cornbury ever since she came into the room? Is she not a fine woman? Why doest thou not speak?’ – ‘She’s a handsome Lady indeed,’ (said the gentleman,) ‘but I see her in blood.’ Whereupon my Lord Newborough laughed at him: and all the company going out of the room, we parted: and I believe none of us thought more of the matter; I am sure I did not. My wife was at that time perfectly well in health, and looked as well as ever she did in her life. In the beginning of the next month she fell ill of the smallpox: she was always very apprehensive of that disease, and used to say, if she ever had it she should dye of it. Upon the ninth day after the smallpox appeared, in the morning, she bled at the nose, which quickly stop’t; but in the afternoon the blood burst out again with great violence at her nose and mouth, and about eleven of the clock that night she dyed, almost weltering in her blood.

Clarendon’s grief had prevented him investigating this ‘thing so very extraordinary’ and tracing the mysterious ‘Scotch gentleman’, but his tale of clairvoyance still carries a peculiar resonance, encapsulating some of the horror surrounding a sudden-onset disease which defied all the predictive and curative efforts of known medicine. The anecdote invites us to consider the potentially active powers of the imagination while also drawing together several characteristic elements in traditional understandings of smallpox: the vulnerability of those weakened by fear, the corruption of the blood and an emphasis upon visual horror. Perhaps it even bears traces of a vestigial belief in fascination, the malevolent power of a bewitching, contagious gaze working by occult sympathy or, as some Epicurean
commentators had come to describe, by an exchange of minuscule simulacra, ‘seeds’ or ‘exuvias’ sloughed off from the surface of objects and persons and carried through the air. ² Did the Scotch gentleman merely predict Lady Cornbury’s death, or did the touch of his bloody vision somehow trigger the eruption of a disease which had long ‘infected’ Lady Cornbury’s apprehensive imagination? ³

Reading Clarendon’s anecdote in the 1820s, the poet Samuel Taylor Coleridge made a marginal note suggesting how he would have set about investigating this odd occurrence:

It would have been necessary to cross-examine this Scotch Deuteroptis [i.e. ‘second-seer’], whether he had not seen the duplicate or spectrum of other persons in blood. It might have been the result of an inflammatory condition of his own brains, or a slight pressure on the region of the optic nerve. I have repeatedly seen the phantasm of the page I was reading all spotted with blood, or with the letters all blood. ⁴

Lady Cornbury’s death and Coleridge’s interpretative comments belong neatly at either end of the historical period covered by my own study of how smallpox informed the literary imagination; the poet’s hermeneutic gloss usefully exemplifying the process of retrospective re-reading that any such project inevitably involves. Coleridge approaches Clarendon’s story as a case for forensic examination and retrospective diagnosis. Contrary to what might be our expectations of a romantic poet, we find him immediately turning to anatomy and the physiology of the nervous system in support of a purely materialist explanation for this bloody imagining. But then Coleridge, who was writing a hundred years after the first adoption of inoculation in England and over twenty years after Edward Jenner’s earliest experiments with vaccination, was a hypochondriac whose own imagination obsessed over disease. The febrile poet took a keen interest in medical and other natural science. ⁵

In seeking to test an historical account of smallpox against more ‘advanced’ scientific knowledge Coleridge’s commentary makes no allowances for a text written when the ‘scientific’ understanding of the disease was significantly different. In so doing it resembles the post-facto strategy adopted by many medical historians writing in the nineteenth and early twentieth centuries. Often retired physicians who delighted in exposing the now absurd if quaint mistaken beliefs of their ancestors, in these triumphalist narratives the gradual ‘conquest’ of smallpox stands centre-stage as a major victory in a progressive process of paradigmatic breakthroughs. Empiricists may well share Coleridge’s desire to reduce Clarendon’s
evocative tale down to a matter of faulty organic perception, but what is to be made of the relationship between imaginative and scientific responses to disease? Coleridge’s marginal note seeks to explain away a mysterious insight into smallpox, but nonetheless the poet’s imagination was clearly drawn to the gruesome tale of Lady Cornbury’s death. With its theme of tragic foreknowledge – the ancient Gaels’ so-called ‘second sight’ – and its potentially punitive image of a woman almost drowning in her own blood (to welter can mean ‘to wallow about in dirt or moral degradation’), Clarendon’s account contains all the supernatural, gory elements necessary to inspire just the kind of imaginative, romantic poem for which the young Coleridge had become justly famous. Indeed the elderly poet had good reason to be drawn to a story of smallpox.

In February 1774, as a private volunteer in the 15th Light Dragoons the twenty-one-year-old Coleridge had been ordered to spend two weeks quarantined in Henley Pest House as the lone nurse of a fellow soldier struck down by smallpox. His patient recovered, but the traumatic experience had a lasting impact upon the already distraught writer. But smallpox had not finished with Coleridge. In 1799, while the now married poet was away studying in Germany, his second-born child Berkeley was to die at the age of nine months immediately after contracting smallpox by inoculation, and not before infecting his young mother Sara. It not only left her young face permanently pitted, but as she reported to her husband, her once beautiful hair was left ‘utterly spoiled’: ‘I have had it all cut off close to my head, and I believe I must get some false hair until my own is grown, only I am affrriad [sic] you will not like it’. Sara felt obliged to wear a wig – by then unfashionable – for the rest of her life. Coleridge never suffered smallpox himself, but like most people born throughout the era of my study he could not avoid being intimately acquainted with this deadly and disfiguring disease.